

# SOURCES SOUGHT – CONTRACTOR INFORMATION

Project: 402-CSI- 589

VA Network Contracting Office: VISN 1 DESIGN-BUILD

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 1:

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DO NOT change content of the form

(Rev. 01/17)