

WILMINGTON HOUSING AUTHORITY
1524 S. 16TH Street, Wilmington, NC 28401

Contractor/Vendor Qualification Statement For Awards in Excess of \$30,000

WHA DEPARTMENT SUBMITTED TO: Modernization -- Maintenance -- Purchasing -- Other
(circle one)

SUBMITTED BY:

Company Name: _____ Corporation
Street Address: _____ Partnership
City, State & Zip: _____ Individual
Joint Venture
Other
Business Phone: _____
Business Fax: _____
Tax Identification Number: _____

TYPE OF WORK: (File separate form for each Classification of Work):

_____ General Construction _____ HVAC _____ Other
_____ Plumbing _____ Electrical
_____ Painting _____ Maintenance

ORGANIZATION AND STAFF

1. How many employees are employed on a full-time basis: _____
2. Please identify any businesses in which any owner, officer, director or principal shareholder has an interest.

3. How many years has your organization been in business as a Contractor/Vendor/Supplier: _____
4. How many years has your organization been in business under its present business name: _____

5. Under what other or former names has your organization operated:

6. If your organization is a corporation, answer the following:
a) Date of incorporation: _____
b) State of incorporation: _____
c) President's name: _____
d) Vice President's name: _____
e) Secretary's name: _____
f) Treasurer's name: _____

7. If your organization is a partnership, answer the following:
a) Date of organization: _____
b) Type of partnership (if applicable): _____
c) Name(s) of general partner(s): _____

8. If your organization is individually owned, answer the following:
a) Date of organization: _____
b) Name of owner: _____

9. Is your organization a certified minority owned or woman-owned business? Yes No
If yes, municipality of certification: _____

10. Type of Certification: Minority Woman

11. Type of Minority: Black American Native American Hispanic American
 Asian/Pacific American Hasidic Jew Other

12. Do you own or rent your equipment? Own Rent

13. Please provide a statement setting forth the bidder's facilities, equipment inventory and technical resources available for use in fulfillment of bidder's obligations for the project or that same can be obtained.

14. If the form of your organization is other than those listed above, describe it and name the principals:

15. Please provide the name and description of the management experience of each of bidder's project managers and superintendents that bidder intends to assign to work on the project:

LICENSING

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable:

2. List jurisdictions in which your organization's partnership or trade name is filed:

3. List the categories of work that your organization normally performs with its own forces:

4. Please provide proof of any professional or trade license required by law for any trade or specialty area in which bidder is seeking a contract award; and disclosure of any suspension or revocation within the previous five years of any professional or trade license held by the owner, or of any director, officer or manager employed by the bidder.

Please provide a copy of your Drug and Alcohol Free Work Place Policy.

SUBCONTRACTORS

1. Please provide disclosure of the name and address of each subcontractor from whom the contractor has accepted a bid and/or intends to hire on any part of the project, which the value of the work performed by the subcontractor is at least twenty thousand dollars (\$15,000.00). Please provide confirmation that the contractor will require such subcontractor to adhere to the submission requirements set forth herein as though it were bidding directly to WHA.

WORKERS' COMP & LIABILITY INSURANCE

1. Have you attached a copy of your Workers' Comp Certificate? Yes No
2. Have you attached a copy of your Certificate of Liability Insurance? Yes No
3. Have you attached a copy of your Company Vehicle Insurance? Yes No

CLAIMS AND SUITS (If the answer to any of the questions below is yes, please attach details)

1. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers:

2. Are there any liens filed against you or your company:

3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years:

4. On a separate sheet, list any pending litigation in state or federal courts involving contractor as a party:

5. On a separate sheet, list any bankruptcy filings or proceedings:

6. On a separate sheet, list all pending matters, if any, with the National Labor Relations Board, U.S. Department of Labor, or the Wage and Hour Division of any state:

7. On a separate sheet, list any and all unsatisfied judgments, injunctions or liens obtained by a governmental agency against contractor:

8. On a separate sheet, list any determinations of violations of federal, state or local laws, including OSHA violations, prevailing wage law violations, federal or local debarments or suspensions and any denials of pre-qualifications due to a finding of non-responsibility:

EXPERIENCE

1. On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent completed and scheduled completion date:

2. State total worth of work in progress and under contract:

3. On a separate sheet, list the construction/vendor experience and present commitments of the key individuals of your organization:

4. On a separate sheet, list an accurate and complete record of all public work completed in the last three years by the contractor giving the names of the projects, types of work, location, contract price, bid amount, final contract amount paid and the names of the owners and the architects or engineers in charge for the owners and the names of all subcontractors use, if applicable. Also include disclosure of any labor disputes experienced, any penalties for failure to timely complete a contract and include performance evaluations in its possession, if any:

TRADE REFERENCES

Company Name	Street Address	City & State & Zip	Phone

BANK REFERENCES

Bank Name	Street Address	City & State & Zip	Phone

BONDING COMPANY

Bonding Company Name	Street Address	City & State & Zip	Phone

INSURANCE AGENT

Company Name	Street Address	City & State & Zip	Phone