

CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATIONOMB Control Number: 3090-0007
Expiration Date: 9/30/2021

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0007. We estimate that it will take 2.5 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

SECTION I - GENERAL INFORMATION

| | | | | | | | |
|--|-----------|--------------|--|--|------------------------------|--------------------|--|
| 1A. NAME | | | 2. TYPE OF ORGANIZATION (Check one) | | | | |
| 1B. STREET ADDRESS | | | A. SOLE PROPRIETORSHIP | | F. LIMITED LIABILITY COMPANY | | |
| | | | B. GENERAL PARTNERSHIP | | G. JOINT VENTURE | | |
| | | | C. LIMITED PARTNERSHIP | | H. TRUST | | |
| 1C. CITY | 1D. STATE | 1E. ZIP CODE | D. CORPORATION | | I. OTHER (Specify below) | | |
| | | | E. SUBCHAPTER S CORPORATION | | | | |
| 3. TAXPAYER ID NUMBER | | | 4. DATE ORGANIZATION ESTABLISHED | | 5. STATE OF INCORPORATION | | |
| 6. TRADE STYLE NAME (Provide a copy of filing) | | | 7. KIND OF PRODUCT OR SERVICE PROVIDED | | | | |
| 8. FORMER BUSINESS NAME | | | 10. INVENTORY VALUATION METHOD | | | | |
| 9. KIND OF BUSINESS | | | A. LIFO | | C. AVERAGE COST | | |
| | | | B. FIFO | | D. OTHER (Specify) | | |
| | | | | | | D. RETAILER | |
| | | | | | | E. OTHER (Specify) | |
| A. MANUFACTURER | | | | | | | |
| B. CONTRACTOR | | | | | | | |
| C. WHOLESALE | | | | | | | |

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

| NAME | TITLE (If partner, state G(General) or L(Limited) in column) | | PERCENT BUSINESS OWNED |
|------|---|--------|---------------------------|
| | ACTUAL TITLE | G OR L | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|------------------------------------|--|---|--|-----|----|
| 12. PARENT COMPANY (If applicable) | | 13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS | | YES | NO |
| A. NAME | | A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY? | | | |
| | | B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS? | | | |
| B. CITY | | C. STATE | C. DO YOU HAVE ANY CONTINGENT LIABILITIES? | | |
| | | | D. HAVE YOU OR ANY OF YOUR AFFILIATES DISCONTINUED BUSINESS OPERATIONS WITH OUTSTANDING DEBTS? | | |

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

| | | | | | | | |
|--|--|-----------------|-------------|----------------------------|---------|---------------------------------|-----------------------------|
| 14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129) (If "Yes", provide detailed information, Section VIII, Remarks) | | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES", COMPLETE THE ITEMS BELOW | | | | | | |
| | AGENCY | CLAIM AMOUNT | PAYMENT | MATURITY | BALANCE | | |
| 15A. AGENCY INVOLVED WITH DELINQUENCY | | | | | | 15B. AMOUNT OF DELINQUENCY (\$) | |
| 16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO (Go to Section III) | 17. COMPLETE ITEMS BELOW IF APPLICABLE | | | | | | |
| | TYPE OF FINANCING | AUTHORIZED (\$) | IN USE (\$) | GOVERNMENT AGENCY INVOLVED | | | |
| | A. INDUSTRIAL REVENUE BONDS | | | | | | |
| | B. GUARANTEED LOANS | | | | | | |
| | C. ADVANCED PAYMENTS | | | | | | |
| | D. PROGRESS PAYMENTS | | | | | | |
| | E. OTHER (Specify) | | | | | | |

SECTION III - FINANCIAL STATEMENTSPrepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

☐ YES☐ NO

19A. NAME

19B. STREET ADDRESS

19C. CITY

19D. STATE

19E. ZIP CODE

20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:

ACTUAL

U.S. DOLLARS

IN THOUSANDS

FOREIGN CURRENCY (*Specify*)

IN MILLIONS

21. BALANCE SHEET AS OF (*Month, Day, Year*)22. FISCAL YEAR ENDS (*Month, Day, Year*)

23. PREPARED STATEMENTS

☐ ARE ATTACHED**24. ASSETS****25. LIABILITIES AND NET WORTH****A. Current Assets**

| | |
|---|--|
| Cash | |
| Short Term cash investments | |
| Accounts receivable, less allowance for doubtful accounts of \$ | |
| Inventories | |
| Other current assets (<i>Itemize below</i>) | |
| | |
| | |

Total Current Assets**A. Current Liabilities**

| | |
|--|--|
| Accounts payable | |
| Notes payable (<i>current</i>) | |
| Current portion of long term debt | |
| Accrued expenses | |
| Accrued taxes on income/excess profits | |
| Other current liabilities (<i>Itemize below</i>) | |
| | |
| | |

Total Current Liabilities**B. Property, Plant and Equipment**

| | |
|--|--|
| Land | |
| Buildings and equipment | |
| Leasehold improvements | |
| Less accumulated depreciation and amortization | |

Total Property, Plant and Equipment**B. Other Liabilities**

| | |
|-----------------------|--|
| Mortgages | |
| Bonds | |
| Deferred income taxes | |
| Other long term debt | |

Total Other Liabilities**C. Other Assets**

| | |
|--|--|
| Investments in and advance to affiliated company | |
| Goodwill, less amortization | |
| Due from officer, employee | |
| Other (<i>Itemize below</i>) | |
| | |
| | |

Total Other Assets**Total Liabilities****C. Minority Interest in Subsidiary****D. Net Worth**

| | |
|----------------------------------|--|
| Preferred stock | |
| Common stock | |
| Additional paid-in capital | |
| Retained earnings/owner's equity | |
| Less, Treasury stock | |

Total Net Worth**D. TOTAL ASSETS****E. TOTAL LIABILITIES AND NET WORTH****SECTION IV - INCOME STATEMENT**26. FROM (*Month, Day, Year*)27. TO (*Month, Day, Year*)**28. INCOME****A. Net Sales**

| | |
|---|--|
| Cost and Expenses | |
| Cost of Goods Sold | |
| Depreciation and Amortization | |
| Selling, General, and Admin. Expenses | |
| Interest Expense | |
| Other Expenses (<i>Itemize below</i>) | |
| | |
| | |

| | |
|---|--|
| Minority Interest in Earnings of Subsidiaries | |
|---|--|

Total Costs and Expenses

Earnings Before Taxes

Taxes on Income

Income Before Extraordinary Items

Extraordinary Gains (Losses) Net of Taxes

NET INCOME (LOSS)

SECTION V - BANKING AND FINANCE COMPANY INFORMATION
(Please attach a separate sheet using this format for any additional banks.)

| ITEM | BANK 1 | | | | BANK 2 | | |
|------------------------------------|--------------------------|--------|--------------------------|----|--------------------------|--------|--------------------------|
| 29. Name of Bank | | | | | | | |
| 30. Contact Person | | | | | | | |
| 31. Phone Number | AREA CODE | NUMBER | EXTENSION | | AREA CODE | NUMBER | EXTENSION |
| 32. Fax Number | AREA CODE | NUMBER | | | AREA CODE | NUMBER | |
| 33. Address | STREET ADDRESS | | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE |
| 34. Amount Owning (\$) | | | | | | | |
| 35. Term Loans | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 36. Line of Credit | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 37. Maximum Amount Authorized (\$) | | | | | | | |
| 38. Amount Outstanding (\$) | | | | | | | |

39. Loans Secured by Company's Assets - Real and Personal Property

| | | | | | | |
|----|--------------------|--|--------------|---------------|----------------------|----------|
| A. | SECURED PARTY NAME | | CONTACT NAME | | | |
| | STREET ADDRESS | | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | | MATURITY DATE | MONTHLY PAYMENT (\$) | |
| B. | SECURED PARTY NAME | | CONTACT NAME | | | |
| | STREET ADDRESS | | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | | MATURITY DATE | MONTHLY PAYMENT (\$) | |
| C. | SECURED PARTY NAME | | CONTACT NAME | | | |
| | STREET ADDRESS | | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | | MATURITY DATE | MONTHLY PAYMENT (\$) | |
| D. | SECURED PARTY NAME | | CONTACT NAME | | | |
| | STREET ADDRESS | | CITY | | STATE | ZIP CODE |
| | SECURING ASSETS | | | MATURITY DATE | MONTHLY PAYMENT (\$) | |

| | | |
|--|--|---------------------------|
| 40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE? | 41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET? | 41B. TOTAL LIABILITY (\$) |
| <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Section VII, Remarks) | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER? | | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES (Provide detailed information in Section VII, Remarks) | | |

SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION*(Please attach separate sheet(s) using this format for additional suppliers.)*

43. PAST DUE ACCOUNTS PAYABLE (\$)

| ITEM | 44. SUPPLIER 1 | | | | 45. SUPPLIER 2 | | |
|--------------------------|----------------|--------|-----------|----------------|----------------|-----------|--|
| A. Name of Supplier | | | | | | | |
| B. Contact Person | | | | | | | |
| C. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION | |
| D. Fax | AREA CODE | NUMBER | | AREA CODE | NUMBER | | |
| E. Address | STREET ADDRESS | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |
| F. Amount Now Owing (\$) | | | | | | | |
| G. High Credit (\$) | | | | | | | |

| ITEM | 46. SUPPLIER 3 | | | | 47. SUPPLIER 4 | | |
|--------------------------|----------------|--------|-----------|----------------|----------------|-----------|--|
| A. Name of Supplier | | | | | | | |
| B. Contact Person | | | | | | | |
| C. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION | |
| D. Fax | AREA CODE | NUMBER | | AREA CODE | NUMBER | | |
| E. Address | STREET ADDRESS | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |
| F. Amount Now Owing (\$) | | | | | | | |
| G. High Credit (\$) | | | | | | | |

SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)**CONTRACTS IN FORCE**

| ITEM | 48. CONTRACT 1 | | | | 49. CONTRACT 2 | | |
|------------------------------|----------------|-------|----------|----------------|----------------|----------|--|
| A. Location | | | | | | | |
| B. Owner's Name | | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |
| D. Type of Work | | | | | | | |
| E. Contract Amount (\$) | | | | | | | |
| F. Percent Completed | | | | | | | |
| G. Estimated Completion Date | | | | | | | |

| ITEM | 50. CONTRACT 3 | | | | 51. CONTRACT 4 | | |
|------------------------------|----------------|-------|----------|----------------|----------------|----------|--|
| A. Location | | | | | | | |
| B. Owner's Name | | | | | | | |
| C. Address | STREET ADDRESS | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | |
| D. Type of Work | | | | | | | |
| E. Contract Amount (\$) | | | | | | | |
| F. Percent Completed | | | | | | | |
| G. Estimated Completion Date | | | | | | | |

| ITEM | 52. CONTRACT 5 | | | | 53. CONTRACT 6 | | | |
|--|----------------|--------|-----------|-----------|----------------|-----------|----------|--|
| A. Location | | | | | | | | |
| B. Owner's Name | | | | | | | | |
| C. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| D. Type of Work | | | | | | | | |
| E. Contract Amount (\$) | | | | | | | | |
| F. Percent Completed | | | | | | | | |
| G. Estimated Completion Date | | | | | | | | |
| ITEM | 54. CONTRACT 7 | | | | 55. CONTRACT 8 | | | |
| A. Location | | | | | | | | |
| B. Owner's Name | | | | | | | | |
| C. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| D. Type of Work | | | | | | | | |
| E. Contract Amount (\$) | | | | | | | | |
| F. Percent Completed | | | | | | | | |
| G. Estimated Completion Date | | | | | | | | |
| LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS | | | | | | | | |
| ITEM | 56. JOB 1 | | | | 57. JOB 2 | | | |
| A. Location | | | | | | | | |
| B. Contact's Name | | | | | | | | |
| C. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| D. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION | | |
| E. Type of Work | | | | | | | | |
| F. Contract Amount (\$) | | | | | | | | |
| G. Amount Sublet (\$) | | | | | | | | |
| ITEM | 58. JOB 3 | | | | 59. JOB 4 | | | |
| A. Location | | | | | | | | |
| B. Contact's Name | | | | | | | | |
| C. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| D. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION | | |
| E. Type of Work | | | | | | | | |
| F. Contract Amount (\$) | | | | | | | | |
| G. Amount Sublet (\$) | | | | | | | | |
| ITEM | 60. JOB 5 | | | | 61. JOB 6 | | | |
| A. Location | | | | | | | | |
| B. Contact's Name | | | | | | | | |
| C. Address | STREET ADDRESS | | | | STREET ADDRESS | | | |
| | CITY | STATE | ZIP CODE | | CITY | STATE | ZIP CODE | |
| D. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION | | |
| E. Type of Work | | | | | | | | |
| F. Contract Amount (\$) | | | | | | | | |
| G. Amount Sublet (\$) | | | | | | | | |

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

| ITEM | 62. SURETY COMPANY 1 | | | 63. SURETY COMPANY 2 | | |
|---|--|--------|---|----------------------|--------|-----------|
| A. Company Name | | | | | | |
| B. Contact's Name | | | | | | |
| C. Telephone | AREA CODE | NUMBER | EXTENSION | AREA CODE | NUMBER | EXTENSION |
| D. Fax | AREA CODE | NUMBER | | AREA CODE | NUMBER | |
| E. Address | STREET ADDRESS | | | STREET ADDRESS | | |
| | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| 64. PRESENT AMOUNT OF BONDING COVERAGE (\$) | 65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? <i>(If Yes, please provide detailed information in Remarks)</i> | | 66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? <i>(If Yes, please provide detailed information in Remarks)</i> | | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

SECTION VIII - REMARKS

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

| | | |
|------------------|---|------|
| NAME OF BUSINESS | BY <i>(Signature of Authorized Official)</i> | |
| | NAME OF AUTHORIZED OFFICIAL <i>(Type or print)</i> | DATE |
| | TITLE OF AUTHORIZED OFFICIAL <i>(Type or print)</i> | |