

**CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION**

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**SECTION I - GENERAL INFORMATION**

1A. NAME			2. TYPE OF ORGANIZATION (Check one)				
1B. STREET ADDRESS			A. SOLE PROPRIETORSHIP		F. LIMITED LIABILITY COMPANY		
			B. GENERAL PARTNERSHIP		G. JOINT VENTURE		
1C. CITY			C. LIMITED PARTNERSHIP		H. TRUST		
			D. CORPORATION		I. OTHER (Specify below)		
1D. STATE			E. SUBCHAPTER S CORPORATION				
1E. ZIP CODE			4. DATE ORGANIZATION ESTABLISHED		5. STATE OF INCORPORATION		
3. TAXPAYER ID NUMBER			7. KIND OF PRODUCT OR SERVICE PROVIDED				
6. TRADE STYLE NAME (Provide a copy of filing)			10. INVENTORY VALUATION METHOD				
8. FORMER BUSINESS NAME			A. LIFO		C. AVERAGE COST		
9. KIND OF BUSINESS			B. FIFO		D. OTHER (Specify)		
A. MANUFACTURER		D. RETAILER					
B. CONTRACTOR		E. OTHER (Specify)					
C. WHOLESALE							

**11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS**

NAME	TITLE (If partner, state G(General) or L(Limited) in column)		PERCENT BUSINESS OWNED
	ACTUAL TITLE	G OR L	

12. PARENT COMPANY (If applicable)		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS		YES	NO
A. NAME		A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?			
B. CITY		B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?			
C. STATE		C. DO YOU HAVE ANY CONTINGENT LIABILITIES?			
		D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS OPERATIONS WITH OUTSTANDING DEBTS?			

**SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS**

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129)  
 (If "Yes", provide detailed information, Section VIII, Remarks)  YES  NO

14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", COMPLETE THE ITEMS BELOW				
	AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE

15A. AGENCY INVOLVED WITH DELINQUENCY

15B. AMOUNT OF DELINQUENCY (\$)

16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO (Go to Section III)	17. COMPLETE ITEMS BELOW IF APPLICABLE			
	TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED
	A. INDUSTRIAL REVENUE BONDS			
	B. GUARANTEED LOANS			
	C. ADVANCED PAYMENTS			
	D. PROGRESS PAYMENTS			
	E. OTHER (Specify)			

**SECTION III - FINANCIAL STATEMENTS**

Prepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

YES

NO

19A. NAME

19B. STREET ADDRESS

19C. CITY

19D. STATE

19E. ZIP CODE

ACTUAL

U.S. DOLLARS

IN THOUSANDS

FOREIGN CURRENCY (*Specify*)

IN MILLIONS

21. BALANCE SHEET AS OF (*Month, Day, Year*)

22. FISCAL YEAR ENDS (*Month, Day, Year*)

23. PREPARED STATEMENTS

ARE ATTACHED

**24. ASSETS**

**25. LIABILITIES AND NET WORTH**

**A. Current Assets**

Cash

Short Term cash investments

Accounts receivable, less allowance for doubtful accounts of \$

Inventories

Other current assets (*Itemize below*)

**Total Current Assets**

**A. Current Liabilities**

Accounts payable

Notes payable (*current*)

Current portion of long term debt

Accrued expenses

Accrued taxes on income/excess profits

Other current liabilities (*Itemize below*)

**Total Current Liabilities**

**B. Property, Plant and Equipment**

Land

Buildings and equipment

Leasehold improvements

Less accumulated depreciation and amortization

**Total Property, Plant and Equipment**

**B. Other Liabilities**

Mortgages

Bonds

Deferred income taxes

Other long term debt

**Total Other Liabilities**

**C. Other Assets**

Investments in and advance to affiliated company

Goodwill, less amortization

Due from officer, employee

Other (*Itemize below*)

**Total Other Assets**

**Total Liabilities**

**C. Minority Interest in Subsidiary**

**D. Net Worth**

Preferred stock

Common stock

Additional paid-in capital

Retained earnings/owner's equity

Less, Treasury stock

**Total Net Worth**

**D. TOTAL ASSETS**

**E. TOTAL LIABILITIES AND NET WORTH**

**SECTION IV - INCOME STATEMENT**

26. FROM (*Month, Day, Year*)

27. TO (*Month, Day, Year*)

**28. INCOME**

**A. Net Sales**

Cost and Expenses

Cost of Goods Sold

Depreciation and Amortization

Selling, General, and Admin. Expenses

Interest Expense

Other Expenses (*Itemize below*)

Minority Interest in Earnings of Subsidiaries

**Total Costs and Expenses**

Earnings Before Taxes

Taxes on Income

Income Before Extraordinary Items

Extraordinary Gains (Losses) Net of Taxes

**NET INCOME (LOSS)**

**SECTION V - BANKING AND FINANCE COMPANY INFORMATION**  
 (Please attach a separate sheet using this format for any additional banks.)

ITEM	BANK 1				BANK 2			
29. Name of Bank								
30. Contact Person								
31. Phone Number	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION		
32. Fax Number	AREA CODE	NUMBER		AREA CODE	NUMBER			
33. Address	STREET ADDRESS			STREET ADDRESS				
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
34. Amount Owing (\$)								
35. Term Loans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
36. Line of Credit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
37. Maximum Amount Authorized (\$)								
38. Amount Outstanding (\$)								

**39. Loans Secured by Company's Assets - Real and Personal Property**

<b>A.</b>	SECURED PARTY NAME			CONTACT NAME			
	STREET ADDRESS		CITY	STATE	ZIP CODE		
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
<b>B.</b>	SECURED PARTY NAME			CONTACT NAME			
	STREET ADDRESS		CITY	STATE	ZIP CODE		
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
<b>C.</b>	SECURED PARTY NAME			CONTACT NAME			
	STREET ADDRESS		CITY	STATE	ZIP CODE		
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		
<b>D.</b>	SECURED PARTY NAME			CONTACT NAME			
	STREET ADDRESS		CITY	STATE	ZIP CODE		
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)		

40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE?  <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Section VII, Remarks)	41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET?  <input type="checkbox"/> YES <input type="checkbox"/> NO	41B. TOTAL LIABILITY (\$)  <div style="text-align: right;">▶</div>
42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER?  <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide detailed information in Section VII, Remarks)		

**SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION**

*(Please attach separate sheet(s) using this format for additional suppliers.)*

43. PAST DUE ACCOUNTS PAYABLE (\$)

ITEM	44. SUPPLIER 1				45. SUPPLIER 2		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

ITEM	46. SUPPLIER 3				47. SUPPLIER 4		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

**SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)**

**CONTRACTS IN FORCE**

ITEM	48. CONTRACT 1				49. CONTRACT 2		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	50. CONTRACT 3				51. CONTRACT 4		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	52. CONTRACT 5			53. CONTRACT 6		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent Completed						
G. Estimated Completion Date						

ITEM	54. CONTRACT 7			55. CONTRACT 8		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent Completed						
G. Estimated Completion Date						

**LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS**

ITEM	56. JOB 1			57. JOB 2		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

ITEM	58. JOB 3			59. JOB 4		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

ITEM	60. JOB 5			61. JOB 6		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

**LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS**

ITEM	62. SURETY COMPANY 1			63. SURETY COMPANY 2		
A. Company Name						
B. Contact's Name						
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)	65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION VIII - REMARKS**

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

**CERTIFICATION**

For the purpose of establishing financial responsibility with, or procuring credit from the U.S. General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	BY <i>(Signature of Authorized Official)</i>	
	NAME OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	DATE
	TITLE OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	