

# INFORMATION SUMMARY MATRIX

**1. Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Point of Contact (POC) Name: \_\_\_\_\_

POC Phone Number: \_\_\_\_\_

POC Email Address: \_\_\_\_\_

**2. No. of years in business:** \_\_\_\_\_

DUNS #: \_\_\_\_\_

CAGE #: \_\_\_\_\_

CCR #: \_\_\_\_\_

ACASS #: \_\_\_\_\_

**3. Small Business Status:**

Small

Small Disadvantaged

Certification Expires: \_\_\_\_\_

WOSB

HUB Zone

Certification Expires: \_\_\_\_\_

VOSB

SD-VOSB

**4. Average Annual Receipts for Past 3 yrs. Complete Blocks 4a, 4b, 4c.**

4a. Calendar Year 2012

Annual Receipts of Company:

\$ \_\_\_\_\_

Maximum Monthly Receipts:

\$ \_\_\_\_\_

Total in-house workforce (number of personnel):

\_\_\_\_\_

4b. Calendar Year 2011

Annual Receipts of Company:

\$ \_\_\_\_\_

Maximum Monthly Receipts:

\$ \_\_\_\_\_

Total in-house workforce (number of personnel):

\_\_\_\_\_

4c. Calendar Year 2010

Annual Receipts of Company:

\$ \_\_\_\_\_

Maximum Monthly Receipts:

\$ \_\_\_\_\_

Total in-house workforce (number of personnel):

\_\_\_\_\_

**5. For current active contracts, projected revenue per year for Calendar Year 13: \$ \_\_\_\_\_ and Calendar Year 14: \$ \_\_\_\_\_**

**6. State your current Line of Credit and your Maximum line of credit**

Current Line of Credit:

\$ \_\_\_\_\_

Maximum Line of Credit:

\$ \_\_\_\_\_

**7. Describe how your firm has complied with FAR 52.219-14, Limitations on Subcontracting.**

**8. List Fixed Price Indefinite Delivery / Indefinite Quantity related Contracts performed in last 3 yrs.**

Title:  
Type of Work:  
Client:  
Contract Ceiling Amt:  
Contract Award Date:  
Annual Revenues by Year:

Title:  
Type of Work:  
Client:  
Contract Ceiling Amt:  
Contract Award Date:  
Annual Revenues by Year:

Title:  
Type of Work:  
Client:  
Contract Ceiling Amt:  
Contract Award Date:  
Annual Revenues by Year:

Title:  
Type of Work:  
Client:  
Contract Ceiling Amt:  
Contract Award Date:  
Annual Revenues by Year:

**9. Provide description of five relevant projects that have been completed in the last three years that best demonstrates **Architectural & Engineering services for Industrial and/or Medical type facilities**, understanding of Federal, State, local, and overseas regulatory requirements.**

9a. Contract Number:

Contract type:

Dollar value of project:

Dollar value of in-house work:

Dollar value of subcontracted work:

Date/duration of contract:

Size of project site:

Description of related work completed:

9b. Contract Number:

Contract type:

Dollar value of project:

Dollar value of in-house work:

Dollar value of subcontracted work:

Date/duration of contract:

Size of project site:

Description of related work completed:

9c. Contract Number:

Contract type:

Dollar value of project:

Dollar value of in-house work:

Dollar value of subcontracted work:

Date/duration of contract:

Size of project site:

Description of related work completed:

9d. Contract Number:

Contract type:

Dollar value of project:

Dollar value of in-house work:

Dollar value of subcontracted work:

Date/duration of contract:

Size of project site:

Description of related work completed:

9e. Contract Number:

Contract type:

Dollar value of project:

Dollar value of in-house work:

Dollar value of subcontracted work:

Date/duration of contract:

Size of project site:

Description of related work completed: