

NOTICE!!

THIS IS AN OFFICIAL DOCUMENT THAT IS USED TO DETERMINE THE QUALIFICATIONS OF CONTRACTORS TO BID WITH THE AGENCY OF TRANSPORTATION FOR THE STATE OF VERMONT. **ANY** ALTERATIONS OF THIS DOCUMENT WILL MAKE YOUR QUESTIONNAIRE **INVALID** AND IT **WILL NOT** BE ACCEPTED BY THIS OFFICE.

STATE OF VERMONT
AGENCY OF TRANSPORTATION



CONTRACTORS
EXPERIENCE QUESTIONNAIRE
AND FINANCIAL STATEMENT

Submitted by: _____
(Name) (Title)

Business: _____

Mailing Address: _____
(Street or Box No.) (City) (State) (Zip Code)

Location Address: _____

Telephone Number: _____ Federal ID Number: _____
(Area Code) (No.)

Facsimile Number: _____ Email Address: _____
(Area Code) (No.)

Financial Statement as of: _____ 20__ Submitted: _____ 20__

Date Received: _____

Date Checked: _____

PLEASE NOTE: DO NOT BIND OR HOLE PUNCH THIS DOCUMENT IN ANYWAY.

INSTRUCTIONS FOR FILING THE QUESTIONNAIRE, FINANCIAL STATEMENT AND
OTHER GENERAL INFORMATION FOR CONTRACTORS

1. Preparation of Statement.

One (1) copy of the questionnaire is required by the Agency. It must be completely executed and properly sworn to before a Notary Public. The contractor's allowable Maximum Capacity Rating is dependent on the type of financial information submitted and is subject to adjustment factor as indicated in the following chart:

Type of Financial Information Submitted	Adjustment Factor	Allowable Range of Maximum Capacity Rating
In-House Non-CPA or Compiled Financial Information	0.70	0 - \$2,000,000
Reviewed Financial Statement	0.85	0 - \$4,000,000
Fully Audited Financial Statement	None	0 – Unlimited

Financial statements which are compiled, reviewed, or fully audited must be prepared and certified by an Independent Certified Public Accountant (CPA). A "Certified Public Accountant" is considered one who, in Vermont, is registered by the State of Vermont Board of Public Accountancy as a CPA. For other states the Agency will consider a CPA whose registration qualifications in their state equal those established in Vermont. This questionnaire must be submitted at least ten (10) working days before the bid opening date in order to ensure consideration for prequalification for a particular bid opening.

2. Notification of Action Taken.

The Agency will send in writing to the applicant a notification of its decision. Questionnaires will be considered in the order received and acted upon as promptly as circumstances permit. Contractors duly prequalified will be apprised in writing of both the amount and type of work on which they will be eligible to bid, and as to the number of projects which they may have under contract at any time.

3. Duration of Prequalification.

Annual Prequalification expires one (1) year from the date of the end of the contractor's fiscal year included in the financial statement provided to the Committee. Contractors will be notified in writing of the date their respective renewal periods begin. A contractor shall automatically have four (4) months from the end of its fiscal year to renew its Annual Prequalification. No extension of time beyond the four (4) months will be given to any entity.

4. Submission of a New Questionnaire for Renewal of Prequalification.

A prequalified contractor must submit a new questionnaire on a yearly basis for review by the Prequalification Committee in order to maintain a continuous prequalification rating. The date of filing must be at least ten (10) working days prior to the end of the renewal period .

5. Revision of Prequalification Rating.

Except as otherwise provided, requests for revision of a rating(s) or work classification will be considered at any time provided information is submitted showing changed assets, equipment, supervisory personnel, and/or ability to perform work. Timely filing of a rating and/or work classification revision request does not guarantee that a contractor will be allowed to bid on a specific contract, or even that the request will be considered by the Committee prior to a specific bid opening. Therefore, the Agency urges that any request for such revisions be filed as soon as possible, but no later than ten (10) working days in advance of the bid opening for which the revision is requested. The ten (10) working day minimum period will be adequate only when no additional information is required and the contractor does not appeal the Committee's decision(s). Requests for revision of prequalification rating will be considered at any time provided credentials showing increased assets, equipment or ability to perform work are submitted. These credentials must be submitted at least five (5) working days prior to a bid opening to receive consideration for that bid opening. Contractors shall also report any substantial increase in liabilities that occurs during the prequalification period.

6. Request for Plans, Specifications and Proposal Form.

Contractors having been duly prequalified will receive notices inviting submission of proposals for contracts to be let on specified dates. A contractor desiring to receive plans, proposal and specifications for any contract may obtain them upon written request only, utilizing the special form entitled, "Standard Form – Request for Proposal and/or Plans." This form is furnished to all prequalified contractors by the Agency. Entries on this form must show the status of all work under contract or otherwise prosecuted by the contractor, both inside and outside the State of Vermont, as of the date of request. If this form is not completely or properly executed, the Agency reserves the right to refuse issuance of a proposal form. All forms submitted by a duly prequalified contractor must utilize the company name as stated in their Prequalification Questionnaire. During the renewal period the Committee will not consider requests to exceed the ratings or classifications of an expired Annual Prequalification or hear requests for revision or appeals of expired ratings or classifications.

7. Joint Venture Prequalification.

Two (2) or more contractors, who have each prequalified by filing separate statements and who wish to combine all or a portion of their assets for bidding on a single project, may do so by filing with the Agency of Transportation a Joint Venture affidavit on forms furnished by the Agency upon request, setting forth their desire to be prequalified jointly on a specific contract. These forms must be received by the Agency not less than ten (10) working days prior to the time advertised for the opening of bids. A Request for Proposal shall be submitted for the proposed Joint Venture entity. The members of a joint venture may combine their work classifications. The Maximum Dollar Capacity Ratings (MDCRs) of a Joint Venture shall be the arithmetic sum of the MDCRs of the members minus the dollar value of all other work for all clients that the members are currently obligated to perform, both individually and as a part of joint ventures.

8. Right Reserved to Refuse Proposal Form.

Proposal forms may be refused for bidding purposes when the contractor's written request for proposal, showing the amount of all uncompleted work, both inside and outside of the State of Vermont, and the Agency's estimate of the amount of work to be bid upon, exceeds the prequalification rating of the contractor. The Agency, acting through the Prequalification Committee, also reserves the right to refuse issuance of a proposal to any prospective bidder when, in the opinion of the Agency, circumstances, developments, and/or events have changed the capacity(ies) or qualification(s) of the prospective bidder to successfully perform pursuant to the proposed contract.

EXPERIENCE QUESTIONNAIRE

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made. Use attachments where necessary.

1. How many years has your organization been in business as a general contractor under your present business name? _____ Under other names? _____

2. How many years experience in _____ construction work has your organization had: (a) As a General Contractor _____ (b) As a Sub-Contractor _____

3. Has your organization, or any officer, partner, director or principal individual thereof ever admitted to or been convicted of any criminal violation, other than traffic offences; or been convicted of or is currently being sued for any civil antitrust violation or other civil suit involving fraud; or been debarred from performing work on any contract? If so, give full details, including the name of any individual involved and the court and docket number of any civil or criminal actions . _____ Date of reinstatement _____

4. Is your organization currently debarred from performing work on any contract? _____
If yes, by whom? _____ Date of reinstatement. _____

5. Has your organization ever been denied prequalification? _____ If so, by whom and for what reason? _____

6. Have you ever failed to complete any work awarded to you? _____
If so, where and why? _____

7. Has any officer; director or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? _____
If so, state name of individual, other organization and reason therefor. _____

8. Has your organization ever received a safety violation citation under the Vermont Occupational Safety and Health Act, the U.S. Occupational Safety and Health Act, or similar acts in other states. _____

9. Has any officer; director or partner of your organization ever failed to complete a construction contract handled in his or her own name? _____ If so, state name of individual, name of owner and reason therefor. _____

10. List all parent, subsidiaries, affiliates or divisions of your firm, and any related parties included in disclosures in your most recent financial statements or the notes thereto.

11. List any of your officers, shareholders or directors that are affiliated with any other contractor and/or supplier.

12. Identify all persons having final bidding authority and/or the Chief Estimator

13. Identify all persons having authority to represent the organization in person or by correspondence with the Prequalification Committee or the Administrator.

14. Give names and complete addresses of major material suppliers and/or subcontractors with whom your firm has done business in the past three (3) years.

15. List the names and addresses of the following:

Bank: _____

Amount of letter of credit: _____

Bonding Company and limit (Please specify per project and aggregate limit.): _____

Bonding Agent: _____

16. List specific projects which your organization has completed in the last five (5) years. Attach additional sheets if required.

Project Name	Contract Amt.	Type of Work	% Subcon	When Completed	Location	Contact Person: Name, Address and Telephone Number. of Owner

17. List all field supervisory personnel *only*, and indicate their construction experience (include resumes if available):

Individual's Name	Present Position or Office	No. of Years With This Firm	Years of Construction Experience	Magnitude and Type of Work	In What Capacity

18. Is your firm prequalified in any state other than Vermont? If so, please state where and include rating, and type of work qualified to perform.

State	Rating	Type of Work

EXPERIENCE AND WORK PREFERENCE

In the following table indicate the various types of work in which you are experienced and for which you desire to be qualified. If projects listed in the five-year project history, above, do not include appropriate disciplines, please provide additional project references to validate experience.

Type of Work	Check Here	Type of Work	Check Here
Airport Construction		Hazardous Material Removal	
Bicycle and/or Pedestrian Path		Landscaping	
Bridge Construction		Park & Ride Lot	
Bridge Painting		Pavement Markings	
Bridge Rehabilitation		Railroad Bridge Rehabilitation	
Building Construction		Railroad/Highway Crossing	
Building Demolition		Railroads	
Covered Bridge New Construction		Road and Highway	
Covered Bridge Rehabilitation		Roadway Safety	
Crack Sealing/Pavement Maintenance		Surface Rehabilitation	
Curb & Sidewalk		Traffic Signals/Lighting	
Drainage		Wells	
Guard Rail/Fencing/Signs		Other (as specified)	

Name of Contractor

ACCOUNTANT'S OPINION

NOTE: Actual bound financial statements from a Certified Public Accountant (not facsimile copies) must be submitted. All contractors submitting financial information which is prepared "in-house," or non-CPA, must submit the following information for this application to be considered:

1. Asset balance sheet.
2. Liabilities balance sheet.
3. Statement of income and retained earnings.

ACCOUNTING FIRM

Name

Address

City

State

Signature of Accountant

Telephone Number

Date

NOTE: IN ADDITION TO PROVIDING THE CURRENT YEAR FINANCIAL STATEMENT, THIS SHEET MUST BE COMPLETED BY THE BUSINESS SEEKING PREQUALIFICATION.

Five Year Financial Summary	_____	_____	_____	_____	_____
	Current year	1 yr previous	2 yr previous	3 yr previous	4 yr previous
Revenue					
Cost of Revenue					
General & Administrative Expenses					
Income from Operations					
Interest Expense					
Other Income					
Income before Income Taxes					
Income Tax Expense					
Net Income					
Net Working Capital					
Net Plant & Equipment					
Long-term Debt					
Total Assets					

Construction and Transportation Equipment (at cost less depreciation)

\$ _____

Show: Make, Model No., Serial No., How Equipped. (A SEPARATE SCHEDULE MAY BE ATTACHED)

Description	Size or Capacity	Year Mfgr.	Year Purchased	Purchase Price	Depreciation Charged Off	Net Book Value
Total						

Are there any liens, mortgages and/or encumbrances against the above? If so, state total amount \$ _____

FILL OUT APPROPRIATE AFFIDAVIT

INDIVIDUAL

AFFIDAVIT FOR INDIVIDUAL

STATE OF _____ SS:

COUNTY OF _____

_____ Being duly sworn, deposes and says that the foregoing financial statement, taken from his or her books, is a true and accurate statement of his or her financial condition as of the date thereof and that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a contract; and that any depository, vendor, surety, or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Sworn to before me this _____ day of _____ 20__

(Individual **must** sign here)

Notary Public

PARTNERSHIP

If a Partnership, complete this:

Date of organization _____

State whether partnership is general, limited or association

Name and address of partners:

AFFIDAVIT FOR PARTNERSHIP

STATE OF _____ ss:

COUNTY OF _____

_____ being duly sworn, deposes and says that he or she is a member
(Name of Partner Signing) firm of _____ ;
that he or she is familiar with the books of the said firm

_____ showing its financial condition; that the foregoing
(Partnership Name) financial statement, taken from the books of the said firm, is a true and accurate statement of the financial
condition of said firm as of the date thereof and that the answers to the foregoing interrogatories are true; that
this statement is for the express purpose of inducing the party to whom it is submitted to award the submitter a
contract; and that any depository, vendor, surety, or other agency herein named is hereby authorized to supply
such party with any information necessary to verify this statement.

Sworn to before me this _____ day of _____ 20__

(Name of Partnership)

(Partner **must** sign for firm)

Notary Public

CORPORATION

If a Corporation complete this:

President's Name: _____

Capital paid in cash: \$ _____

Vice-President's Name: _____

When Incorporated: _____

Secretary's Name: _____

In what State: _____

Treasurer's Name: _____

CURRENT BOARD OF DIRECTORS

Name	Position	Appointment Date	Full Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OWNERSHIP OF FIRM: Identify only those with five percent (5%) or more ownership.

Name	Years of Ownership	Ownership Percentage	Voting Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT FOR CORPORATION

STATE OF _____ ss:

COUNTY OF _____

being duly sworn, deposes and says that he or she is _____ of the
(Title of Officer)
_____ corporation described in and which executed the foregoing
(Name of Corporation)

statement that he or she is familiar with the books of the said corporation showing its financial condition; that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the party to whom it is submitted to award the submittor a contract; and that any depository, vendor, surety or other agency herein named is hereby authorized to supply such party with any information necessary to verify this statement.

Sworn to before me this

_____ day of _____ 20____

(Name)

Notary Public

(Officer **must** sign here)

(Affix Corporate Seal)