

STATEMENT OF QUALIFICATIONS

Each Bidder for the Work in the Specifications and Drawings included as part of the Contract Documents shall submit with the bid the data requested in the following schedule of information. This data must be included in and made part of each bid document and contained in the sealed envelope. Failure to comply with this instruction may be regarded as justification for rejecting the Contractor's Bid Proposal. Submit one (1) copy of this statement. Attachments may be submitted with the form to expand the contents of this Statement of Qualifications.

1. Company name _____
2. Federal I.D. Number _____ DUNS Number _____
3. Business address _____ Zip Code _____
4. Phone number _____ Email Address _____
5. When organized _____ Incorporated? _____
6. Date of Incorporation _____ State of Incorporation _____

If not incorporated in Missouri, give certificate of authority to do business in Missouri:

Certificate No. _____ Date _____

7. President's Name _____ Vice-President's Name _____
Secretary's Name _____ Treasurer's Name _____
8. If a partnership, names and addresses of all partners and indicate whether general or limited partners:
9. Number of years in business _____. If not under present firm name, list previous firm names and types of organization.

11. Experience in the construction of work generally similar to this project including list of structures, location and the approximate contract cost thereof.
12. List current contracts on hand and important projects completed in the last five years of a type similar to this Project, including Approximate Cost, Project Name & Address, Owner, Owner's Representative, Architect, Amount of Contract, Date or % Completed.

13. Have you ever failed to complete any work awarded to your company? _____
If so, where and why? _____
14. Have you ever defaulted on a contract? _____
If so, explain _____
15. Have you ever been terminated from a construction project? _____

16. Is your company currently engaged in any lawsuits regarding construction contracts? _____
If so, where and why? _____
17. (a) Is your company certified as an MBE (Minority Business Enterprise) by the State of Missouri or another federal, state, or local, governmental agency? If yes identify agency providing the certification.
Yes _____ No _____ Agency: _____
- (b) Is your company certified as a WBE (Woman Business Enterprise) by the State of Missouri or another federal, state, or local governmental agency? If yes, identify agency providing the certification.
Yes _____ No _____ Agency: _____
- (c) Is your company certified as a SDVE (Service-Disabled Veteran Enterprise) by the State of Missouri or another federal, state, or local, government agency? If yes identify agency providing the certification.
Yes _____ No _____ Agency: _____
18. Have any administrative or legal proceedings been started against you alleging violation of any wage or hour regulations or laws? (If yes, give details.)
19. List banking references.

The undersigned hereby authorizes the release of any information requested by Missouri State University, its agents or representatives, to verify the above stated financial information, including confidential financial information held by any financial institution, and hereby releases Missouri State University, its officers and agents, from any liability arising from attempted verification of information in this Statement of Qualifications.

Dated at _____ this _____ day of _____ 20_____.

Name of Organization

By

Title

Signature