



Contractor/Supplier Qualification Statement

Original Company Qualification & Annual Renewal

All documents must be submitted via e-mail (preferred), mail or hand delivery. Triangle must have this form and financials on record prior to any bid award but no later than the time of the post bid. Please note: There will also be a project specific one page update required for all bids.

For questions on the Qualification Statement please contact: **PROJECT MANAGER** E-Mail: **EMAIL**
Phone: **(616) 453-3950**

Submit **Qualification Statements, including Financials, with Attachments** to:

E-mail (Preferred): qualifications@triangle-inc.com
Triangle Associates, Inc.
3769 Three Mile Rd., NW
Grand Rapids, MI 49534

General Information and Corporate History

Organization Name: _____

Prepared by (Name/Title): _____

E-mail Address: _____

Phone Number/Fax Number: _____

Address: _____

Type of work performed (work category/scope): _____

Percent of work normally performed by your own forces (not subcontracted): _____

1. How many years has your organization been in business as a contractor/supplier? _____

2. How many years has your organization been in business under its present name? _____

3. Under what other names has your organization operated? _____

4. Organization structure and principals:

Type of organization: Corporation Partnership Individual Other _____

DBE WBE Certified DBE/WBE

Union: Yes No

If yes, what trades are you signatory with? _____

Total number of staff employed by organization: Office _____ Field _____

Is your organization in compliance with EEO requirements? Yes No

Do you have a Dept. of Civil Rights Cert. of Awardability? Yes No

A. If your organization is a corporation, please list the following:

Date of incorporation: _____

State of incorporation: _____

President's name: _____

Vice President's name(s): _____

Secretary's name: _____

Treasurer's name: _____

B. If your organization is a partnership, please list the following:

Date of organization: _____

Type of partnership: _____

Name(s) of general partners: _____

C. If your organization is individually owned, please list the following:

Date of organization: _____

Name of owner: _____

5. List the trade categories in which your organization is legally qualified to do business and indicate registration or license number, if applicable.

Trade category: _____

Registration: _____

License #: _____

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

7. Has your firm ever work for Triangle Associates, Inc. before? Yes No

If so, please list projects completed within the last five (5) years (if more space is needed please attach detail).

8. Claims and suits (if yes to any of the questions below, please attach details and label as **Attachment 'A'**)

Has your organization ever failed to complete any work awarded to it? Yes No

Are there any judgments, claims, arbitration or mediation proceedings, or suits pending or outstanding against your organization or its officer(s)? Yes No

Has your organization filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last five years? Yes No

Has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes No

Has any officer or principal of your organization ever been an officer or principal of another organization when it declared or filed for bankruptcy? _____

9. Attach a listing of construction projects your organization has in progress, providing the name of the project, owner, architect, general contractor/construction manager, contract amount, percent complete and scheduled completion date. **(Label as Attachment 'B')**

10. What is the total dollar value of work currently under contract? \$ _____
What is the completed value to date? \$ _____

11. Attach a listing of construction projects your organization has completed in the past five years. Include the same information requested in item 9 with actual completion dates. **(Label as Attachment 'C')**

12. What was the average annual amount of construction work performed during the past five (5) years?
\$ _____

13. Attach a listing of the construction experience and present commitments of the key individuals of the organization that may be assigned to projects you are awarded including project manager and any field supervision **(Label as Attachment 'D')**

14. List four (4) CM/GC and trade/supplier references (name, address & phone number):

CM(s)/GC(s)

Trade(s)/Supplier(s)

Financial Criteria

15. Bank reference (Name, address, phone number & primary contact person):

Available balance on line of credit AS OF THE DATE OF THE FINANCIALS YOU SUBMITTED ABOVE.

16. Bonding (Name of Surety, address, phone number & primary contact person):

17. Bonding capacity (Please attach a letter from your bonding company stating limits):

Single Project: \$ _____ Aggregate: \$ _____
Value of Work Currently Bonded: \$ _____

18. Insurance company (Name, address, phone number):

Agency/Contact/Phone Number: _____

Provide a certificate of insurance indentifying expiration date and current limits of coverage.

19. CPA firm (Name & phone number):

20. **Under separate cover**, please submit complete financial statements for the previous fiscal year (audited statements if available). If statements are more than six (6) months old, please include your most recent internally prepared year-to-date financial statements. **Financial statements MUST be submitted - All information will be kept strictly confidential. This financial information must be mailed, e-mailed or hand delivered directly to Director of Finance at Triangle Associates, Inc. (e-mail: financials@triangle-inc.com)**

21. Is the submitted financial statement for the organization named on page one?

Yes No

If not, what is the relationship between organizations?

22. Will the organization whose financial statement is being submitted act as a guarantor of the contract for construction? Yes No

Safety

23. List your workers compensation experience modifier for the last three (3) years:

EMR 20 _____ EMR 20 _____ EMR 20 _____

24. Does your organization have a written OSHA compliant safety policy? Yes No
25. Will your organization comply with and enforce Triangle and the owner's safe and drug-free work place? Yes No
26. Will you provide a project specific safety plan for project's that you are awarded? Yes No
27. If awarded work, will your organization provide assurance you will do everything in your power to assure work will proceed in a timely manner and completed as outlined in the contract documents? Yes No
28. Are you a participant in the ABC STEP Program and at what level? Yes No

Level _____

Certification

I do hereby certify the information provided in this statement and the separately submitted financial statements to be true in their entirety. I also certify that the information is sufficiently complete so as not to be misleading. ***I understand that Triangle Associates, Inc. and/or the Owner of any project may reject our proposal and/or bid if the contractor/supplier qualifications are found to be unacceptable. Last, it is understood that inaccurate data may be grounds to reject our bid proposal.***

Company Name: _____

By: _____

Title: _____

Signature: _____ Date: _____

Subscribed and sworn before me this _____ day of _____

Notary Public: _____

My Commission Expires: _____