

**Subcontractor Qualification Questionnaire**



Complete this form (adding attachments as necessary) to provide a basis for evaluation of your firm's qualifications.

Subcontractors / Vendors / Service Providers (referred to herein as the "Firm") must complete this Subcontractor Qualification Questionnaire ("Questionnaire") as requested by us (referred to herein as the "Company"). This Questionnaire will be valid for a period of three (3) years from date of execution or until significant changes occur to data provided (whichever is shorter). Provided the Firm has a valid Questionnaire on file for the scope of work to be performed, the Firm will not have to complete a new Questionnaire. Other project specific forms, however, will still be required as requested.

**1. General Information:**

Business Entity Name (the "Firm"): \_\_\_\_\_

Firm Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Firm Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Year Started: \_\_\_\_\_ State of Origin: \_\_\_\_\_

No. of Employees: (Full-Time) \_\_\_\_\_ (Part-Time) \_\_\_\_\_ (Seasonal) \_\_\_\_\_ (1099) \_\_\_\_\_

Geographic Area(s) or State(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Union (Y/N): \_\_\_\_\_ (If "YES", complete below table. Attach separate sheet(s) if necessary.)



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List current Business Classification certifications & provide copy of certificate(s)  
 (Attach separate sheet(s) if necessary)

Certification Name / Type	Date Application Submitted Certification Date	Certifying Agency

**4a.** Ever been denied, decertified, or graduated out of any certification program(s) (Y/N): \_\_\_\_\_  
 If "YES", Explain: \_\_\_\_\_

**4b.** Applications **pending** for any certification program(s) (Y/N): \_\_\_\_\_ (If "YES", provide details below)

Certification Name / Type	Date Application Submitted	Certifying Agency

**5.** The WFDBT has established resources able to assist with building capacity. If your company is interested in completing a capacity assessment to determine the current health of your business, please select what areas of assistance you may need (check all that apply):

- |                                       |                    |
|---------------------------------------|--------------------|
| Working Capital (Line of Credit/Loan) | Credit Repair      |
| Mobilization Capital                  | Bonding Assistance |
| Equipment Financing                   | Union Assistance   |

**6. Bonding:** Bondable (Y/N): \_\_\_\_\_ (if "YES", provide confirmation letter from bonding company (surety) and details below. If confirmation letter is from authorized broker agent in lieu of surety, also provide Power of Attorney document. If "NO", skip to section 7)

Project Limit: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

Bonding Co.: \_\_\_\_\_ Since: \_\_\_\_\_ A.M. Best Rating: \_\_\_\_\_

Broker / Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**7. Insurance** (select all that apply):      Work. Comp.      G.L.      Auto      Excess Umbrella

(Provide sample Insurance Certificate, showing coverage limits.)

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Insurance Co.: \_\_\_\_\_

Since: \_\_\_\_\_ A.M. Best Rating: \_\_\_\_\_

Broker / Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. Safety:** Written Safety Program (Y/N): \_\_\_\_\_ OSHA 30 Hr. Trained Employees (Approx. Qty.): \_\_\_\_\_

OSHA Incident Rate: Current Yr: \_\_\_\_\_ Prior Yr: \_\_\_\_\_ 2 Yrs. Prior: \_\_\_\_\_

Worker's Comp. EMR: Current Yr: \_\_\_\_\_ Prior Yr: \_\_\_\_\_ 2 Yrs. Prior: \_\_\_\_\_

*(If not enough Work. Comp. experience, enter "1.00". If don't have Work Comp insurance, enter "N/A")*

OSHA 300A Log (Check One): Attached: \_\_\_\_\_ Exempt: \_\_\_\_\_

*(Copy of 300A Log is required if Firm employed more than ten (10) employees (excluding owner) all of last calendar year, unless otherwise exempt. Refer to <https://www.osha.gov/recordkeeping/pub3169text.html> for additional info and list of OSHA exempt establishment types.)*

**9. Quality Program:** Does the organization have a published Quality Control Plan? No  Yes

Please provide the following for the organization's Quality Assurance Manager:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**10. Financial:** D&B Number: \_\_\_\_\_ Approx. Work Backlog Value: \$ \_\_\_\_\_

Smallest / Largest Proj. Interested in Pursuing: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

*(Attach a current audited Financial Statement.  
If an audited Financial Statement is not available, provide an un-audited Financial Statement)*

**11. Office Facilities (check one):** Own  Lease/Rent (Provide additional information below.) Office

Facility Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**12. Does Firm share office space, staff, or equipment (including phone exchanges) with any other business(es) or organizations (Y/N): \_\_\_\_\_ If "YES", list below:**

Entity Name	Tax ID #	Description and Reason for Sharing

**13. Client References:**

Name	Company	Phone	Email

**14. Largest Completed Projects (Limit to three (3) largest completed within the last five (5) years.):**

Project Name Your Scope	Client Name Project Location	Contract Value	Completion Date

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**15. Largest Current Projects** *(Limit to five (5) largest by contract value.):*

<b>Project Name Your Scope</b>	<b>Client Name Project Location</b>	<b>Contract Value</b>	<b>Anticipated Completion Date</b>

**16. Brief Capabilities Statement** *(Attach separate sheet if necessary):*

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17. Items of work typically subcontracted to lower tiers (not self-performed) by your Firm? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT SPECIFIC INFORMATION:**  
(for which this form is being completed)

18. Project Name: Red Purple Modernization (RPM) Phase One

Owner Name: Chicago Transit Authority (CTA)

Items or Scopes of work interested in quoting (please be as inclusive as possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For sections A, B, and C below; complete only those sections that apply to the scope of work performed by your Firm.*

**A** **SUBCONTRACTORS**  
(PROVIDES LABOR ON PROJECT SITE)

19. Will Firm provide own on-site fulltime Foreman and/or Superintendent to actively manage the work (Y/N): \_\_\_\_\_

20. Is there any equipment that the Firm does not own but is needed to perform its work (Y/N): \_\_\_\_\_

If "YES", explain below:

Equipment Needed, But Not Owned	How Will Firm Obtain Equip.	Reason Equip. Needed

21. Will Firm subcontract any portion of the work to another entity (Y/N): \_\_\_\_\_

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If "YES", explain below:

Scope To Be Subcontracted	Reason For Subcontracting	Anticipated % Of Contract Value	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

22. If the Firm will furnish & install materials, will the Firm obtain quotes from supplier(s)? (Y/N): \_\_\_\_\_

<b>B</b>	<b>MATERIAL SUPPLIERS, DEALERS, MANUFACTURER REPS, BROKERS</b> (PROVIDES GOODS, MATERIALS, SUPPLIES, OR EQUIP BUT DOES NOT PROVIDE LABOR ON PROJECT SITE)
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23. Firm is (check ALL that apply):

Supplier                     
  Regular Dealer                     
  Broker                     
  Manufacturer                     
  Packager

Manufacturer's Representative     
  Other, explain: \_\_\_\_\_

23. Does Firm have a warehouse? (Y/N): \_\_\_\_\_ If "YES", provide address: \_\_\_\_\_

24. Manufacturer: Does the Firm own or maintain a factory that produces, on the premises, materials to be provided?

(Y/N): \_\_\_\_\_ If so, list all materials produced by the Firm: \_\_\_\_\_

25. Does Firm deliver materials / supplies with its own trucks? (Y/N): \_\_\_\_\_ If "YES", provide proof of title, registration, and insurance for all trucks owned.

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**26. Regular Dealer:** For the procurement of goods, materials, supplies, or equipment, Firm will (check ALL that apply):

- Negotiate price and terms with manufacturers
- Ship from Firm inventory, in Firm warehouse, to jobsite
- Manage the order(s)
- Store order(s)
- Ship from manufacturer to jobsite directly

Ship from manufacturer to Firm warehouse or storage facility

Pay for goods, materials, supplies, or equipment out of Firm's own funds

**C TRUCKING**

**27.** Will Firm be responsible for management and supervision of entire trucking operation (Y/N): \_\_\_\_\_

**28.** Firm owns \_\_\_\_\_ (qty-each) trucks.

**29.** Firm can furnish proof of title, registration, and insurance for all trucks owned upon award (Y/N): \_\_\_\_\_

**30.** Will Firm lease trucks from another entity (Y/N): \_\_\_\_\_ If "YES", explain below:

Qty of Trucks To Be Leased	Owner of Leased Trucks (Company Name)	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

**VERIFICATION AND SIGNATURE**

I \_\_\_\_\_, being duly sworn, an employee and Officer of \_\_\_\_\_, depose and say: as of the execution date of this Subcontractor Qualification Questionnaire, the information contained herein is accurate and complete.

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Officer Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I wish to “**Opt-Out**” of future (other) bid opportunity email notifications and am only interested in the opportunity pertaining to this specific questionnaire. By “Opting-Out” I understand that I **WILL NOT** receive email notifications on future (other) bid opportunities unless I specifically “opt back in” via written correspondence.*

## Subcontractor Qualification Questionnaire



### Definitions:

*The definitions provided herewith are not guaranteed and shall not waive the certifying company's responsibility to review and understand the definitions pursuant to applicable regulations.*

- **DBE:** "Disadvantaged Business Enterprise" is similar to the definition of "MBE", but Small Business WBEs may also qualify. DBE certification is controlled by varying agencies across the United States, but is predominantly used by state and Federal Departments of Transportation as well as local airport authorities. Official DBE certification is required and certification requirements may vary between agencies.
- **MBE:** "Minority Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, whereby the individual minority applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. MBE certification is controlled by varying agencies across the United States, but is predominantly used by city and county agencies. Official MBE certification is required and certification requirements may vary between agencies. To obtain MBE certification, most agencies dictate caps on personal net worth for each minority applicant as well as size standards for the business.
- **SBE:** "Small Business Enterprise" is similar to the definition of "SB – Small Business" except that "SB" is self-certifying and SBE requires an official certification.
- **WBE:** "Women's Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, where the individual women applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. WBE certification is controlled by varying agencies across the United States, but is predominantly used by city and county agencies. Official WBE certification is required and certification requirements may vary between agencies. To obtain WBE certification, some agencies may also dictate caps on personal net worth for each woman applicant as well as size standards for the business.