

# City of Philadelphia

## QUESTIONNAIRE AND FINANCIAL STATEMENT FOR QUALIFYING BIDDERS

- \* No bid will be accepted unless this questionnaire with all questions fully answered (please type or print in ink), is filed with the Department having jurisdiction over the work proposed, on or before the date specified by the Procurement Department.
- \* All information provided by a bidder in this questionnaire shall be used by the City in determining and assessing a bidders qualifications and responsibility in accordance with the provisions of Title 17, Chapter 17-100, Sec. 17-101 of the Philadelphia Code.
- \* The City reserves the right to investigate any statement made herein, by means of information included in, but not limited to, that contained in this questionnaire. Any misrepresentation of fact, as determined by the City, may result in the disqualification of a bidder.
- \* Any material change in the financial, corporate or business status of a qualifying bidder that occurs between the time of submission of this questionnaire and the time of award of the resulting contract must be forwarded to the Procurement Commissioner immediately. Failure to do so may result in the disqualification of the bidder from award.
- \* All information on this questionnaire will be held strictly confidential, to the extent permitted by law.

**PROJECTS UNDER THE JURISDICTION OF \_\_\_\_\_ Fax Number \_\_\_\_\_**

### PROJECTS APPLIED FOR

City of Philadelphia, Health Center, 700-706 N. 19th Street, Roof Replacement

DATE SUBMITTED	BID NUMBER	DATE OF OPENING	FEDERAL EIN NUMBER	CITY BUSINESS TAX IDENTIFICATION #
SUBMITTED BY _____ (PLEASE CIRCLE)    INDIVIDUAL    CORPORATION    PARTNERSHIP				
PRINCIPAL OFFICE ADDRESS _____				
PRINCIPAL OFFICE TELEPHONE NUMBER _____		PRINCIPAL OFFICE FAX NUMBER _____		E-MAIL ADDRESS _____

CORPORATION			PARTNERSHIP		
DATE OF INCORPORATION	STATE	CAPITALIZATION	DATE OF ORGANIZATION	TYPE GENERAL                      LIMITED	
OFFICERS			PARTNERS		
PRESIDENT			NAME		
			ADDRESS		
VICE PRESIDENT			NAME		
			ADDRESS		
SECRETARY			NAME		
			ADDRESS		
TREASURE			NAME		
			ADDRESS		
			NAME		
			ADDRESS		

**EXPERIENCE AND EQUIPMENT**

1. How many years has your organization been in business as a contractor under its present business name? On a separate sheet of paper, list all other business names under which your organization has been in business as a construction contractor?	<b>YEARS</b>
2. How many years experience has your organization had as a prime contractor in the type of construction work for which you seek qualification?	<b>YEARS</b>
3. How many years experience has your organization had as a subcontractor in the type of construction work for which you seek qualification?	<b>YEARS</b>
4. State the largest dollar amount of work your organization has done in any single year during the last five years as (1) a general contractor \$ _____ (2) a subcontractor \$ _____	
5. On a separate sheet of paper, describe the construction experience of the principal officers and managers (including superintendents) of your organization. Include: name of the individual and position/office, years of construction experience, type of work in which the individual has experience (including size of project worked on), names of organizations worked for and positions/responsibilities held.	
6. Has your organization within the last five years performed work for the City of Philadelphia that was not finally accepted by the City? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the City contract number and project name and attach an explanation of the circumstances surrounding the non-acceptance. Has any officer, partner, or other person active in the management of your organization, within the last five years, been an officer, partner, manager, or sole proprietor of another organization which performed work for the City that was not finally accepted by the City? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the name of the individual, the name and address of the organization, the City contract number and project name for the contract under which work was not finally accepted, and attach a detailed explanation of the circumstances surrounding the non-acceptance.	
7. Has the City, within the last five years, declared your organization in default of a City contract or otherwise terminated the contract? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the City contract number and project name and attach an explanation of the circumstances surrounding the declaration of default or termination. Has a commercial surety for your organization, within the last five years, been called upon to complete any work on a contract with the City? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the City contract number and project name and a detailed explanation of the circumstances. Has any officer, partner, or other person active in the management of your organization, within the last five years, been an officer, partner, manager, or sole proprietor of another organization whose commercial surety was called upon to complete any work on a contract with the City? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the name of the individual, the name and address of the organization, the City contract number and project name for the contract the surety was called upon to complete, and attach an explanation of the circumstances.	
8. Has any officer, partner, or other person active in the management of your organization, within the last five years, been an officer, partner, manager, or sole proprietor of another organization that was declared in default of a City contract or otherwise terminated, or that failed to complete a City Contract? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the name of the individual, the name and address of the organization, the City contract number and project name for the contract defaulted or terminated, and attach an explanation of the circumstances surrounding the declaration of default or termination.	
9. Has your organization ever failed to complete any work under, or been declared in default of, a contract awarded to it by a public or private owner other than the City of Philadelphia? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", attach a detailed explanation identifying the owner and bid/contract numbers (if applicable) for the project, stating whether the owner declared your organization in default of its contract, and describing the project, the type of work, the dates the work was started and stopped and the reasons the work was not completed.	
10. Has any officer, partner, or other person active in the management of your organization, ever been an officer, partner, manager, or sole proprietor of another organization that failed to complete or was declared in default of a construction contract for a public or private owner other than the City of Philadelphia? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the name of the individual and attach an detailed explanation identifying the owner and bid/contract number (if applicable) stating whether the owner declared the organization in default of its contract, and describing the project, the type of work, the dates the work was started and stopped, the individual's role in the project, and the reasons the work was not completed.	
11. Has any officer, partner, or other person active in the management of your organization, within the last five years been disqualified, suspended, or debarred (under its present name or any other name) from bidding on public contracts, or removed from a bidding list, by any state or federal agency, or by the City of Philadelphia? <p style="text-align: right;"><b>PLEASE CIRCLE YES NO</b></p> If "YES", state the agency that took such action, the date(s) of the action, the type of work to which the contract(s) applied, and the reasons stated by the agency for the action.	



**List all INCOMPLETE contracts held by your organization at present. (Please attach additional sheets as needed.)**

CONTRACTING ENTITY	CONTRACT NO.	LOCATION	% COMPLETE	AMOUNT OF CONTRACT

19. Has any liquidated damages or other penalties been imposed by the City on your organization? **PLEASE CIRCLE YES NO**  
 Have any liens, claims or stop notices been filed against your organization? **PLEASE CIRCLE YES NO**  
 If you answered YES to either of the above questions, please attach an explanation of details identifying the claimant and stating the grounds asserted by the claimant and stating the disposition.

**List the largest projects that your organization has completed.**

DOLLAR AMOUNT	DATE	CONTRACTING ENTITY	REFERENCES
			Name
			Phone Number
			Name
			Phone Number
			Name
			Phone Number
			Name
			Phone Number

**List any projects that your organization has completed that are similar in nature to the project for which you are qualifying.**

DOLLAR AMOUNT	DATE	CONTRACTING ENTITY	REFERENCES
			Name
			Phone Number
			Name
			Phone Number
			Name
			Phone Number
			Name
			Phone Number
			Name
			Phone Number

**List any equipment that is owned by your organization that is available for the proposed work. (Please attach additional sheets as needed.)**


**FINANCIAL POSITION AS OF: (Not over 6 months old)**

ASSETS		LIABILITIES & EQUITY	
<b>CURRENT ASSETS</b>		<b>CURRENT LIABILITIES</b>	
Cash and cash equivalents	_____	Lines of credit	_____
Short-term investments	_____	Notes payable - current portion	_____
Accounts receivable	_____	Accounts payable	_____
Allowance for doubtful accounts	( _____ )	Accrued and withheld payroll	_____
Notes receivable	_____	Accrued expenses	_____
Inventories	_____	_____	_____
Prepaid expenses	_____	_____	_____
<b>Total Current Assets</b>	<b>_____</b>	<b>Total Current Liabilities</b>	<b>_____</b>
<b>PROPERTY AND EQUIPMENT</b>		<b>LONG-TERM LIABILITIES</b>	
Land	_____	Notes payable	_____
Buildings	_____	_____	_____
Machinery and equipment	_____	_____	_____
Trucks and automobiles	_____	_____	_____
Office furniture and equipment	_____	_____	_____
Assets under capital lease	_____	<b>Total Long-Term Liabilities</b>	<b>_____</b>
<b>Total Property and Equipment</b>	<b>_____</b>	<b>Total Liabilities</b>	<b>_____</b>
Less accumulated depreciation and amortization	( _____ )	<b>EQUITY</b>	
<b>Net Property and Equipment</b>	<b>_____</b>	Common stock	_____
<b>OTHER ASSETS</b>		Additional paid-in capital	_____
Cash surrender value of officer's life insurance	_____	Less treasury stock	( _____ )
Loans against policies	_____	Retained earnings	_____
Notes receivable	_____	Partner's capital	_____
Organization cost (net)	_____	Owner's equity	_____
_____	_____	_____	_____
<b>Total Other Assets</b>	<b>_____</b>	<b>Total Equity</b>	<b>_____</b>
<b>TOTAL ASSETS</b>	<b>_____</b>	<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>_____</b>

Please provide the total dollar amount of all available lines of credit at your organization's disposal. \$ \_\_\_\_\_

Please provide the total dollar amount of the balance of all available lines of credit at your organization's disposal. \$ \_\_\_\_\_

I / WE hereby certify that the statements of fact contained herein are correct to the best of my / our knowledge and belief; and that the statement entitled "FINANCIAL POSITION" presents fairly the financial position of the enterprise. I / WE understand that if I / WE knowingly make any false statements herein, I / WE are subject to such penalties as may be prescribed by law or ordinance. Any depository, vendor, reference, or other agency named herein is authorized to supply the holder with any information necessary to verify this statement.

NOTE: A partnership must give firm name and signatures of all partners. A corporation must give full corporate name, signatures of two (2) officers (either president or vice-president and secretary or treasurer) and affix corporate seal.

\_\_\_\_\_  
FIRM OR CORPORATE NAME

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
SIGNATURE TITLE

\_\_\_\_\_  
Date of Signing