



Leg		
	gal Company Name: deral Tax ID Number: ailing Address:	
Em	siness Phone: nail: ebsite:	
For	S	Corporation Sole Proprietorship Partnership
Cer		MBE WBE BBE EDGE
a)	Indicate Bidder's overall experience performing the trade under present and for	orming the trades bid, including the years in business ormer business names.
b)	All principals of the firm. If a principal is involvement on this project will be.	to be involved in this project, identify what their
c)	Identify all other businesses the principal	s of this firm have ownership in.
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2. Work Force: Please provide the following:

	Pro	ject Name	Personnel	Role in Project	Start Date	Planned Completion Date	Percent Complete
4.		rent Workload: responsible:	List all ongoing pr	rojects for which the N			
	Fie	ld Superintend	ent(s)	Years with firm	T	otal Exp	
	Pro	ject Manager:		Years with firm	To	otal Exp	
		ncipal:		Years with firm _	To	otal Exp	
3.	Mai	nagement. Iden	tify individuals ass	signed to this Project.	Provide det	ailed resume for ea	ch:
	h)	Company hea	alth insurance for a ectly, or through an agent	Ill employees: t, a portion of the premium on b	ehalf of their er		lO dminister.
	g)	Approved Dru	ig Free Workplace	Program:		YES N	10
	f)		to last: npensation through	State of Ohio:	YES	NO	
		b. Last	: _				
	e)	Provide your a. Curr		dent Rate, and for the	orevious tw	o years:	
		c. Prior	to last:				
		a. Curr b. Last	_				
	d)	Provide your	current EMR, and	for the previous two ye	ears:		
	c)	•	orce OSHA 30 HR S, positions that a		YES	N0	
		a. If YE	S, positions that a	re trained:			
	b)	ls your workf	orce OSHA 10 HR	Certified?	YES	NO	





- **5. Financial**. The proposed Bidder shall submit, upon request of the Contracting Authority, either:
 - a) An annual financial statement prepared within the 12 months prior to the bid opening by an independent licensed accounting firm; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; or,
 - b) A financial report generated within 30 days prior to the bid opening from Standard and Poors, Dun and Bradstreet or a similar company acceptable to the Contracting Authority documenting the financial condition of the Bidder; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking;

Additionally,

- c) Provide single project and aggregate bonding limits and associated rates. Clearly indicate your company's ability to provide a payment and performance bond for this specific project.
- d) To support the bond, a current and signed Certificate of Compliance issued by the Ohio Department of Insurance, showing the Surety is licensed to do business as a surety in Ohio

•	Ongoing & Relevant Projects. List (on a separate sheet if required) all ongoing projects and projects completed in the last 5 years, which are similar in cost and type to the Project. Include scope of Work, Contract value, a description of EDGE participation and performance, and project name/contact
	person/address/phone number for each owner and the architect or engineer for each project.





Weekly safety meetings

8. Regulatory / Contractual. Indicate all occurrences of the following in the last 5 years (indicate if none). If YES, provide verification, attach documentation, and/or provide sufficient and appropriate detail information such as: project name, owner, contact person and phone number, amount of contract, etc.

State or Federal Prevailing Wage violations or judgments :	YES	NO
Affirmative Action program violations:	YES	NO
EDGE program violations:	YES	NO
Contract abandonment, contract termination, as either a prime or sub-		
contractor, or Surety takeover:	YES	NO
Bond Claims or Lien Claims made against the Company, as either a		
prime or sub-contractor:	YES	NO
Debarment by state, federal, or local jurisdictions:		
EPA Violations:	YES	NO
OSHA Violations:	YES	NO
72-Hour Notices and/or 5-15 Letters (to include details regarding the		
nature of the notices and resolution/outcome)	YES	NO
Liquidated damages and Statutory Delay Forfeiture assessed:	YES	NO
Drug-Free Safety Program and Drug Free Workplace Program		
violations:	YES	NO
Complete list of judgements, claims, arbitration, court proceeding or		
suits pending or outstanding in the last five years:	YES	N0
a) Does your Company have the following:		
Equal Employment Opportunity/Affirmative Action Policy	YES	NO
Sexual and Non-Sexual Harassment Policy	YES	NO
Disciplinary Policy	YES	NO
Company Safety Manual	YES	NO
Company Safety Officer	YES	NO
Substance Abuse Policy	YES	NO
Pre-hire substance testing	YES	NO
Random post-hire substance testing	YES	NO
Hazardous Communication Program	YES	NO
Safety orientation for new hires	YES	NO

9.	Lawsuits, Claims or Demands on Public Contracts. List any lawsuits, claims, or demands, related to the company or organization's participation on any public contract, whether the lawsuit, claim or demand
	was initiated by the public owner against the company or organization or initiated against the company
	or organization in its capacity as a subcontractor.

YES

NO





10.	Return to a Project within 5 Years. In the past five years, has the company or organization ever been requested by a public owner to return to address construction workmanship, performance, or installation issues. If so, please state the project and type of contract, and describe the response to the request.
11.	EDGE Participation. Identify EDGE-certified Business Enterprises proposed as Subcontractors and Material Suppliers for this Project. Attach a fully completed Document 00 45 39 - "EDGE Affidavit" for each EDGE certified Business Enterprise.
12.	References. Provide a list of references for review. This list should include any letters of recommendations received from previous projects.
13.	Required Submittals a. Provide Certificate of Compliance with Affirmative Action Programs and EOC, issued pursuant to Ohio Revised Code Section 9.47. b. Provide proof of current licenses to perform the associated Work as required by the Contracting Authority or by Applicable Law.
14.	Certification. I hereby certify that the information in this entire Bidder's Qualifications form, including all attachments and referenced information, is factual and complete.
	Company Name
	Authorized Official (please print or type)
	Signature of Authorized Official
	Date