



GOVERNOR'S OFFICE OF STORM RECOVERY

Andrew M. Cuomo
Governor

James Rubin
Executive Director



ATTACHMENT B

Subcontractor Pre-qualification Questionnaire

REVISED 09/03/2014

All prospective subcontractors/suppliers interested in working on this project are required to complete this questionnaire. The content of this questionnaire will be considered confidential and used solely to determine each firm's qualifications.

I. General Information

A. Name of Business: _____

B. Address of Business: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

C. Contact Name: _____ Title: _____

D. Union / Non-Union / Both? _____

II. Organization

A. Business Type: _____

B. Date Founded: _____ State: _____

C. Key Officer: _____ Title _____ Yrs in Position _____

Manager: _____ Title _____ Yrs in Position _____

Principal: _____ Title _____ Yrs in Position _____



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D. All other names your firm has worked under: _____

E. Firm owned or controlled by parent company or other organization? _____

Describe: _____

F. Please check all that apply:

_____ Minority Owned Small Business

_____ Women Owned Small Business

III. Licensing Information

A. Please list all trade and professional licenses, if any, required to perform your services.

Type of License: _____ State _____ License # _____

Type of License: _____ State _____ License # _____

Type of License: _____ State _____ License # _____

Type of License: _____ State _____ License # _____

Name of Licensees: _____

B. Has any license ever been denied or revoked? _____ Describe: _____

C. Has a complaint ever been filed with a Contractor's State License Board against your firm? _____

Describe: _____

IV. Work Experience

A. Attach a list of the major projects your firm has completed in the past 3 years. Specify project name, location, owner, architect/engineer, general contractor, contract amount, completion date, contact person, and phone number.

B. What is your average job size: _____ Largest job completed: _____ Year: _____



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C. Backlog today: _____ Financial Stmt: _____ 12 mths ago: _____

D. Has your firm ever failed to complete any work awarded or been terminated for cause during the last 3 years? _____ Explain: _____

E. Any pending judgments, claims, arbitration proceedings, pending suits, or outstanding suits? _____ Explain: _____

F. Has your firm filed any lawsuits or requested arbitration in regards to construction contracts in the last 3 years? _____ Explain: _____

G. Has your firm ever been in bankruptcy or engaged in a voluntary or involuntary reorganization? _____ Explain: _____

H. Has your surety ever finished one of your projects? _____ Explain: _____

I. Has your firm been suspended or debarred from work with the federal government or any Governmental entity? Explain: _____

J. Has your firm ever been subject to any false claims act investigations? _____ Explain: _____

K. Does your firm have experience in New York City construction? _____ Explain: _____



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V. Project Specific Work Experience (Examples)

A. Does your firm have experience in property management ? _____ List: _____

B. How many employees of your company are LEED accredited professionals? _____

C. How many projects has your firm successfully completed that are LEED certified building projects? _____

VI. Financial Information

A. This year's estimated annual sales volume: _____

B. Annual sales volume for the past 3 years

(Yr _____): _____

(Yr _____): _____

(Yr _____): _____

C. Please attach a list of major projects your firm currently has in progress (including projects awarded but not started). Indicate the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, contact person, and phone number.

a. Provide bonding reference letter including single bond and total program limits.

b. Provide a financial contact in case there are any questions.

VII. References

A. Banking Reference: _____



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B. Bonding Company: _____

Agent: _____

Length of current Surety relationship: _____

C. Bonding capacity—single limit: _____

Total program bonding limit: _____

Largest bond issued: _____ Date of bond: _____

Most recent bond amount: _____ Premium: _____

D. Please attach a letter from your bonding company, signed by an Attorney-in-Fact, verifying the Surety name, length of relationship and aggregate limits reflected above.

VIII. Safety and Health

A. Please confirm that your firm can meet the insurance requirements set forth in the Demolition Agreement, including the Insurance Limits set forth in Bid Addendum #1: _____ (attach sample certificate).

B. Please list your firm's Workers' Compensation Interstate Experience Modification Rate (EMR) for the most recent 3 years. (If available, please attach a copy of your agent's verification letter).

Year: _____ EMR _____

Year: _____ EMR _____

Year: _____ EMR _____

C. Does your firm have a full time safety representative? _____



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D. Has your firm ever had any OSHA fines or jobsite fatalities within the last 3 years? _____

Explain: _____

E. Please attach copies of your OSHA No.300 log(s) for the last 3 years, along with your most current log to date.

F. Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the last 3 years including year-to-date.

IX. Additional Information

Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, etc.

By entering name below, I hereby certify the above information is accurate, correct, and true.

Completed by: _____

Title: _____

Date: _____