



**ATTACHMENT B**  
**Subcontractor Pre-qualification Questionnaire**

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. Applicable SIC Code(s): \_\_\_\_\_
- E. Trade Description: \_\_\_\_\_
- F. Listed in Dun & Bradstreet? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, Rating: \_\_\_\_\_
- G. Union / Non-Union / Both? \_\_\_\_\_
- H. Federal Tax ID Number: \_\_\_\_\_

**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 \_\_\_\_\_
- D. All other names your firm has worked under: \_\_\_\_\_



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

Describe: \_\_\_\_\_

F. Please check all that apply:

- \_\_\_\_\_ Minority Owned Small Business
- \_\_\_\_\_ Minority Owned Small Business Women Owned Small Business
- \_\_\_\_\_ Small Disadvantaged Business
- \_\_\_\_\_ Hudzone Small Business
- \_\_\_\_\_ Veteran Owned Small Business
- \_\_\_\_\_ Service Disabled Veteran Owned Small Business
- \_\_\_\_\_ Native American Owned Business
- \_\_\_\_\_ Alaskan Native Owned Business
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

### III. Licensing Information

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

Type of License: \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

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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: \_\_\_\_\_

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 three 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.
- D. **The Construction Manager is requiring financial information prior to award of the subcontractor scope of work. Subcontractor agrees to provide the following information at or before submitting the Proposal. Please provide the following financial information in a sealed envelope delivered to:**

Governor's Office of Storm Recovery  
25 Beaver Street 5<sup>th</sup> Floor  
New York, New York 10043  
Attn: GOSR Procurement

Financial information will be reviewed by the above-mentioned personnel only and kept in strict confidence. A copy of the transmittal for this information should be included with the proposal.

- a. Provide the current audited or reviewed financial statements, including work-in-progress schedule (and interim update if the numbers are more than 6 months old).
- b. Provide Revenues and Net Income for the prior two years
- c. Provide projected Revenue and Net Income for the current year
- d. Current Work in Progress
- e. Provide a bank reference letter including description of loans, line-of-credit, and security.



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- f. Provide bonding reference letter including single bond and total program limits.
- g. Provide a financial contact in case there are any questions.

## VII. References

- A. Banking Reference: \_\_\_\_\_
- 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 following insurance requirements – (attach sample certificate).

_____	General Liability	Combined single limit for bodily injury and property damage of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
_____	Automobile Liability	Combined single limit for bodily injury and property damage of not less than \$1,000,000 per accident.
_____	Workers' Compensation	Including Employers Liability with limits of \$1,000,000 each accident, each disease, each employee, and policy limit for disease.
_____	Umbrella/Excess Liability	Not less than \$2,000,000 per occurrence and \$8,000,000 in the aggregate.
_____	Other	_____



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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? \_\_\_\_\_

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: \_\_\_\_\_