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CONTRACTOR STATEMENT OF QUALIFICATIONS

Under state of Iowa bidding laws on a CMaR project, only bids submitted by prequalified subcontractors can be accepted on bid day.

Project: Keystone AEA - The Bridge Learning Center Date: _____

Seeking Prequalification for the following Bid Package: _____

COMPANY INFORMATION

Company Name: _____

Company Address: _____

_____

Company Website: _____

Contact Person/Title: _____

Contact Person's Email: _____

Contact Person's Cell: _____ Office Phone Number: _____

Type of Organization (Corporation, Partnership, Joint, LLC, Sole Prop.): _____

Number of Years in Business: _____ State of Iowa Contractor Number: _____

Estimated Total Value of contracts completed of like work for the last three years:

2025 _____ 2024 _____ 2023 _____

QUALIFICATIONS

Technical Competence

Does your company have an orientation program for new employees? (Yes/No) _____

Does your company have a training program or provide continuing education to your employees? (Yes/No) _____

Capacity of Personnel

Does your company have the resources (personnel, financial, etc.) to successfully complete this project? (Yes/No) _____

Do your trade workers have the capability & technical competence to successfully complete this project? (Yes/No) _____

Does your company have the experience to successfully complete this project? (Yes/No) _____

List of key personnel *(Add additional pages if needed)* :

Employee Name	Title/Position	Years in Trade	Work Related Skills/Tasks Performed Daily

Capability to Perform

How many full time employees does your company have? _____

What percentage of your company's total contract work over the last three years has been self performed? _____

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What work does your company self perform? *(Add additional pages if needed)* _____

_____

_____

List of relevant projects similar in size and scope to this project your company recently completed:

Project Name	Architect	Contract Amount

INSURANCE & BONDING

Can your company secure the level of insurance typically required for a public project like this? (Yes/No) _____

Can your company secure payment and performance bonds for this project, if required? (Yes/No) _____

What is the name of your bonding company? _____

LEGAL

Has your company failed to complete any work under contract in last three years? (Yes/No) _____

In the past five years, has your company filed for bankruptcy or insolvency? (Yes/No) _____

In the past five years, has any company officer, partner, or principal been convicted of a crime? (Yes/No) _____

Are there any judgements, claims, arbitrations, proceedings pending/outstanding against your company? (Yes/No) _____

If yes, please describe: _____

_____

SAFETY

Does your company have a safety program? (Yes/No) _____

Does your company comply with State and Federal Safety Regulations? (Yes/No) _____

Does your company have a full time Safety Officer? (Yes/No) _____

What is your current EMR Rating? _____

In the past three years, has your company had any OSHA citations? (Yes/No) _____

If your company has had citations within the last 3 years, please describe: _____

_____

_____

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The undersigned states they have carefully examined all the information provided and representations made in this Statement of Qualifications (SOQ) and certifies, to the best of their knowledge, that this SOQ is entirely complete, true, and accurate.

Signature: _____ Print Name: _____

Title/Company Name: _____ Date: _____