

CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATIONOMB Control Number: 3090-0007
Expiration Date: 9/30/2018

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0007. We estimate that it will take 2.5 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

SECTION I - GENERAL INFORMATION

1A. NAME			2. TYPE OF ORGANIZATION (<i>Check one</i>)				
1B. STREET ADDRESS			A. SOLE PROPRIETORSHIP		F. LIMITED LIABILITY COMPANY		
			B. GENERAL PARTNERSHIP		G. JOINT VENTURE		
			C. LIMITED PARTNERSHIP		H. TRUST		
1C. CITY	1D. STATE	1E. ZIP CODE	D. CORPORATION		I. OTHER (<i>Specify below</i>)		
			E. SUBCHAPTER S CORPORATION				
3. TAXPAYER ID NUMBER			4. DATE ORGANIZATION ESTABLISHED		5. STATE OF INCORPORATION		
6. TRADE STYLE NAME (<i>Provide a copy of filing</i>)			7. KIND OF PRODUCT OR SERVICE PROVIDED				
8. FORMER BUSINESS NAME			10. INVENTORY VALUATION METHOD				
9. KIND OF BUSINESS			A. LIFO		C. AVERAGE COST		
			B. FIFO		D. OTHER (<i>Specify</i>)		
						A. MANUFACTURER	D. RETAILER
						B. CONTRACTOR	E. OTHER (<i>Specify</i>)
C. WHOLESALE							

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

NAME	TITLE (<i>If partner, state G(General) or L(Limited) in column</i>)		PERCENT BUSINESS OWNED
	ACTUAL TITLE	G OR L	

12. PARENT COMPANY (<i>If applicable</i>)		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS		YES	NO
A. NAME		A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?			
		B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?			
B. CITY		C. STATE	C. DO YOU HAVE ANY CONTINGENT LIABILITIES?		
			D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS OPERATIONS WITH OUTSTANDING DEBTS?		

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129) (<i>If "Yes", provide detailed information, Section VIII, Remarks</i>)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", COMPLETE THE ITEMS BELOW						
	AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE		
15A. AGENCY INVOLVED WITH DELINQUENCY						15B. AMOUNT OF DELINQUENCY (\$)	
16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>Go to Section III</i>)	17. COMPLETE ITEMS BELOW IF APPLICABLE						
	TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED			
	A. INDUSTRIAL REVENUE BONDS						
	B. GUARANTEED LOANS						
	C. ADVANCED PAYMENTS						
	D. PROGRESS PAYMENTS						
	E. OTHER (<i>Specify</i>)						

SECTION III - FINANCIAL STATEMENTSPrepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

☐ YES☐ NO

19A. NAME

19B. STREET ADDRESS

19C. CITY

19D. STATE

19E. ZIP CODE

20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:

ACTUAL

U.S. DOLLARS

IN THOUSANDS

FOREIGN CURRENCY (*Specify*)

IN MILLIONS

21. BALANCE SHEET AS OF (*Month, Day, Year*)22. FISCAL YEAR ENDS (*Month, Day, Year*)

23. PREPARED STATEMENTS

☐ ARE ATTACHED**24. ASSETS****25. LIABILITIES AND NET WORTH****A. Current Assets**

Cash	
Short Term cash investments	
Accounts receivable, less allowance for doubtful accounts of \$	
Inventories	
Other current assets (<i>Itemize below</i>)	

Total Current Assets**A. Current Liabilities**

Accounts payable	
Notes payable (<i>current</i>)	
Current portion of long term debt	
Accrued expenses	
Accrued taxes on income/excess profits	
Other current liabilities (<i>Itemize below</i>)	

Total Current Liabilities**B. Property, Plant and Equipment**

Land	
Buildings and equipment	
Leasehold improvements	
Less accumulated depreciation and amortization	

Total Property, Plant and Equipment**B. Other Liabilities**

Mortgages	
Bonds	
Deferred income taxes	
Other long term debt	

Total Other Liabilities**C. Other Assets**

Investments in and advance to affiliated company	
Goodwill, less amortization	
Due from officer, employee	
Other (<i>Itemize below</i>)	

Total Other Assets**Total Liabilities****C. Minority Interest in Subsidiary****D. Net Worth**

Preferred stock	
Common stock	
Additional paid-in capital	
Retained earnings/owner's equity	
Less, Treasury stock	

Total Net Worth**D. TOTAL ASSETS****E. TOTAL LIABILITIES AND NET WORTH****SECTION IV - INCOME STATEMENT**26. FROM (*Month, Day, Year*)27. TO (*Month, Day, Year*)**28. INCOME****A. Net Sales**

Cost and Expenses	
Cost of Goods Sold	
Depreciation and Amortization	
Selling, General, and Admin. Expenses	
Interest Expense	
Other Expenses (<i>Itemize below</i>)	

Minority Interest in Earnings of Subsidiaries

Total Costs and Expenses

Earnings Before Taxes

Taxes on Income

Income Before Extraordinary Items

Extraordinary Gains (Losses) Net of Taxes

NET INCOME (LOSS)

SECTION V - BANKING AND FINANCE COMPANY INFORMATION
(Please attach a separate sheet using this format for any additional banks.)

ITEM	BANK 1				BANK 2			
29. Name of Bank								
30. Contact Person								
31. Phone Number	AREA CODE	NUMBER	EXTENSION		AREA CODE	NUMBER	EXTENSION	
32. Fax Number	AREA CODE	NUMBER			AREA CODE	NUMBER		
33. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
34. Amount Owning (\$)								
35. Term Loans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
36. Line of Credit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
37. Maximum Amount Authorized (\$)								
38. Amount Outstanding (\$)								

39. Loans Secured by Company's Assets - Real and Personal Property

A.	SECURED PARTY NAME				CONTACT NAME			
	STREET ADDRESS			CITY	STATE	ZIP CODE		
	SECURING ASSETS				MATURITY DATE	MONTHLY PAYMENT (\$)		
B.	SECURED PARTY NAME				CONTACT NAME			
	STREET ADDRESS			CITY	STATE	ZIP CODE		
	SECURING ASSETS				MATURITY DATE	MONTHLY PAYMENT (\$)		
C.	SECURED PARTY NAME				CONTACT NAME			
	STREET ADDRESS			CITY	STATE	ZIP CODE		
	SECURING ASSETS				MATURITY DATE	MONTHLY PAYMENT (\$)		
D.	SECURED PARTY NAME				CONTACT NAME			
	STREET ADDRESS			CITY	STATE	ZIP CODE		
	SECURING ASSETS				MATURITY DATE	MONTHLY PAYMENT (\$)		

40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Section VII, Remarks)	41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET? <input type="checkbox"/> YES <input type="checkbox"/> NO	41B. TOTAL LIABILITY (\$) <div style="text-align: center;">▶</div>
42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER? <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide detailed information in Section VII, Remarks)		

SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION*(Please attach separate sheet(s) using this format for additional suppliers.)*

43. PAST DUE ACCOUNTS PAYABLE (\$)

ITEM	44. SUPPLIER 1				45. SUPPLIER 2		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

ITEM	46. SUPPLIER 3				47. SUPPLIER 4		
A. Name of Supplier							
B. Contact Person							
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION	
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)**CONTRACTS IN FORCE**

ITEM	48. CONTRACT 1				49. CONTRACT 2		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	50. CONTRACT 3				51. CONTRACT 4		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent Completed							
G. Estimated Completion Date							

ITEM	52. CONTRACT 5				53. CONTRACT 6			
A. Location								
B. Owner's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
D. Type of Work								
E. Contract Amount (\$)								
F. Percent Completed								
G. Estimated Completion Date								
ITEM	54. CONTRACT 7				55. CONTRACT 8			
A. Location								
B. Owner's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
D. Type of Work								
E. Contract Amount (\$)								
F. Percent Completed								
G. Estimated Completion Date								
LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS								
ITEM	56. JOB 1				57. JOB 2			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION		
E. Type of Work								
F. Contract Amount (\$)								
G. Amount Sublet (\$)								
ITEM	58. JOB 3				59. JOB 4			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION		
E. Type of Work								
F. Contract Amount (\$)								
G. Amount Sublet (\$)								
ITEM	60. JOB 5				61. JOB 6			
A. Location								
B. Contact's Name								
C. Address	STREET ADDRESS				STREET ADDRESS			
	CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION		
E. Type of Work								
F. Contract Amount (\$)								
G. Amount Sublet (\$)								

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

ITEM	62. SURETY COMPANY 1			63. SURETY COMPANY 2		
A. Company Name						
B. Contact's Name						
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)	65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? (If Yes, please provide detailed information in Remarks)		66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? (If Yes, please provide detailed information in Remarks)			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION VIII - REMARKS

REMARKS (Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	BY (Signature of Authorized Official)	
	NAME OF AUTHORIZED OFFICIAL (Type or print)	DATE
	TITLE OF AUTHORIZED OFFICIAL (Type or print)	