

SOURCES SOUGHT – CONTRACTOR INFORMATION FORM
for
VA CFM Central Region: VISN 17 DESIGN-BUILD MACC

Use this form to provide contractor's general information. Please limit response to one page. The box at the bottom of this form may be used to clarify any requested information.

1. Contractor Information: **DUNS:** _____ **CAGE Code:** _____

Firm Name: _____

Address: _____

Name of POC for firm: _____

Phone Number of POC: _____ Email of POC: _____

2. Type of Business: (check all that apply)

SBA certified 8(a) firm

SBA certified HUBZone Small Business

Service-Disabled Veteran-Owned Small Business

Veteran-Owned Small Business

Economically Disadvantaged Women-Owned Small Business

3. Bonding Capacity:

Surety Name: _____

Maximum bonding capacity per project: \$ _____

Aggregate maximum bonding capacity: \$ _____

4. Locations. Identify the locations you are willing and capable to work: (check all that apply)

VISN 17

If you are not willing and capable to work in the location noted above, explain why not:

5. This space may be used to provide any additional information to clarify the above items only:

DO NOT change content of the form.

SOURCES SOUGHT – CONSTRUCTION EXPERIENCE PROJECT DATA FORM
for
VA CFM Central Region: VISN 17 DESIGN-BUILD MACC

Use this form (one per project) to provide supporting information that demonstrates project experience relevant to the subject announcement. Submit up to five (5) projects. Please limit response to two pages per project.

1. Contractor Name: _____	
2. Project No. (check one): <input type="checkbox"/> - 1 <input type="checkbox"/> - 2 <input type="checkbox"/> - 3 <input type="checkbox"/> - 4 <input type="checkbox"/> - 5	
3. Contract Number: _____ Delivery/Task Order No.: _____ Project Number: _____ Title: _____ Location: _____	
4. Award Date (mm/dd/yy): _____ Completion Date (mm/dd/yy): _____ Project is _____% complete (as of submission due date)	5. Final Contract Price: \$ _____ (includes all options and mods) This is the <input type="checkbox"/> total project <input type="checkbox"/> subcontract price.
6. Type of work: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Renovation	
7. Customer/Owner Name: _____ Point of Contact Name/Title: _____ (person with project knowledge) POC Phone Number: _____ POC Email Address: _____	
8. Were you the Prime contractor for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you a subcontractor for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If subcontractor, who was the Prime contractor? _____	
9. Type of Contract (check all that apply): <input type="checkbox"/> Design-Build <input type="checkbox"/> Other (explain): _____ _____ _____	
10. Provide a <u>detailed</u> description of the project: 	
11. Percentage of work you self-performed on this project: _____ %. Provide a <u>detailed</u> description of the work your firm self-performed on this project: 	

Form may be expanded. DO NOT change content of the form.