

CONTRACTOR'S QUALIFICATION STATEMENT

HCPS STANDARDS DOCUMENT. No.: 01020

APPLICATION: ELEMENTARY, MIDDLE AND HIGH SCHOOL

DATE OF ISSUE:

04-26-13 - Revised threshold for required bonding from \$100K to \$300K.
10-22-09 - First Issue

NOTES:

Contractors submitting bids for construction projects advertised by THE SCHOOL BOARD OF HILLSBOROUGH COUNTY, FLORIDA, are permitted to use the following Contractor's Qualification Statement in lieu of AIA Document A305.

ATTACHMENTS:

[HCPS Contractor's Qualification Statement](#), dated 04-26-13 (6 pages)

FROM: _____
(Legal Name of Business)

(Mailing Address of Principal Office)

(City, State, Zip)

TO: Hillsborough County Public Schools
ATTN: Procurement Department, 3rd Floor
Raymond O. Shelton School Administrative Center
901 East Kennedy Boulevard, Tampa, FL 33602

FOR: _____
(Name of Project)

CLASSIFICATION OF WORK:
(Check only one.)

- General Construction Sitework HVAC Electrical
- Plumbing Other: _____

The undersigned, being first duly sworn, hereby deposes and affirms that the following information is true and sufficiently complete so as not to be deceptive.

ORGANIZATION

YEARS IN BUSINESS:

(Number of years as a Contractor performing the classification of Work indicated. Check only one.)

- < 3 3+ 5+ 10+ 15+ 20+

BUSINESS NAME:

How many years has your organization been in business under its current name? _____

List other or former names under which your organization has operated:

BUSINESS STRUCTURE:

(Check only one and provide the related information.)

- Corporation

Date of Incorporation: _____

State of Incorporation: _____

President's Name: _____

Vice-President's Name: _____

Secretary's Name: _____

Treasurer's Name(s): _____

[] Partnership

Date of Organization: _____

Type of Partnership: _____

Names of General Partners: _____

[] Individual

Date of Organization: _____

Name of Owner: _____

[] Other (Please specify.)

Type of Organization: _____

Date of Organization: _____

Name of Principal(s): _____

LICENSING:

List jurisdictions and trade categories in which your organization is legally qualified to do business:
(Indicate license or registration numbers where appropriate.)

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

EXPERIENCE:

List categories of work typically performed by your organization's own forces:

CLAIMS AND SUITS:

(Attach a separate sheet detailing the circumstances for any of the following questions to which the answer is "yes.")

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

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? **Yes** **No**

Has your organization filed any law suits or requested arbitration pertaining to any construction contract(s) within the last five years? **Yes** **No**

Has any principal or officer of your organization ever been a principal or officer of another organization when it failed to complete any construction contract(s) within the last five years? **Yes** **No**

CURRENT WORKLOAD:

On a separate sheet, list the major construction projects currently being executed by your organization. Identify the name of the project, owner, and architect, the contract amount, percentage complete and scheduled completion date.

What is the total worth of work in progress and under contract? \$ _____

RECENT WORKLOAD:

On a separate sheet, list the major construction projects completed within the last five years by your organization. Identify the name of the project, owner, and architect, the contract amount, percentage of the cost of work performed by your organization's own forces and the completion date.

What is the average annual amount of construction work completed by your organization within the last five years? \$ _____

KEY PERSONNEL:

On a separate sheet, list the construction experience and present commitments of your organization's key personnel.

REFERENCES:

Trade References:

(Name of Individual)

(Name of Individual)

(Name of Business)

(Name of Business)

(Mailing Address)

(Mailing Address)

(City, State, Zip)

(City, State, Zip)

(Telephone)

(Telephone)

Bank References:

(Name of Individual)

(Name of Individual)

(Name of Financial Institution)

(Name of Financial Institution)

(Mailing Address)

(Mailing Address)

(City, State, Zip)

(City, State, Zip)

(Telephone)

(Telephone)

Surety:

(Required only for projects with a construction cost in excess of \$300,000.)

Bonding Company:

Agent:

(Legal Name of Business)

(Name of Individual)

(Mailing Address of Principal Office)

(Legal Name of Business)

(City, State, Zip)

(Mailing Address of Principal Office)

(City, State, Zip)

(Telephone)

FINANCING:

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement, showing the following items:

Current Assets *(e.g.: cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);*

Net Fixed Assets;

Other Assets;

Current Liabilities *(e.g.: accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);*

Other Liabilities *(e.g.: capital, capital stock, earned surplus and retained earnings).*

Financial statement prepared by:

(Legal Name of Business)

(Mailing Address of Principal Office)

(City, State, Zip)

Does the attached financial statement describe the organization specifically named on Page 1?

Yes No

If "no," explain on a separate sheet the relationship and financial responsibility of the organization whose financial statement is attached. *(e.g.: parent-subsidiary)*

Will the organization whose financial statement is attached act as guarantor of the contract for construction?

Yes No

SIGNATURE AND AFFIDAVIT:

Signed, sealed, and delivered this _____ day of _____, 20____,



Corporate Seal

By: _____
(Signature of Affiant)

(Printed Name of Affiant)

(Title of Affiant)

(Legal Name of Business)

STATE OF FLORIDA

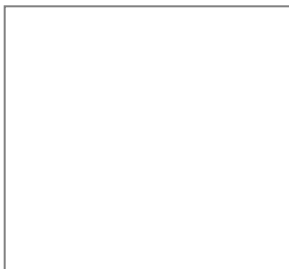
COUNTY OF HILLSBOROUGH

Before me, the undersigned authority, personally appeared _____,
(Printed Name of Affiant)
who, after being first duly sworn, deposes and says that the information provided hereinabove is true and sufficiently complete so as not to be misleading.

Sworn to and subscribed before me this _____ day of _____, 20____, by

_____, who is personally known to me or produced
(Name of Affiant)

_____, as identification and did take an oath.
(Type of Identification)



Notary Seal

Notary Public:

(Signature of Notary Public)

My Commission Expires:

(Date)