

PHOINIX DEVELOPMENT FOUNDATION, Inc.
Subcontractor Qualification Worksheet

Date: _____

Thank you for your interest in qualifying with Phoinix for future contract or subcontracts. In order for Phoinix to confirm compliance with our requirements, and to help us understand more about your company, please thoroughly complete this worksheet, and attach all requested items.

Submitted for (check one): _____ General qualification (no specific project)
_____ Specific qualification - If so, project name:

A Company Information

Company name: _____
Primary Address: _____
City: _____
State/Zip: _____
Website: _____
Year established: _____
Company type: _____
NAICS Code(s): _____
D&B (DUNS) number: _____
Federal CAGE# (if applicable): _____
Number of employees: _____

A.1 Contact Name / Title: _____
Contact Phone / Fax: _____
Contact E-mail: _____

A.2 Contact Name / Title: _____
Contact Phone / Fax: _____
Contact E-mail: _____

A.3 Contact Name / Title: _____
Contact Phone / Fax: _____
Contact E-mail: _____

B Union Information

Union affiliated? _____
If yes, names of unions: _____
Do you perform prevailing wage? _____

C Small Business Classifications

Mark all classifications of your business:
_____ Small Business under the SBA rules for your business classification
_____ Certified 8(a) Small Business under the SBA rules
_____ HUBZone business under Federal law

**PHOINIX DEVELOPMENT FOUNDATION, Inc.
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_____ Veteran owned business under Federal law

_____ Service disabled veteran-owned business

_____ Woman-owned business (business owned by one or more women)

_____ Minority-owned business (business owned by one or more people specified below)

_____ African-American

_____ Hispanic

_____ Asian

_____ American Indian

_____ Alaskan Native

_____ Hawaiian Native or other Pacific Islander

_____ Other (specify): _____

_____ None of the above

* "Owned" means that at least 51% of the business is owned and controlled by person(s) meeting criteria
Attach a copy of all certifications held supporting your answers above.

D Contractor's License Information

Issuing Authority	Class	License #	Expiration

E Parishes served (List all that apply)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

F CSI / Trades

General description of trade(s): _____

Last year's % residential: _____ % non-residential: _____

List all trade classification numbers that apply from the attached "Trade Classification Worksheet":

G Bonding Information

(Attach a current letter from your bonding company stating your current bonding limits)

Bondable (Y/N): _____

Bond Limit - Per project limit: _____

Aggregate limit: _____

Backlog limit: _____

**PHOINIX DEVELOPMENT FOUNDATION, Inc.
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Available capacity: _____
 Bond rate: _____
 Bonding company: _____
 Bond agent company: _____
 Bond agent individual: _____
 Bond agent phone: _____

H Insurance Information

(Attach a copy of a current insurance certificate for a typical recent project of yours)

	Carrier	Limit / occurrence	Aggregate
General Liab.			
Excess			
Work Comp			
Auto			
Professional			

Are you able to provide an additional insured endorsement naming Phoinix Development Foundation and the Owner for completed operations a CG 2010 11/85 or equivalent form? (Yes / No): _____

Insurance agency name: _____
 Insurance agent name: _____
 Phone: _____

I Financial Information (This information will be kept strictly confidential)

- 1. Attach a copy of your most recent audited or reviewed financial statement if you have one**
- 2. Also attach a copy of your most recent internal financial statement**
- 3. Also attach a copy the most recent Accounts Receivable aging report.**

Financial statement is Audited, Reviewed, Compiled by CPA, or Just Internal: _____

J Line of Credit

Total limit (Enter \$0 if none): _____
 Currently used: _____
 Available limit: _____
 Bank name: _____
 Expiration date: _____

K Project History

5 largest projects completed during the last 3 years:

Name	Value	Compl. Date	General Contractor	Contact Name & Phone
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5 largest projects currently underway

Name	Value	% Compl	General Contractor	Contact Name & Phone

L Supplier References

Provide 3 supplier references

Supplier Name	Contact Name	Contact Phone

M Phoinix Affiliations and Prior Experience

List any prior projects you have worked on, and Phoinix employees who may be familiar with your company.

N Safety

X-Mod (Exper. Modification Rate): _____

Nbr. of General OSHA violations in last 5 years: _____

Nbr. of Serious OSHA violations in last 5 years: _____

Do you have a written IIPP? _____

Are you in compliance with OSHA required training? _____

O Quality Assurance

Do you have a written Quality Assurance Program that can be provided upon request? _____

To whom do you assign primary responsibility for Quality Assurance? _____

P Other Comments that may assist Phoinix better understand your company:

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Q Affirmations

The information provided herein is true and accurate to the best of my knowledge. I have received and reviewed Phoinix's standard subcontract*, and if awarded a project by Phoinix, our company will execute Phoinix's standard subcontract agreement and meet Phoinix standard insurance requirements.

Signature: _____

Name/Title: _____

Date

* Available at www.ROEL.com