



Calvert County Public Schools

1305 Dares Beach Road
Prince Frederick, MD 20678

CONTRACTOR'S QUALIFICATION QUESTIONNAIRE

**For Period July 1, 2019 thru
June 30, 2020**

For Office Use Only

Received: _____

Reviewed by: _____

Date: _____

**FORMS SHALL BE RETURNED TO:
(Hard copy or electronically)**

Calvert County Public Schools
Attn: Darrell Barricklow, AIA
Supervisor for School Construction
1305 Dares Beach Road
Prince Frederick, MD 20678
443-550-8773
barricklowd@calvertnet.k12.md.us

CONTRACTOR'S QUALIFICATION QUESTIONNAIRE
FOR
PUBLIC SCHOOL CONSTRUCTION PROGRAM

THE BOARD OF EDUCATION OF CALVERT COUNTY

This questionnaire is intended as a basis for establishing the qualifications of Contractors for undertaking Construction Work under the jurisdiction of the Board of Education.

If a contractor has not submitted to the Board this form setting forth his qualifications to the satisfaction of the Superintendent of Schools, he (the Contractor) shall be ineligible to receive construction documents for bidding or for contract award for such work as may be handled through the Board of Education. Certification of Qualification shall be valid for one year only. Renewal must be applied for before expiration of current approval.

PART I. – GENERAL INFORMATION

a. Legal Name and Address of Organization:

Company Name: _____
 Contact Name: _____
 Contact Title: _____
 Address: _____
 Town, State & Zip: _____
 Telephone: _____
 Fax: _____
 E-mail: _____

(A valid email address is required for communication regarding this questionnaire and future advertisements and solicitations)

b. Corporation or LLC Co-Partnership Individual *(check one)*
(complete section 1 below) *(complete section 2 below)* *(complete section 3 below)*

(1) **If a Corporation:**

Date of Incorporation _____ State in which Incorporated _____

Name and Title of Principal Officers	Date of Assuming Position

(2) **If a Co-Partnership:**

Date of Organization _____. Nature of Partnership (Gen., Ltd. Assoc.) _____

Name	Address

(3) If an Individual:

Full Name and Address of Owner

Name: _____

Address: _____

Town, State & Zip: _____

- c. List major items of equipment fully owned by organization, giving approximate value and age. (If not fully owned, so state.) *(Add additional sheet(s) as necessary.)*

Item	Age	Value

- d. Is any member of your organization employed by CCPS or in any way officially connected with CCPS?

Yes No

If yes, please explain: _____.

- e. Give name and data (location, Owner, scope, value, etc.) concerning any construction projects you may have failed to complete (attach separate sheet if necessary). If none, state NONE or N/A

_____.

- f. Has your organization ever been part of any litigation as a result of construction methods, costs, etc.?

Yes No

If yes, please explain: _____.

PART II. – FINANCIAL INFORMATION

- a. Give value of all construction equipment owned by your organization. \$ _____

- b. Give value of total assets of your organization (including equipment value above).

\$ _____

- c. Give value of total liabilities of organization. \$ _____

- d. Give total contract value of work accomplished by your organization in each of the last three (3) years.

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

- e. Give contract value of work presently being accomplished by, or pending award to your organization.

\$ _____ Date: _____

- f. Give value of any judgments or liens outstanding against your organization. \$ _____

g. Has any Bonding Company refused to write you a bond on any construction work?

Yes No. If yes, explain why _____.

h. Give maximum value per project for which you could obtain Bond. \$ _____

i. Give maximum aggregate amount for which you can obtain Bond. \$ _____

PART III. – EXPERIENCE

a. Indicated type(s) of contracting undertaken by your organization and years of experience:

General Contractor: Years _____

Subcontractor:

Trade/discipline: _____ Years _____

Trade/discipline: _____ Years _____

b. State construction experience of principal members of your organization. Include name, title, years of construction experience, type of work performed, and in what capacity (i.e. Foreman, Superintendent, etc.):

NAME	TITLE (President, Manager, etc.)	YEARS OF CONSTRUCTION EXPERIENCE	TYPE OF WORK (Houses, apartments, hospitals, etc.)	IN WHAT CAPACITY (Foreman, Supt., etc.)

c. Give any special qualifications of firm members (Registered Architect or Engineer, Surveyor, Licensed Plumber, Master Electrician, etc.) _____

d. List some principal projects completed by your organization:
(Add additional sheet(s) as necessary.)

Project	General or Subcontractor (if sub, what type of work)	Your Contract Amount	Year	Design Architect or Engineer	Owners' Name

e. If General Contractor, list some subcontractors in various fields who have worked under you: _____

f. If Sub-contractor, list some General Contractors for whom you have worked:

- g. (1) What is the monetary value of the largest project ever accomplished by your organization? \$____

- (2) What is the monetary value of the largest project accomplished by your organization in last three (3) years: \$_____
- (3) Maximum value you prefer to undertake: \$_____
- (4) Price range of work your organization is deemed best adapted to undertake: \$_____

h. Is your organization licensed in the State of Maryland for the current year?

Yes No If yes: Expiration date: _____.

License number: _____.

(If licensed in Maryland, include a copy of your current Maryland license with this questionnaire.)

i. Is your organization certified as a Minority Business Enterprise* Yes No.

If yes, provide Maryland Department of Transportation Certification #____. Month/Year Certified ____/____.

*** Minority Business Enterprise certification as defined by The Office of Minority Business Enterprise and Equal Opportunity, Maryland Department of Transportation. Date indicates month and year of approval of current certification.**

j. List four (4) references for whom your company has provided services – must be within the past three (3) years. Provide all information requested.

1. Company Name: _____
 Contact Person: _____
 Telephone: _____
 E-mail: _____
 Project Location/Description: _____
 Date of Work: _____
2. Company Name: _____
 Contact Person: _____
 Telephone: _____
 E-mail: _____
 Project Location/Description: _____
 Date of Work: _____
3. Company Name: _____
 Contact Person: _____
 Telephone: _____
 E-mail: _____
 Project Location/Description: _____
 Date of Work: _____
4. Company Name: _____
 Contact Person: _____
 Telephone: _____
 E-mail: _____

Project Location/Description: _____

Date of Work: _____

The above statements are certified to be true and accurate.

Dated at _____ this _____ day of _____.

By: _____

Title

Name of Organization

State of _____
County of _____

_____ being duly sworn states that he/she is _____ (title) of _____
and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission expires _____