

Subcontractor / Vendor Qualification Form

STEP 1: IDENTIFY GEOGRAPHIC REGION(S)

Select all regions that apply.

Northeast / Mid-Atlantic
DC, DE, MD, PA, VA

Southeast
FL, GA, NC, SC

Central
KS, TX

Northwest
NORTH CA

Southwest
SOUTH CA, NV

STEP 2: PROVIDE GENERAL COMPANY INFORMATION

Company Name: _____

Company Street Address: _____

P.O. Box or Suite Number: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Other: _____

Contact Name: _____ Contact Title: _____

Email Address: _____

Company Website: _____

Years in Business: _____ Number of Permanent Employees: _____

STEP 3: LIST TRADE(S), PRODUCT(S), AND SERVICE(S)

Please list only those trades that your company self-performs. Limit three per company.

Trade 1: _____ Trade 1 Contact: _____

Trade 1 Email: _____ Trade 1 Phone: _____

Trade 2: _____ Trade 2 Contact: _____

Trade 2 Email: _____ Trade 2 Phone: _____

Trade 3: _____ Trade 3 Contact: _____

Trade 3 Email: _____ Trade 3 Phone: _____

STEP 4: LIST SMALL BUSINESS CLASSIFICATION (IF APPLICABLE)

CBG Building Company is a general contractor and fully supports legislation pertaining to the employment of Disadvantaged, Women, Small, Disabled Veteran, and HUBZone Small Business Enterprises in construction.

Under the requirements of The Small Business Act, we are required to know the classification of your company. Each classification is listed below with a brief explanation. Please select the appropriate classification that describes your company and return this form to us.

1. Small Disadvantaged Business Concern (A1)

A Small Business Concern, as defined under item 3 below, which is owned and controlled by socially and economically disadvantaged individuals. The term "owned and controlled by socially and economically disadvantaged individuals" means a Small Business Concern that meets the following criteria:

- At least 51 percent unconditionally owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is unconditionally owned by one or more socially or economically disadvantaged individuals; and
• Whose management and daily business operations are controlled by one or more such individuals. The subcontractor and/or supplier shall presume that socially and economically disadvantaged include Black Americans, Hispanic Americans, Native Americans (such as American Indians, Eskimos, Aluets, and Native Hawaiians), and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act.

2. Woman Small Business Concern (B1)

Same as a Small Business Concern, as defined under item 3 below, except a women-owned and controlled business whose management and daily business operations are controlled by one or more women.

3. Small Business Concern (C1)

A firm is generally considered such if its average annual receipts for its preceding three fiscal years do not exceed \$12 million for Special Trade Contractors and \$28.5 million for Heavy Construction, pursuant to the governing regulations of the Small Business Administration (13 CFR Part 121 and FAR Part 19). For more information, visit www.sba.gov/size.

4. Disabled Veteran Business Enterprise (E1)

It is a sole proprietorship or partnership at least 51 percent owned by one or more disabled veterans.

5. HUBZone Small Business Concern (H1)

A Small Business Concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.

STEP 5: LIST CERTIFICATION AND BONDING INFORMATION

Certification Dates (Please attach proof of verification):

Certifying Agency: Certification Number:

Geographical Area Union or Non-Union:

Is your company bondable? Yes No Bonding Capacity:

Bonding Agency:

STEP 6: LIST FIVE RECENT COMPLETED JOBS

JOB #1

Name of Job: _____

Owner / Contractor: _____

Phone: _____

Contract Amount: _____

JOB #2

Name of Job: _____

Owner / Contractor: _____

Phone: _____

Contract Amount: _____

JOB #3

Name of Job: _____

Owner / Contractor: _____

Phone: _____

Contract Amount: _____

JOB #4

Name of Job: _____

Owner / Contractor: _____

Phone: _____

Contract Amount: _____

JOB #5

Name of Job: _____

Owner / Contractor: _____

Phone: _____

Contract Amount: _____

STEP 7: SIGN AND RETURN

The undersigned hereby certifies that he is authorized to execute this document on behalf of the said firm that and the statements contained herein are true.

Firm Name: _____

Signature: _____ Your Name: _____

Title: _____ Date: _____

Email Address: _____

Please email the completed form to preconstruction@cbgbc.com
with ATTN: Preconstruction Department.

Thank you for your interest in CBG Building Company.