

Project Number: B21-14
Project Name: Cleveland Public Library Phase 1B Branches
Project Description: Renovations and/or additions to 5 Cleveland Public Library Branches: Lorain, Brooklyn, Sterling, Eastman, and Rockport.

1. Company Name:_____

y, State, Zip
P. O. Box
City, State, Zip
)
)

2. Organization.

a) How many years has your organization been in business as a Contractor?

- b) What is your Federal I.D. Number?
- c) How many years has your organization been in business under its present business name?
- d) Under what other or former names has your organization operated?
- e) If your organization is a corporation, answer the following:
 - Date of incorporation:
 - State of Incorporation:
 - President's Name:
 - Vice-president's name (s):
 - Secretary's Name:
 - Treasurer's Name:
- f) If your organization is a partnership, answer the following:
 - Date of organization:
 - Type of partnership (if applicable):
 - Name(s) of general partner (s):
- g) If your organization is individually owned, answer the following:
 - Date of organization:
 - Name of owner:
- h) If the form of your organization is other than those listed above, describe it and name the principals:

3. References.

Trade References: Bank References:

4. Overall Experience. The Bidder shall submit overall experience performing the trades bid, including the years in business performing the trade under <u>present and former</u> business names.

5. Financial. The bidder shall submit either:

- a) An annual financial statement prepared within the prior 12 months 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 the last 30 days from Standard and Poor, 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

- c) And the most current quarterly financial statement
- d) Name and address of firm preparing attached financial statement, and date thereof:
- e) Is the attached financial statement for the identical organization named on page one?
- f) If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

This information is not a public record under Ohio Revised Code Section 149.43; and shall remain confidential, except under proper order of a court.

- 6. Facilities & Equipment. Indicate Bidder's relevant facilities and major equipment (leased or owned.)
- 7. Ongoing & Relevant Projects. Submit a list 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 architect or engineer for each project.
 - a) 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 yes, please state the project and contract.
- 8. Workload. What is your firm's workload for the next 12 months?
- **9. Regulatory**/ **Contractual.** Indicate all occurrences of the following in the last 5 years (indicate if none). For 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.
 - b) State or Federal Prevailing Wage violations or judgments.
 - c) Affirmative Action and EDGE program violations (Attach Certificate of Compliance with Affirmative Action Programs, issued pursuant to Ohio Revised Code Section 9.47).
 - d) Contract abandonment, contract termination, as either a prime- or sub-contractor, or Surety takeover.

- e) Debarment by state, federal, or local jurisdictions (including pending items)
- f) EPA/OSHA violations
- g) Liquidated damages and Statutory Delay Forfeiture assessed
- h) Drug-Free Safety Program and Drug Free Workplace Program violations
- **10. Management.** Identify key individuals that the Bidder plans to use on this project and submit resumes for those key individuals.

11. Diversity.

Workforce diversity participation goals:

 Minority
 ____%

 Female
 ___%

 Veterans
 __%

 Procurement diversity participation goals. All contractors are expected to contribute to diversity participation.

 MBE/DBE/SBE
 ___%

 FBE
 __%

%

Attach an explanation as to how your firm would meet these proposed minimum workforce expectations.

- 12. Workers' Compensation. Provide a copy of your current Ohio Workers' Compensation certificate.
- **13. EOC Certificate of Compliance.** Submit a valid certificate of compliance issued by the EOC under ORC Section 9.47 to establish that your firm has not been found in violation of any affirmative action program during the last 5 years preceding the date of the prequalification application.
- **14. Licenses.** Submit proof of current licenses to perform the associated Work as required by Applicable Law.

15. Claims and Liens.

VBE (Veterans)

- a) Does your firm have any liens or bond claims pending against any firms? Provide an explanation for each pending lien or bond claim.
- b) Do any vendors or subcontractors have liens or bond claims pending against your firm? Provide an explanation for each pending lien or bond claim.

c) 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.

16. Bonding.

Bonding Company:	
Agent Company:	
Name and Address of Agent:	
Telephone:	
Local Contact e-mail:	
Single Limit:	\$
Aggregate Limit:	\$
Available Limit:	\$

17. **OSHA**.

Number of full time employees Number of full time employees with 10 hour OSHA training Number of full time employees with 30 hour OSHA training

Provide an example of your company's Silica Exposure Plan.

18. Trade Affiliations

19. EMR Rating

Authorized Official (please print or type)

Signature of Authorized Official	D	Date
Signature of Notary	Ľ	Date

END OF DOCUMENT

Attachments – Subcontractor Work in Progress Form Subcontractor Work Completed Form