

W/MBE TRADE CONTRACTOR INFORMATION

(Including Veteran and City of Detroit Based Businesses)

Please note that it is our intent to assist you in completing this form, please contact Brad Mathis at (616) 292-0158 or bmathis@rockfordconstruction.com should you have questions or require assistance.

Date: _____

Please complete this form and return it to Rockford Construction – Brad Mathis via e-mail (bmathis@rockfordconstruction.com)

ALL FIELDS MUST BE FILLED IN. USE "NOT APPLICABLE", WHEN NECESSARY.

VENDOR INFORMATION

Name of Organization: _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

List ALL states where you are able to perform work: _____

Select areas that you are able to work in Michigan: West Southwest Southeast
 Central/Mid Northern Upper Peninsula



**Are you licensed to work in the City of Detroit? Yes No

**Are you Wayne County Certified? Yes No

Trades That You Self-Perform (See attached CSI Code Breakdown): _____

Do you have any of the following certifications: (Check all that apply): Minority-Owned Business Enterprise (MBE)

Women-Owned Business Enterprise (WBE) Veteran-Owned Business Detroit Start-Up (DSU)

Detroit Based Business (DBB) Detroit Headquartered Business (DHB) Detroit Small Business (DSB)

Are you self-identified (Non-Certified) in any of the above categories: Please list: _____

Workforce: Union (*if Union please indicate affiliations) _____ Merit/Non-Union

Has your firm gone through an ownership change in the last 12 months? No Yes *If yes, please explain:

Federal Employer ID#: _____ Total number of office staff: _____ Total number of field staff: _____

Percentage of self-performed work: _____%

List any affiliated or related businesses & their relationship to the Company listed above:

COMPANY CONTACTS

Contact Person: _____

Mobile Phone: _____ E-mail: _____

E-mail address for bid invitations (_____ same as above): _____

SAFETY INFORMATION

Provide Workers Compensation Experience Modification Rate (EMR) for the last (3) years:

Current: _____ Last Year: _____ Two Years Prior: _____ Unsure (N/A): _____

**If EMR is greater than 1.0, the following attachments must be attached to prequalification form: 1) OSHA Logs for Last Three Years; 2) Letter from Insurance Carrier Explaining Elevation; 3) Copy of Organization’s Safety Plan

FINANCIAL INFORMATION

As a part of this submission, we require a recent balance sheet showing your current assets, current liabilities and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our VP of Finance. We will be happy to sign a confidentiality statement, if requested.

Largest Contract in Past 36 Months (\$): _____

Historical Financial information for last three (3) years:

Year Ending	Revenue	Ending Backlog *(work to be complete)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Year:

Revenue Projection (\$) _____

Current Backlog (\$) _____

Current Number of Projects in Progress _____

Average Contract Size (\$) _____

Primary Financial Institution: _____ Contact Person: _____ Phone #: _____

Bank Line of Credit: _____ Unused Portion: _____

Financial/Litigation: *(Select all that apply to your company and submit details for each on a separate sheet)*

- failed to complete a contract
- been involved in bankruptcy/reorganization
- pending judgments
- claims or suits against them

SURETY AND BONDING

Surety Company (indicate if none): _____

Surety Broker/Agent Name: _____ Phone Number: _____

Total Bonding Capacity: \$ _____ Bonding Capacity per Job: \$ _____ Value of Work Currently Bonded: \$ _____

**If bonding is not available, please explain: _____

INSURANCE INFORMATION

Please provide a sample of your insurance certification as an attachment to this form or the name and number of your insurance agent: _____

PROJECT EXPERIENCE

List three (3) projects completed in the last five (5) years.

TRADE REFERENCES:

Project	Trade Performed	GC/CM Name	Phone Number	Contract Amount	Year

This form must be signed by an officer of your company or an individual authorized by the company:

Signature: _____

Date: _____

Name: _____

Title: _____

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