

SOURCES SOUGHT INFORMATION FORM

Firm Name: _____

Address: _____

Name of POC for firm: _____

Phone Number of POC: _____

E-mail address of POC: _____

Type of business:

- SBA certified 8(a) firm SBA certified HUBZone Service Disabled Veteran-Owned Small Business
 Small Business

Bonding Capacity:

Surety Name: _____

Maximum bonding capacity per project: _____

Aggregate maximum bonding capacity if firm is performing on more than one contract: _____

Locations: Identify that you are willing to work at the following location:

- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please DO NOT change the form

EXPERIENCE: Provide supporting project information for experience in new civil and electrical infrastructure construction:

Project No. (check one): 1 2 3 4 5

Contract Number, Delivery/Task Order Number, Project Number, Title, and Location:

Were you the Prime contractor for this project? Yes No

Were you the Subcontractor? Yes No If subcontractor, who was the Prime? _____

Award Date:

Final Price (Including all options & mods):

Completion Date:

Is this the total project or subcontract price ?

Type of work: New Construction Renovation Repair Alteration

Type of Contract: (Check all that apply)

Design-Build Delivery/Task Order under IDIQ/MACC Design-Bid-Build

Other (explain): _____

If Design-Build, provide:

Name/address of the lead design firm or if design was done in-house please specify:

Name: _____

Address: _____

How many years working together? _____

Provide brief description or scope of work for this project.

What work did your company self perform?

Customer/Owner Information:

Customer Name:

Point of Contact:

Phone Number:

E-mail address:

Please DO NOT change the form

