

## 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:

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:

Maximum bonding capacity per project: \$ \_\_\_\_\_

Aggregate maximum bonding capacity: \$ \_\_\_\_\_

Current Capacity Available: \$ \_\_\_\_\_

#### 4. Locations. Identify if you are willing and capable to work in VISN 17:

☐ YES

☐ NO

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

#### 5. Please identify number of projects your firm has performed at the different ranges identified below:

<\$500K \_\_\_\_\_

\$500K ~ \$1M \_\_\_\_\_

\$1M ~ \$2M \_\_\_\_\_

\$2M ~ \$5M \_\_\_\_\_

>\$5m \_\_\_\_\_

DO NOT change content of the form