

The purpose of this document is to provide a preview of the Supplier Profile Questionnaire (SPQ), found in the Broward County Public Schools (BCPS) eProcure Supplier Portal. The questions, documents, and other requirements may vary based on several factors such as supplier registration type or organizational structure.

We encourage you to review the list of documents and preview the questions prior to beginning the SPQ process. This will allow you to prepare in advance as needed.

#### This is NOT an application

For the opportunity to become a registered supplier for BCPS you must visit the eProcure Supplier Portal.

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# eProcure PWS Supplier Portal Powered by Ariba Compared to the supplier Portal Powered by Ariba Procure

### Supplier Profile Questionnaire - Preview

#### Supplier Profile Questionnaire (SPQ) Overview

Each section of the Supplier Profile Questionnaire is associated with a specific registration, certification, or prequalification. As demonstrated in the rest of this document, the numbering sequence aligns with all the questions and documents within each section and subsection.

#### Section 1 – Standard Supplier Registration

All prospective suppliers are required, at minimum, to complete **Section 1 - Standard Supplier Registration** of the SPQ. This section includes:

- Standard Supplier Registration
  - 1.1. Instructions for Completion
  - 1.2. BCPS Supplier Onboarding Initial Assessment
  - 1.3. General Supplier Information
  - 1.4. Standard Supplier Registration Status

#### Section 2 – Emerging/Small/Minority/Women Owned Business Enterprises (E/S/M/WBE)

If prospective suppliers are seeking E/S/M/WBE certification in addition to their standard registration, then **Section 2 – Emerging/Small/Minority/Women Owned Business Enterprises** of the SPQ must be completed. There are three potential E/S/M/WBE certifications; (1) New Certification, (2) Reciprocal Certification, and (3) Re-certification. This section includes:

- 2. Emerging/Small/Minority/Women Owned Business Enterprises
  - 2.1. Supplier Diversity Outreach Program Initial Assessment (1)
  - 2.2. Commodities and Certifications (1)
  - 2.3. Certification Requirements Documentation, and Questions (1)
  - 2.4. Ownership and Control (1)
  - 2.5. Reciprocal Certification (2)
  - 2.6. E/S/M/WBE Re-Certification (3)
  - 2.7. BCPS Supplier Diversity Outreach Program (for informational purposes only)

#### Section 3 – Pre-Qualification

If prospective suppliers are seeking Construction Pre-Qualification in addition to their standard registration, then **Section 3 – Pre-Qualification of the SPQ** must be completed. There are three potential Construction Pre-Qualification categories; (1) New Pre-Qualification, (2) Pre-Qualification Increase, and (3) Pre-Qualification Renewal. This section includes:

- 3. Pre-Qualification
  - 3.1. Pre-Qualification Initial Assessment
  - 3.2. Pre-Qualification Requirements and Questions (1)
  - 3.3. Organization Classification (1)
  - 3.4. License Information(1)
  - 3.5. Background Information (1)
  - 3.6. Safety (1)
  - 3.7. Additional Trade and Staff Information (1)
  - 3.8. Financial Information and References (1)
  - 3.9. Per License Requirement (1)
  - 3.10. Pre-Qualification Renewal and Limit Increase (2 & 3)
  - 3.11. Pre-Qualification Status Information (for informational purposes only)





#### **Documents List**

The purpose of the table below is to assist suppliers in the identification and completion of required documents for the various types of supplier registrations, certifications, and pre-qualifications available through the eProcure Supplier Portal. The section numbers indicate which type of certification or pre-qualification the document is associated with as per the outline provided in the overview above.

Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
Standar	d Supplier Registration Attachments				
1.3.8	W-9	x	X	X	
1.3.9	Attach IRS Letter with EIN Number	X	Х	х	
New ES	MWBE Certification Attachments				
2.3.1	Proof of Citizenship / Ethnicity (Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card, Passport)		X		Required for suppliers seeking Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE) Minority Business Enterprise (MBE) Minority/Women Business Enterprise (M/WBE) Small/Minority/Women Business Enterprise (S/M/WBE) Women Business Enterprise (WBE)
2.3.2	Proof of Identification (Driver's License, State Issued Identification Card)		X		Required for suppliers seeking Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE) Minority Business Enterprise (MBE) Minority/Women Business Enterprise (M/WBE) Small/Minority/Women Business Enterprise (S/M/WBE) Women Business Enterprise (WBE)
2.3.3	Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		Х		
2.3.4	Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		Х		
2.3.5	Proof of Business Location / Operation in Tri-County Area (I.e., Lease Agreement, or Property Tax Bill)		X		
2.3.7	Federal Income Tax Returns, Including Schedule K-1 or Schedule G. (The previous two (2) years' Tax Returns)		Х		
2.3.8	Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)		х		Only required if the Business Type is Sole Proprietor





Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
2.3.9	Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. The previous two (2) years		Х		
2.3.10	Resume of Principal Owner(s) and Key Employee(s)		х		
2.3.11	List of all current employees and copy of 1099 for each employee 02 Form 941		Х		See <u>Attachments &amp; Templates</u> for further details.
2.3.13	Certificate of Formation (signed by State Official)		Х		Only required if the Business Type is General Partnership
2.3.14	Attach Articles of Incorporation		Х		Only required if the Business Type is Corporation
2.3.15	Attach Corporate By-laws		х		Only required if the Business Type is Corporation
2.3.16	Attach Stock Certificates (front and back)		х		Only required if the Business Type is Corporation
2.3.17	Attach Stock Ledger		х		Only required if the Business Type is Corporation
2.3.18	Attach Operating Agreement		х		Only required if the Business Type is Limited Liability Corporation
2.3.19	Attach Assumed Name Certificate (if applicable)		х		Only required if the Business Type is Limited Liability Partnership or Limited Partnership
2.3.20	Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)		х		Only required if the Business Type is Limited Liability Partnership or Limited Partnership
2.3.28	New Businesses ONLY - Balance Sheet and Income Statement from within 90 days		х		Only required if your company has been in business for less than 2 years
2.4.3	Ownership Template.		Х		See <u>Attachments &amp; Templates</u> for further details.
2.4.4	Officers/Directors of Corporation/Board of Directors Template.		х		See <u>Attachments &amp; Templates</u> for further details.
2.4.5	Day-to-Day Management Operations Template.		Х		See <u>Attachments &amp; Templates</u> for further details.
2.4.6	Affidavit		Х		See <u>Attachments &amp; Templates</u> for further details.



Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
Recipro	cal Certification Attachments				
2.5.2	Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		Х		
2.5.3	Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		Х		
2.5.12	Affidavit.		X		
Recertif	fication Certification Attachments				
2.6.2	Proof of Citizenship / Ethnicity (Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card, Passport)		X		Required for suppliers seeking Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE) Minority Business Enterprise (MBE) Minority/Women Business Enterprise (M/WBE) Small/Minority/Women Business Enterprise (S/M/WBE) Women Business Enterprise (WBE)
2.6.3	Proof of Identification (Driver's License, State Issued Identification Card)		X		Required for suppliers seeking Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE) Minority Business Enterprise (MBE) Minority/Women Business Enterprise (M/WBE) Small/Minority/Women Business Enterprise (S/M/WBE) Women Business Enterprise (WBE)
2.6.4	Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		Х		
2.6.5	Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties		х		
2.6.6	Proof of Business Location / Operation in Tri-County Area (I.e., Lease Agreement, or Property Tax Bill)		X		
2.6.8	Federal Income Tax Returns, Including Schedule K-1 or Schedule G. (The previous two (2) years' Tax Returns)		X		
2.6.9	Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)		X		Only required if the Business Type is Sole Proprietor
2.6.10	Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years		Х		
2.6.11	Resume of Principal Owner(s) and Key Employee(s)		X		



Section #	Documentation	Required for Standard	Required for E/S/M/WBE	Required for Construction	Notes
2.6.12	List of all current ampleyees and convert 1000 for	Registration	Certification	Pre-Qualification	
2.6.12	List of all current employees and copy of 1099 for each employee 02 Form 941		Х		
2.6.14	Certificate of Formation (signed by State Official)		х		Only required if the Business Type is General Partnership
2.6.15	Articles of Incorporation		х		Only required if the Business Type is Corporation
2.6.16	Corporate By-laws		x		Only required if the Business Type is Corporation
2.6.17	Stock Certificates (front and back)		х		Only required if the Business Type is Corporation
2.6.18	Stock Ledger		x		Only required if the Business Type is Corporation
2.6.19	Operating Agreement		x		Only required if the Business Type is Limited Liability Corporation
2.6.20	Assumed Name Certificate (if applicable)		Х		Only required if the Business Type is Limited Liability Partnership or Limited Partnership
2.6.21	Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)		х		Only required if the Business Type is Limited Liability Partnership or Limited Partnership
2.6.29	New Businesses ONLY - Balance Sheet and Income Statement from within 90 days		х		Only required if your company has been in business for less than 2 years
2.6.38	Ownership Template.		Х		
2.6.39	Officers/Directors of Corporation/Board of Directors Template.		Х		
2.6.40	Day-to-Day Management Operations Template.		Х		
2.6.41	Affidavit.		Х		
Pre-Qua	alification Attachments for new registrations				
3.2.1	Disqualification Statement.			Х	See <u>Attachments &amp; Templates</u> for further details.
3.3.1	Principal Officers Information template (Corporation)			Х	Only required if the Business Type is Corporation





Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
3.3.2	General Partnership Information template (Partnership)			х	Only required if the Business Type is Limited Liability Partnership or Limited Partnership
3.3.5	Principal Name and Principal Address information template (Other than Corporation, Partnership, or Individually)			х	
3.4.1	License Information template			х	See <u>Attachments &amp; Templates</u> for further details.
3.5.7	Discharge and copy of petition			х	Only required if Bankruptcy has been filed
3.5.12	Final pleading			х	Only required if Legal Action has been taken
3.6.2	OSHA Template			х	See <u>Attachments &amp; Templates</u> for further details.
3.6.4	Attach details describing the circumstances surrounding each incident			х	Only required if OSHA fines have been required
3.6.6	Attach details describing the circumstances surrounding each incident			х	Only required if there have been jobsite fatalities
3.6.7	Last completed OSHA's Form 300A			X	
3.8.1	Credit Reference Sheet. Provide three (3) references.			X	See <u>Attachments &amp; Templates</u> for further details.
3.8.2	General Financial Information Sheet.			х	See <u>Attachments &amp; Templates</u> for further details.
3.8.4	Letter of Intent from Surety Company			х	See Attachments & Templates for further details. Either the Letter of Intent or the Audited Financial Statement is required. Not both. Supplier preference.
3.8.5	Audited Financial Statement Form			Х	Either the Letter of Intent or the Audited Financial Statement is required. Not both. Supplier preference.
3.8.6	Sworn Statement			х	See <u>Attachments &amp; Templates</u> for further details.





Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
3.8.7	Affidavit of Joint Venture			х	See <u>Attachments &amp; Templates</u> for further details.
3.9.3	Project Reference Sheet			Х	See <u>Attachments &amp; Templates</u> for further details.
3.9.4	Contractor Pre-qualification Reference Sheets			х	See <u>Attachments &amp; Templates</u> for further details.
3.9.8	Project Reference Sheet			Х	
3.9.9	Contractor Pre-qualification Reference Sheets			Х	
3.9.13	Project Reference Sheet			Х	Only required if seeking prequalification for more than 1 license
3.9.14	Contractor Pre-qualification Reference Sheets			х	Only required if seeking prequalification for more than 1 license
3.9.18	Project Reference Sheet			Х	Only required if seeking prequalification for more than 1 license
3.9.19	Contractor Pre-qualification Reference Sheets			х	Only required if seeking prequalification for more than 1 license
Pre-Qua	alification Renewal or Increase Attachments				
3.10.1	Credit Reference Sheet. Provide three (3) references.			Х	See <u>Attachments &amp; Templates</u> for further details.
3.10.2	General Financial Information Sheet.			Х	See <u>Attachments &amp; Templates</u> for further details.
3.10.4	Letter of Intent from Surety Company			Х	See Attachments & Templates for further details. Either the Letter of Intent or the Audited Financial Statement is required. Not both. Supplier preference.
3.10.5	Audited Financial Statement Form			Х	Either the Letter of Intent or the Audited Financial Statement is required. Not both. Supplier preference.
3.10.6	Sworn Statement			Х	See <u>Attachments &amp; Templates</u> for further details.



Section #	Documentation	Required for Standard Registration	Required for E/S/M/WBE Certification	Required for Construction Pre-Qualification	Notes
3.10.7	Affidavit of Joint Venture			x	See <u>Attachments &amp; Templates</u> for further details.
3.10.10	Project Reference Sheet			х	See <u>Attachments &amp; Templates</u> for further details.
3.10.11	Contractor Pre-qualification Reference Sheets			х	See <u>Attachments &amp; Templates</u> for further details.
3.10.15	Project Reference Sheet			х	See <u>Attachments &amp; Templates</u> for further details.
3.10.16	Contractor Pre-qualification Reference Sheets			х	See Attachments & Templates for further details. Only required if seeking prequalification for more than 1 license
3.10.20	Project Reference Sheet			Х	See Attachments & Templates for further details. Only required if seeking prequalification for more than 1 license
3.10.21	Contractor Pre-qualification Reference Sheets			х	See Attachments & Templates for further details. Only required if seeking prequalification for more than 1 license
3.10.25	Project Reference Sheet			Х	See Attachments & Templates for further details. Only required if seeking prequalification for more than 1 license
3.10.26	Contractor Pre-qualification Reference Sheets			X	See Attachments & Templates for further details. offswOnly required if seeking prequalification for more than 1 license



### Supplier Profile Questionnaire –Questions Preview

#### Section 1 - General Information (All Suppliers)

All perspective suppliers must complete Section 1 of the Supplier Profile Questionnaire, at a minimum.

ection #	Information or Question	PWS Comments
	Standard Supplier Registration	
.1	Instructions for Completion	
	Thank you for your interest in becoming a supplier for Broward County Public Schools (BCPS). Your application will be reviewed and processed by the Procurement & Warehousing Services Department (PWS).	
	To ensure integrity of data, the system will automatically logout after periods of inactivity. Please note that responses should be saved frequently while proceeding through the questionnaire. Failure to save your responses may result in loss of data and possible reentry if information is not saved.	
	It is understood that all responses submitted to the BCPS Supplier Profile Questionnaire have been made by an individual who is authorized to do so on behalf of the organization represented in the responses provided.	
	Training Materials  Before you begin, we encourage you to read the attached instructions to aid in your completion of the Supplier Profile Questionnaire (SPQ).	
	Depending on the supplier type you are applying for, you may be required to provide additional information via forms and attachments. Please note that you may not be required to complete ALL of the forms in this section.	
	All documents have been attached here for ease of download and completion. This may take you some time to complete. Be sure to save your answers before closing your SPQ to work on the attachments.	
	Upon completion, please attach each form to the appropriate sections in the spaces provided in those sections.	



Section #	Information or Question	PWS Comments
1.2	BCPS Supplier Onboarding Initial Assessment	
	The answers to the questions in section 1.2 will determine what additional questions you	Suppliers can register to become one, some, or all of these
	will be required to complete before submitting your application for approval to do business	supplier types:
	with Broward County Public Schools. If you are completing this registration as a requirement	<ul> <li>Standard</li> </ul>
	for participation in an upcoming sourcing event, we recommend that you select "No" to any	<ul> <li>E/S/M/WBE Certified</li> </ul>
	E/S/M/WBE and Pre-Qualification questions in section 1.2	<ul> <li>Construction Pre-Qualified</li> </ul>
	NOTE: You can always change your responses at a later date.	
1.2.1	Are you currently E/S/M/WBE Certified with Broward County Public Schools? If yes, attach a	Your response to this question determines what subsequent
1.2.1	copy of your Certificate. To attach your Certificate, click the blue comment icon and add	questions will be displayed.
	your attachment in the space provided.	questions will be displayed.
1.2.2	Are you looking to become E/S/M/WBE re-certified? You will be required to provide	Only displayed if you respond "Yes" to question 1.2.1
	additional information in the 'E/S/M/WBE Recertification' section	
1.2.3	Are you looking to become E/S/M/WBE Certified or Reciprocal Certified with Broward	Only displayed if you respond "No" to question 1.2.1
	County Public Schools? (Requires completion of Section 2)	
1.2.4	Are you currently Pre-Qualified with Broward County Public Schools? If yes, attach a copy of	Your response to this question determines what subsequent
	your Pre-Qualification Letter.	questions will be displayed.
1.2.5	Are you looking to renew your Pre-Qualification with Broward County Public Schools? You	Only displayed if you respond "Yes" to question 1.2.4
1.2.5	will be required to provide additional information in the 'Pre-Qualification Renewal' Section	Only displayed if you respond these to question 1.2.4
1.2.6	Are you looking to Increase your Pre-Qualification limits? (Please note this will automatically	Only displayed if you respond "Yes" to question 1.2.4
	renew your Pre-Qualification status). You will be required to provide additional information	
	in the 'Pre-Qualification Renewal and Limit Increase' Section.	
1.2.7	Are you looking to become Pre-Qualified with Broward County Public Schools? (Requires	Only displayed if you respond "No" to question 1.2.4
	completion of Section 3)	
1.3	General Supplier Information	Response Type
1.3.1	Company Name*	Fill in the Blank
1.3.2	DBA Name (if applicable)	Fill in the Blank
1.3.3	Brief Description of Company*	Fill in the Blank
1.3.4	Physical Address*	Fill in the Blank
1.3.5	Mailing Address (if different than physical address)	Fill in the Blank
1.3.6	Remit to Address (if different than physical address)	Fill in the Blank
1.3.7	Federal Tax ID Number*	Fill in the Blank. No Dash. Number only.
1.3.8	Attach W-9*	Attachment
1.3.9	Attach IRS Letter with EIN Number*	Attachment
1.3.10	Primary Contact Name *	Fill in the Blank
1.3.11	Primary Contact Title *	Fill in the Blank



Section #	Information or Question	PWS Comments
1.3.12	Primary Contact Email Address *	Fill in the Blank (must include @ symbol)
1.3.13	Primary Contact Phone Number *	Fill in the Blank
1.3.14	Primary Contact Fax Number	Fill in the Blank
1.3.15	Primary Contact Cell Number	Fill in the Blank
1.3.16	Company Website/Corporate URL (if applicable)	Fill in the Blank
1.3.17	Date Company Established *	Fill in the Blank
1.3.18	Business Type *	Select from list.
	Corporation	Response to this question will determine which additional
	General Partnership	questions require your response
	Individual/Sole Proprietor	
	Limited Liability Company/Corporation	
	Limited Liability Partnership	
	Limited Partnership	
	Joint Venture	
1.3.19	Sole Proprietor or Majority Owner Name *	Fill in the Blank
		Only required if response to 1.3.18 is Individual/Sole
		Proprietor
1.3.20	Sole Proprietor or Majority Owner Title *	Fill in the Blank
		Only required if response to 1.3.18 is Individual/Sole
		Proprietor
1.3.21	Date Incorporated *	Enter Date
		Only required if response to 1.3.18 is Corporation
1.3.22	State of Incorporation *	Select from list
		Only required if response to 1.3.18 is Corporation
1.3.23	Is this a For-Profit Business Entity?*	Yes/No
1.3.24	How did you find out about the Broward County Public Schools Online Registration?*	Select from list
1.3.25	How would you rate the registration process overall? Select from a range of 1 - 10 where 1	Select from list
	means "I did not like this process" and 10 means "I really liked this process". We appreciate	
	your feedback and encourage your additional comments. Click the blue comment icon and	
	provide additional information in the space provided.	





#### Section 2 – Emerging/Small/Minority/Women Owned Business Enterprise (E/S/M/WBE)

Suppliers seeking E/S/M/WBE Certification are required to respond to this section. Suppliers can apply for new certification, renewal certification (must be currently certified by BCPS), or reciprocal certification (must be certified by an approved organization). For more information about E/S/M/WBE Certification, visit our website at <a href="https://www.browardschools.com/pws">www.browardschools.com/pws</a> and click on the Supplier Diversity & Outreach.

Section #	Information or Question	PWS Comments
2	Emerging/Small/Minority/Women Owned Business Enterprises	
2.1	Supplier Diversity Outreach Program - Initial Assessment	Minimum Requirements Must answer Yes to all of the questions in section 2.1 in order to be considered for E/S/M/WBE Certification. A "No" response to one or more questions in section 2.1 will prevent the rest of the questions in Section 2 from being displayed.
2.1.1	Is your firm located in the tri-county area (Palm Beach, Broward, or Miami-Dade)?	Yes/No
2.1.2	Which county?	Only visible if your response to 2.1.1 is Yes
2.1.3	Is your firm at least 1 year old?	Yes/No
2.1.4	View US Small business size Standard Table at https://www.sba.gov/contracting/getting-started-contractor/make-sure-you-meet-sba-size-standards/table-small-business-size-standards to determine if you meet Broward County Public School's requirement. S/M/WBE size standard is 50% or less. Do you meet these standards?	Yes/No
2.2	Commodities and Certifications	
2.2.1	Glossary of Terms	No response required. Download for helpful information regarding commodities and certifications.
2.2.2	Enter NAICS Codes and Industry Descriptions from the US Small Business Standard Table that apply to your company. Visit https://www.naics.com/search/ to view NAICS Codes.*	Fill in the blank. Enter as many codes as accurately apply to your company
2.2.3	Select Certification Request Type*  New S/M/WBE Certification  Re-Certification  Reciprocal Certification	Select from list. Your response to this question will determine which additional set of E/S/M/WBE questions will be displayed.
2.2.4	Business Enterprise Certification Types*  Emerging Small Business Enterprise (E/SBE)  Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE)  Minority Business Enterprise (MBE)  Minority/Women Business Enterprise (M/WBE)  Small Business Enterprise (SBE)  Small/Minority/Women Business Enterprise (S/M/WBE)  Women Business Enterprise (WBE)	Select from list. (check all that apply) Your response to this question will determine which additional set of E/S/M/WBE questions will be displayed.



2.3.1 Proof of Citizenship/Ethnicity (Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card, Passport)  2.3.2 Proof of Citizenship/Ethnicity (Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card, Passport)  2.3.2 Proof of Identification (Driver's License, State Issued Identification Card)  2.3.3 Attach Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  2.3.4 Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  2.3.5 Proof of Business Location/Operation in Tri-County Area (i.e., Lease Agreement or Property Tax Bill)  2.3.6 Based on the Business Tay Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  2.3.7 Attach Enderal Income Tax Returns, Including Schedule K-1 or Schedule G (The previous two (2) years' Tax Returns)  2.3.8 Attach Federal Income Tax Returns, Including Schedule K-1 or Schedule G (The previous two (2) years' Tax Returns)  2.3.9 Schedule G, (The previous two (2) years)  3.3.10 Attach Pervious Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule K-1 or Schedule G. (The previous two (2) years' Tax Returns)  2.3.10 Attach Pervious Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years' Tax Returns)  2.3.11 Provide Ist of all current employees and copy of 1099 for each employee 02 Form 941 References  4.4 Attachment  Attachme	Section #	Information or Question	PWS Comments
Naturalization, Tribal Card, Passport)  2.3.2  Proof of Identification (Driver's License, State Issued Identification Card)  Attachment This question will not appear if you only selected E/SBE or SBE in section 2.2.4  Attach Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  Attachment Proof of Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties  Proof of Business Location/Operation in Tri-County Area (i.e., Lease Agreement or Property Tax Bill)  Attachment  Attachment  Attachment  Attachment  No Response Required  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attachment  This question	2.3	Certification Requirements, Documentation, and Questions	section 2.1 are "Yes" and the response to section 2.2.3 is
2.3.3 Attach Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties 2.3.4 Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties 2.3.5 Proof of Business Location/Operation in Tri-County Area (i.e., Lease Agreement or Property Tax Bill) 2.3.6 Based on the Business Type selected, your company will be required to attach the specified Tax Returns as indicated in the questions below. 2.3.7 Attach Federal Income Tax Returns, Including Schedule K-1 or Schedule G (The previous two (2) years' Tax Returns) 2.3.8 Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns) 2.3.9 Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years) 2.3.10 Attach resume of Principal Owner(s) and Key Employee(s) Provide list of all current employees and copy of 1099 for each employee 02 Form 941 References  Attach the required documentation for the Business Type you selected in section 1 References  Attach the completed form to your response  Attachment  This question 1.3.18 is General Partnership	2.3.1		This question will not appear if you only selected E/SBE or
Broward, or Miami-Dade Counties   Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties   Proof of Business Location/Operation in Tri-County Area (i.e., Lease Agreement or Property Tax Bill)   Attachment	2.3.2	Proof of Identification (Driver's License, State Issued Identification Card)	This question will not appear if you only selected E/SBE or
Beach, Broward, or Miami-Dade Counties   Proof of Business Location/Operation in Tri-County Area (i.e., Lease Agreement or Property Tax Bill)	2.3.3	·	Attachment
Tax Bill)  2.3.6 Based on the Business Type selected, your company will be required to attach the specified Tax Returns as indicated in the questions below.  Attach Federal Income Tax Returns, Including Schedule K-1 or Schedule G (The previous two (2) years' Tax Returns)  Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)  Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)  Pederal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years)  Attach resume of Principal Owner(s) and Key Employee(s)  Provide list of all current employees and copy of 1099 for each employee 02 Form 941  References  Attachment  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach the required documentation for the Business Type you selected in section 1  References  Attach the required form to your response  Attach the completed form to your response		Beach, Broward, or Miami-Dade Counties	Attachment
Tax Returns as indicated in the questions below.  Attach Federal Income Tax Returns, Including Schedule K-1 or Schedule G (The previous two (2) years' Tax Returns)  Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)  Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)  Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years)  Attachment  Schedule G. (The previous two (2) years)  Attachment  Provide list of all current employees and copy of 1099 for each employee 02 Form 941  References  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach Here Ferences  Attach Certificate of Formation (signed by State Official)  Attachment  Attachment  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response		Tax Bill)	
(2) years' Tax Returns)  Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax Returns)  Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years)  Attachment  Attachment  Attachment  Attachment  Provide list of all current employees and copy of 1099 for each employee 02 Form 941 References  Attach the required documentation for the Business Type you selected in section 1 References  Attach the required documentation for the Business Type you selected in section 1 References  Attach the completed form to your response  Attach the complete the form Save it to your computer Attach the complete the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership	2.3.6		No Response Required
Returns)  Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years)  Attachment  Provide list of all current employees and copy of 1099 for each employee 02 Form 941 References  Attach the required documentation for the Business Type you selected in section 1 References  Attachment  Attachment  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership	2.3.7		Attachment
Schedule G. (The previous two (2) years)  Attach resume of Principal Owner(s) and Key Employee(s)  Provide list of all current employees and copy of 1099 for each employee 02 Form 941 References  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment Download the form by clicking the "References" link. Complete the form to your response  Attachment Download the form by clicking the "References" link. Complete the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response	2.3.8		This question will only appear if the Business Type in
2.3.11 Provide list of all current employees and copy of 1099 for each employee 02 Form 941 References  Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attachment Download the form by clicking the "References" link. Complete the form by clicking the "References" link. Complete the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach Certificate of Formation (signed by State Official)  Attach Certificate of Formation (signed by State Official)  Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership	2.3.9		Attachment
References  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach the required documentation for the Business Type you selected in section 1 References  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach Certificate of Formation (signed by State Official)  Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership	2.3.10	Attach resume of Principal Owner(s) and Key Employee(s)	Attachment
References  Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response  Attach Certificate of Formation (signed by State Official)  Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership			Download the form by clicking the "References" link. Complete the form Save it to your computer
This question will only appear if the Business Type in question 1.3.18 is General Partnership		References	Download the form by clicking the "References" link. Complete the form Save it to your computer
2.3.14 Attach Articles of Incorporation Attachment	2.3.13	Attach Certificate of Formation (signed by State Official)	This question will only appear if the Business Type in
	2.3.14	Attach Articles of Incorporation	Attachment



This question will only appear if the Bit question 1.3.18 is Corporation  Attach Corporate By-laws  Attach Stock Certificates (front and back)  Attach Stock Certificates (front and back)  Attachment This question will only appear if the Bit question 1.3.18 is Corporation  Attachment This question will only appear if the Bit question 1.3.18 is Corporation  Attachment This question will only appear if the Bit question 1.3.18 is Corporation  Attachment This question will only appear if the Bit question 1.3.18 is Corporation  Attachment This question will only appear if the Bit question 1.3.18 is LLC  Attachment This question will only appear if the Bit question 1.3.18 is LLC  Attachment This question will only appear if the Bit question 1.3.18 is Limited Liability Par Partner  Attachment This question will only appear if the Bit question 1.3.18 is Limited Liability Par Partner  Attachment This question will only appear if the Bit question 1.3.18 is Limited Liability Par Partner  Attachment This question will only appear if the Bit question 1.3.18 is Limited Liability Par Partner	usiness Type in usiness Type in usiness Type in usiness Type in
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2.3.19 Attach Assumed Name Certificate (if applicable)  Attach Assumed Name Certificate (if applicable)  Attach Assumed Name Certificate (if applicable)  Attach Partner Ship Agreement (including Buy-Sell and Profit Sharing Agreements)  Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)  Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)  Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)	
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2.3.20 Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)  Attachment This question will only appear if the Bu	tner or Limited
This question will only appear if the Bu	
question 1.3.18 is Limited Liability Par	
	tner or Limited
Partner	
2.3.21 Date Physical Address Established Enter Date	
2.3.22 Gross Receipts Information: Enter the Gross Receipt as shown on your two most recent Only visible if response to section 2.2.	3 is New Certification
Income Tax Returns. Provide the Year and the Amount in the spaces provided. For new	
businesses only (those that have not been in business for 2 years), provide your Balance	
Sheet and Income Statement from within the last 90 days in the spaces provided.	
2.3.23 Has your company been in business for less than two (2) years?  Yes/No	
2.3.24 Gross Receipt Year 1 Enter the Year (i.e., 2016)	
2.3.25 Gross Receipt \$ 1 Enter the \$ for Year 1	
2.3.26 Gross Receipt Year 2 Enter the year (i.e., 2017)	
Only visible if the answer to question 2	2.3.23 is No
2.3.27 Gross Receipt \$ 2	2 2 2 2 1 1
Only visible if the answer to question 2	2.3.23 is No
2.3.28 New Businesses ONLY - Balance Sheet and Income Statement from within 90 days  Attachment	
Only visible if the answer to question 2	2.3.23 is Yes
2.3.29 Employee Workplace Demographics - number of part-time employees local (Broward, Fill in the Blank	
Miami-Dade, Palm Beach)	



Section #	Information or Question	PWS Comments
2.3.30	Employee Workplace Demographics - number of part-time employees companywide (including local)	Fill in the Blank
2.3.31	Employee Workplace Demographics - number of full-time employees local (Broward, Miami- Dade, Palm Beach)	Fill in the Blank
2.3.32	Employee Workplace Demographics - number of full-time employees companywide (including local)	Fill in the Blank
2.3.33	Employee Workplace Demographics - number of independent contractors local (Broward, Miami-Dade, Palm Beach)	Fill in the Blank
2.3.34	Employee Workplace Demographics - number of independent contractors companywide (including local)	Fill in the Blank
2.4	Ownership and Control	
2.4.1	Race/Ethnicity African-American - AA Hispanic-American - HA Asian-Pacific American - AP (includes Sub-Continent Asian-American) Native American - NA Non-Minority/Caucasian - CA	Select from list
2.4.2	How was the business started or acquired?  New Start-Up  Purchased from Previous Owner  Transferred Inherited  Merged Other	Select from list
2.4.3	Download and complete the Ownership Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.4.4	Download and complete the Officers/Directors of Corporation/Board of Directors Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.4.5	Download and complete the Day-to-Day Management Operations Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.4.6	Download and complete the attached Affidavit. Attach a copy of the completed affidavit.	Attachment



Section #	Information or Question	PWS Comments
	Additionally, mail original Affidavit with notarized signature to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise, FL, 33351 References	Download the form by clicking the "References" link.  Complete the form  Save it to your computer  Attach the completed form to your response
2.4.7	I have completed, attached, and mailed the Affidavit.	Yes/No
2.5	Reciprocal Certification	This section is only visible if the answer to all questions in section 2.1 are "Yes" and the response to section 2.2.3 is "Reciprocal Certification"
2.5.1	Have there been any changes in your firm's Ownership, Management, or Operational Control since last certified?	Yes/No
2.5.2	Attach Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties	Attachment
2.5.3	Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties	Attachment
2.5.4	Agencies where currently certified	Fill in the Blank
2.5.5	Attach proof of E/S/M/WBE Certification (Certificate/Letter must include Certification Date, Expiration Date, Certification Type (i.e. SBE, MWBE) and Area(s) of Certification)	Attachment
2.5.6	Enter the Gross Receipt as shown on your two most recent Income Tax Returns. Provide the Year and the Amount in the spaces provided. For new businesses only (those that have not been in business for 2 years), provide your Balance Sheet and Income Statement from within the last 90 days in the spaces provided.	
2.5.7	Has your company been in business for less than two (2) years?	Yes/No
2.5.8	Gross Receipt Year 1	Enter the Year (i.e., 2016)
2.5.9	Gross Receipt \$ 1	Enter the \$ for Year 1
2.5.10	Gross Receipt Year 2	Enter the year (i.e., 2017) Only visible if the answer to question 2.5.7 is No
2.5.11	Gross Receipt \$ 2	Enter the \$ for Year 2 Only visible if the answer to question 2.5.7 is No
2.5.12	Download and complete the attached Affidavit. Attach a copy of the completed Affidavit. Additionally, mail original Affidavit with notarized signature to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise, FL, 33351 References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.5.13	I have completed, attached and mailed the Affidavit	Yes/No
2.6	E/S/M/WBE Re-Certification	This section will only be visible when the answer to section 1.2.2 is Yes (You are currently certified and want to be recertified)
2.6.1	This section requires completion if you are currently certified and wish to be Re-Certified.	Yes/No



Section #	Information or Question	PWS Comments
	Return to Section 1.2 if any of the following are true:	
	The current certification has expired (new certification required)	
	Not currently certified, but seeking certification  Not currently certified, and not currently seeking certification	
	NOTE: Your responses can be changed at a later date, if needed.	
	,	
	Select YES to confirm you would like to be Re-Certified.	
2.6.2	Proof of Citizenship / Ethnicity	Attachment
	(Birth Certificate, Permanent Resident Card, Certificate of Naturalization, Tribal Card Passport)	This question will not appear if you only selected E/SBE or SBE in section 2.2.4
2.6.3	Proof of Identification	Attachment
	(Driver's License, State Issued Identification Card)	This question will not appear if you only selected E/SBE or SBE in section 2.2.4
2.6.4	Attach Business Tax Receipt for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties	Attachment
2.6.5	Attach Municipal Business Tax Receipts for Current and Previous Year Issued within Palm Beach, Broward, or Miami-Dade Counties	Attachment
2.6.6	Proof of Business Location /Operation in Tri-County Area (I.e., Lease Agreement, or Property Tax Bill)	Attachment
2.6.7	Based on the Business Type selected, your company will be required to attach the specified Tax Returns as indicated in the Questions below.	No Response Required
2.6.8	Attach Federal Income Tax Returns, Including Schedule K-1 or Schedule G. (The previous two (2) years' Tax Returns)	Attachment
2.6.9	Attach Personal Tax Returns, Including a Schedule C. (The previous two (2) years' Tax	Attachment
	Returns)	This question will only appear if the Business Type in
		question 1.3.18 is Sole Proprietor
2.6.10	Federal Income Tax Returns for Subsidiaries and/or Affiliates, including Schedule K-1 or Schedule G. (The previous two (2) years	Attachment
2.6.11	Attach resume of Principal Owner(s) and Key Employee(s)	Attachment
2.6.12	Provide list of all current employees and copy of 1099 for each employee 02 Form 941	Attachment
	References	Download the form by clicking the "References" link.
		Complete the form Save it to your computer
		Attach the completed form to your response
2.6.13	Attach the required documentation for the Business Type you selected in section 1.	Attachment
	References	Download the form by clicking the "References" link.
		Complete the form
		Save it to your computer
		Attach the completed form to your response



Section #	Information or Question	PWS Comments
2.6.14	Attach Certificate of Formation (signed by State Official)	Attachment This question will only appear if the Business Type in question 1.3.18 is General Partnership
2.6.15	Attach Articles of Incorporation	Attachment This question will only appear if the Business Type in question 1.3.18 is Corporation
2.6.16	Attach Corporate By-laws	Attachment This question will only appear if the Business Type in question 1.3.18 is Corporation
2.6.17	Attach Stock Certificates (front and back)	Attachment This question will only appear if the Business Type in question 1.3.18 is Corporation
2.6.18	Attach Stock Ledger	Attachment This question will only appear if the Business Type in question 1.3.18 is Corporation
2.6.19	Attach Operating Agreement	Attachment This question will only appear if the Business Type in question 1.3.18 is LLC
2.6.20	Attach Assumed Name Certificate (if applicable)	Attachment This question will only appear if the Business Type in question 1.3.18 is Limited Liability Partner or Limited Partner
2.6.21	Attach Partnership Agreement (including Buy-Sell and Profit Sharing Agreements)	Attachment This question will only appear if the Business Type in question 1.3.18 is Limited Liability Partner or Limited Partner
2.6.22	Date Physical Address Established	Enter Date
2.6.23	Gross Receipts Information: Enter the Gross Receipt as shown on your two most recent Income Tax Returns. Provide the Year and the Amount in the spaces provided. For new businesses only (those that have not been in business for 2 years), provide your Balance Sheet and Income Statement from within the last 90 days in the spaces provided.	Only visible if response to section 2.2.3 is New Certification
2.6.24	Has your company been in business for less than two (2) years?	Yes/No
2.6.25	Gross Receipt Year 1	Enter the Year (i.e., 2016)
2.6.26	Gross Receipt \$ 1	Enter the \$ for Year 1
2.6.27	Gross Receipt Year 2	Enter the year (i.e., 2017) Only visible if the answer to question 2.3.23 is No
2.6.28	Gross Receipt \$ 2	Enter the \$ for Year 2 Only visible if the answer to question 2.3.23 is No
2.6.29	New Businesses ONLY - Balance Sheet and Income Statement from within 90 days	Attachment



Section #	Information or Question	PWS Comments
		Only visible if the answer to question 2.3.23 is Yes
2.6.30	Employee Workplace Demographics - number of part-time employees local (Broward, Miami-Dade, Palm Beach)	Fill in the Blank
2.6.31	Employee Workplace Demographics - number of part-time employees companywide (including local)	Fill in the Blank
2.6.32	Employee Workplace Demographics - number of full time employees local (Broward, Miami-Dade, Palm Beach)	Fill in the Blank
2.6.33	Employee Workplace Demographics - number of full time employees companywide (including local)	Fill in the Blank
2.6.34	Employee Workplace Demographics - number of independent contractors local (Broward, Miami-Dade, Palm Beach)	Fill in the Blank
2.6.35	Employee Workplace Demographics - number of independent contractors companywide (including local)	Fill in the Blank
2.6.36	Race/Ethnicity	Select from list
2.6.37	How was the business started or acquired?	Select from list
2.6.38	Download and complete the Ownership Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.6.39	Download and complete the Officers/Directors of Corporation/Board of Directors Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.6.40	Download and complete the Day-to-Day Management Operations Template. Once complete, attach here. References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.6.41	Download and complete the attached Affidavit. Attach a copy of the completed affidavit. Additionally, mail original Affidavit with notarized signature to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise, FL, 33351 References	Attachment Download the form by clicking the "References" link. Complete the form Save it to your computer Attach the completed form to your response
2.6.42	I have completed, attached and mailed the Affidavit	Yes/No
2.7	BCPS - Supplier Diversity Outreach Program (for informational purposes only)	This section will be visible to suppliers but suppliers will NOT be able to answer these questions. This section will be used to provide status of the Certification process and



Section #	Information or Question	PWS Comments
		will be updated by the PWS Supplier Diversity & Outreach Program.
2.7.1	E/S/M/WBE Phase Status Pending Review Pending - Additional Information Required from Supplier E/S/M/WBE Certification in Progress E/S/M/WBE Certification Approved E/S/M/WBE Certification Not Approved Other Status - See Comments	
2.7.2	E/S/M/WBE Current Certificate Information	This will include a copy of the certificate, and the start and end date of the certification
2.7.3	E/S/M/WBE Not Approved Applicant does not meet established size standards Applicant does not have significant business presence Applicant ownership/control does not meet certification requirements Applicant was non-responsive to requests for additional information Other - See Comments	This will only have a response if the application for certification is not approved.
2.7.4 2.7.5	Vendor Class Approved: Emerging Business Enterprise Vendor Class Approved: Small Business Enterprise	You will see a Yes next to any approved vendor classifications
2.7.6 2.7.7	Vendor Class Approved: Minority Business Enterprise  Vendor Class Approved: Women Business Enterprise	





#### Section 3 – Construction Pre-Qualification

Suppliers seeking Construction Pre-Qualification are required to respond to this section. Suppliers can apply for new Pre-Qualification, renewal certification (must be currently pre-qualified by BCPS), or increase certification (must be currently pre-qualified by BCPS). For more information about Construction Pre-Qualification, visit our website at <a href="https://www.browardschools.com/pws">www.browardschools.com/pws</a> and click on the District Construction.

Section #	Information or Question	PWS Comments
3	Pre-Qualification	
3.1	Pre-Qualification - Initial Assessment	Minimum Requirements  Must answer Yes to 3.1.1 in order to be considered for  Construction Pre-Qualification
3.1.1	Does your company have an active Contractor's License	Yes/No
3.2	Pre-Qualification Requirements and Questions	
3.2.1	Download and complete the attached Disqualification Statement. Attach a copy of the completed and notarized Disqualification Statement. References	Attachment
3.2.2	Name of Authorized Officer of the company	Fill in the Blank
3.2.3	How many years has your company been in business under its present business name?	Fill in the Blank
3.2.4	Under what other names has your organization operated? Answer "None" if no other names.	Fill in the Blank
3.3	Organization Classification	
3.3.1	Download and complete the attached Principal Officers Information template (Corporation) References	Attachment Only required if the Business Type is Corporation
3.3.2	Download and complete the attached General Partnership Information template (Partnership) References	Attachment Only required if the Business Type is General Partnership
3.3.3	Name of Owner (Individual/Sole Proprietor) References	Attachment Only required if the business Type is Individual/Sole- Proprietor
3.3.4	Address of Owner (Individual/Sole Proprietor)	Attachment Only required if the business Type is Individual/Sole- Proprietor
3.3.5	Download and complete the attached Principal Name and Principal Address Information template (Other than Corporation, Partnership, or Individually) References	Attachment Only required if the Business Type is Limited Liability Company/Corporation, Limited Liability Partnership, Limited Partnership, Joint Venture, or Other
3.4	License Information	
3.4.1	Download and complete the attached License Information template References	Attachment
3.5	Background Information	
3.5.1	Has your organization ever failed to complete any work awarded to it?	Yes/No
3.5.2	Why did the organization fail to complete the work awarded?	Fill in the Blank Only visible if the response to 3.5.1 is Yes



Section #	Information or Question	PWS Comments
3.5.3	Have you or your organization ever filed for protection under Federal Bankruptcy Law?	Yes/No
3.5.4		Fill in the Blank
	Bankruptcy Case Number	Only visible if the response to 3.5.3 is Yes
3.5.5		Fill in the Blank
	Name and Location of Bankruptcy Court	Only visible if the response to 3.5.3 is Yes
3.5.6		Fill in the Blank
	Date of Discharge	Only visible if the response to 3.5.3 is Yes
3.5.7		Attachment
	Attach a copy of discharge and copy of petition	Only visible if the response to 3.5.3 is Yes
3.5.8	Have you or your organization been a defendant or respondent in any legal action directly or	Yes/No
	indirectly related to a construction project?	
3.5.9		Fill in the Blank
	Legal Action Case Number	Only visible if the response to 3.5.8 is Yes
3.5.10		Fill in the Blank
	Name and Location of Legal Action Court	Only visible if the response to 3.5.8 is Yes
3.5.11		Fill in the Blank
	Settlement or judgement & any other pleadings	Only visible if the response to 3.5.8 is Yes
3.5.12		Attachment
	Attach a copy of final pleading	Only visible if the response to 3.5.8 is Yes
3.5.13		Fill in the Blank
	Use this space to provide an explanation of the Legal Action	Only visible if the response to 3.5.8 is Yes
3.5.14	Has a claim been filed with your surety based directly or indirectly on a construction project	
	in which your company was involved?	Yes/No
3.5.15		Fill in the Blank
	Use this space to provide an explanation of surety claims	Only visible if the response to 3.5.14 is Yes
3.5.16	Has your company ever failed to complete a bonded obligation?	Yes/No
3.5.17	Use this space to provide an explanation for failure to complete bonded obligation,	
	including; where, when, name of bonding company, name and address of the owner and	Fill in the Blank
	disposition of the matter.	Only visible if the response to 3.5.16 is Yes
3.6	Safety  Durana of Labou Statistics (DLS) Standard to dustry Code	Ellin the Dieni.
3.6.1	Bureau of Labor Statistics (BLS) Standard Industry Code	Fill in the Blank
3.6.2	Download and complete the attached OSHA Template. Re-attach once completed.	Attackers
262	References	Attachment
3.6.3	Have you had any OSHA fines within the last 3 years?	Yes/No
3.6.4	Attach details describing the aircumstances cours and in side at	Attachment
265	Attach details describing the circumstances surrounding each incident	Only visible if the response to 3.6.3 is Yes
3.6.5	Have you had any jobsite fatalities within the last 3 years?	Yes/No
3.6.6	Attach dataile describing the circumstances currounding each incident	Attachment Only visible if the recognise to 2.6.5 is Vec.
267	Attach details describing the circumstances surrounding each incident	Only visible if the response to 3.6.5 is Yes
3.6.7	Attach a copy of the last completed OSHA's Form 300 A	Attachment



Section #	Information or Question	PWS Comments
3.7	Additional Trade and Staff Information	
3.7.1	Trades usually self-performed	Long text response
3.7.2	Percent of work performed by own forces	Percentage
3.7.3	Total # of full-time/permanent staff presently employed by your company	Whole Number
3.7.4	The permanent staff employment includes the following:	Fill in the Blank
3.7.5	Is your company in compliance with EEO requirements	Yes/No
3.8	Financial Information and References	
3.8.1	Download and complete the attached Credit Reference Sheet. Provide three (3) references.  Re-attach once completed. (To be completed by your references) References	Attachment
3.8.2	Download and complete the attached General Financial Information Sheet. Re-attach once	Attachment
	signed and notarized. References	
3.8.3	Select which required document you have attached.	Select One: Letter of Intent from Surety Company Audited Financial Statement
3.8.4	You've selected to provide the required document, Letter of Intent from Surety Company.  Download and complete the attached Letter of Intent from Surety Company Form. Attach a copy of the completed form here. Additionally, mail original Letter of Intent from Surety Company with notarized signature, seal, and stamp to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise, FL, 33351 References	Attachment Only visible if Letter of Intent from Surety Company is selected in section 3.8.3
3.8.5	You've selected to provide the required document, Audited Financial Statement Form.  Download and complete the attached Financial Statement. Attach a copy of the completed  Audited Financial Statement Form and documents as indicated. References	Attachment Only visible if Audited Financial Statement is selected in section 3.8.3
3.8.6	Download and complete the attached Sworn Statement. Attach a copy of the completed Sworn Statement with notarized signature and stamp here. References	Attachment
3.8.7	Download and complete the attached Affidavit of Joint Venture. Attach a copy of the completed Affidavit of Joint Venture with notarized signature and stamp here. Additionally, mail original Affidavit of Joint Venture with notarized signature and stamp to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise, FL, 33351 References	Attachment
3.9	Per License Requirement	
3.9.1	Qualifying Agent Name	Fill in the Blank
3.9.2	Contractor License Number	Fill in the Blank
3.9.3	Download and complete the attached Project Reference Sheet. Provide at least three (3) completed projects from within the last five (5) years that are the most relevant in scope and complexity to schools or educational facilities. Negative change orders should be denoted by a negative sign before the figure (-). Re-attach once completed. References	Attachment
3.9.4	Download and complete the attached Contractor Pre-Qualification Reference Sheets. Provide three (3) references. Re-attach once completed. (To be completed by your references) References	Attachment
3.9.5	Does your company want to apply for Pre-Qualification under an additional license? (1)	Yes/No



Section #	Information or Question	PWS Comments
3.9.6		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.9.5 is Yes
3.9.7		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.9.5 is Yes
3.9.8	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.9.5 is Yes
3.9.9	Download and complete the attached Contractor Pre-Qualification Reference Sheets.	
	Provide three (3) references. Re-attach once completed. (To be completed by your	Attachment
	references) References	Only visible if the response to section 3.9.5 is Yes
3.9.10	Does your company want to apply for Pre-Qualification under an additional license? (2)	Yes/No
3.9.11		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.9.10 is Yes
3.9.12		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.9.10 is Yes
3.9.13	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.9.10 is Yes
3.9.14	Download and complete the attached Contractor Pre-Qualification Reference Sheets.	Attachment
	Provide three (3) references. Re-attach once completed. (To be completed by your	
	references) References	Only visible if the response to section 3.9.10 is Yes
3.9.15	Does your company want to apply for Pre-Qualification under an additional license?	Yes/No
3.9.16		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.9.15 is Yes
3.9.17		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.9.15 is Yes
3.9.18	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.9.15 is Yes
3.9.19	Download and complete the attached Contractor Pre-Qualification Reference Sheets.	
	Provide three (3) references. Re-attach once completed. (To be completed by your	Attachment
	references) References	Only visible if the response to section 3.9.15 is Yes
3.10	Pre-Qualification Renewal and Limit Increase	
3.10.1	Download and complete the attached Credit Reference Sheet. Provide three (3)	
	references. Re-attach once completed. (To be completed by your references) References	Attachment
3.10.2	Download and complete the attached General Financial Information Sheet. Re-attached	
	once signed and notarized. References	Attachment



Section #	Information or Question	PWS Comments
3.10.3		Select One:
		Letter of Intent from Surety Company
	Select which required document you have attached.	Audited Financial Statement
3.10.4	You've selected to provide the required document, Letter of Intent from Surety	
	Company. Download and complete the attached Letter of Intent from Surety Company	
	Form. Attach a copy of the completed form here.	
	Additionally, mail original Letter of Intent from Surety Company with notarized signature,	Attachment
	seal, and stamp to: Procurement & Warehousing Services 7720 West Oakland Park Blvd -	Only visible if Letter of Intent from Surety Company is
	Suite 323, Sunrise, FL, 33351 References	selected in section 3.8.3
3.10.5	You've selected to provide the required document, Audited Financial Statement	Attachment
	Form. Download and complete the attached Financial Statement. Attach a copy of the	Only visible if Audited Financial Statement is selected in
	completed Audited Financial Statement Form and documents as indicated. References	section 3.8.3
3.10.6	Download and complete the attached Sworn Statement. Attach a copy of the completed	Attachment
	Sworn Statement with notarized signature and stamp here. References	
3.10.7	Download and complete the attached Affidavit of Joint Venture. Attach a copy of the	
	completed Affidavit of Joint Venture with notarized signature and stamp here.	
	Additionally, mail original Affidavit of Joint Venture with notarized signature and stamp	
	to: Procurement & Warehousing Services 7720 West Oakland Park Blvd - Suite 323, Sunrise,	
	FL, 33351 References	Attachment
3.10.8	Qualifying Agent Name	Fill in the Blank
3.10.9	Contractor License Number	Fill in the Blank
3.10.10	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Attachment
3.10.11	Download and complete the attached Contractor Pre-qualification Reference	
	Sheets. Provide three (3) references. Re-attach once completed. (To be completed by your	
	references) References	Attachment
3.10.12	Does your company want to apply for pre-qualification under an additional license?	Yes/No
3.10.13		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.10.12 is Yes
3.10.14		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.10.12 is Yes
3.10.15	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.10.12 is Yes
3.10.16	Download and complete the attached Contractor Pre-qualification Reference	
	Sheets. Provide three (3) references. Re-attach once completed. (To be completed by your	Attachment
	references) References	Only visible if the response to section 3.10.12 is Yes



Section #	Information or Question	PWS Comments
3.10.17	Does your company want to apply for pre-qualification under an additional license?	Yes/No
3.10.18		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.10.17 is Yes
3.10.19		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.10.17 is Yes
3.10.20	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.10.17 is Yes
3.10.21	Download and complete the attached Contractor Pre-qualification Reference	
	Sheets. Provide three (3) references. Re-attach once completed. (To be completed by your	Attachment
	references) References	Only visible if the response to section 3.10.17 is Yes
3.10.22	Does your company want to apply for pre-qualification under an additional license?	Yes/No
3.10.23		Fill in the Blank
	Qualifying Agent Name	Only visible if the response to section 3.10.22 is Yes
3.10.24		Fill in the Blank
	Contractor License Number	Only visible if the response to section 3.10.22 is Yes
3.10.25	Download and complete the attached Project Reference Sheet. Provide at least three (3)	
	completed projects from within the last five (5) years that are the most relevant in scope	
	and complexity to schools or educational facilities. Negative change orders should be	Attachment
	denoted by a negative sign before the figure (-). Re-attach once completed. References	Only visible if the response to section 3.10.22 is Yes
3.10.26	Download and complete the attached Contractor Pre-qualification Reference	
	Sheets. Provide three (3) references. Re-attach once completed. (To be completed by your	Attachment
	references) References	Only visible if the response to section 3.10.22 is Yes
3.11		Check this section periodically for updates regarding your
	Pre-Qualification Status Information (for informational purposes only)	pre-qualification status
3.11.1	Pre-Qualification Phase Status	
	Pending Review	
	Pending - Additional Information Required from Supplier	
	Pre-Qualification in Progress	
	Pre-Qualification Approved	The status of your pre-qualification will be updated by PWS
	Pre-Qualification Not Approved	staff as process progresses through the pre-qualification
	Other Status - See Comments	requirements.
3.11.2		If pre-qualified, this is where the details of the pre-
		qualification will be stored; including start date/end date of
	Pre-Qual Current Certificate Information	pre-qualification
3.11.3		If not pre-qualified, this is where the details for not
	Pre-Qualification Not Approved	approving will be provided
3.11.4		This is where the license for which the supplier is pre-
	Pre-Qualified for License (Enter Type):	qualified will be provided.



Section #	Information or Question	PWS Comments
3.11.5	Pre-Qualified for License (Enter Type):	If pre-qualified for more than one license, this is where
3.11.6	Pre-Qualified for License (Enter Type):	additional license information will be stored.
3.11.7	Pre-Qualified for License (Enter Type):	
3.11.8		
	Pre-Qualified for License (Enter Type):	
3.11.9	QSEC Preparation	
3.11.9.1	Pre-Qualification Submitted Date	The dates for each milestone stage of the Pre-Qualification
3.11.9.2	QSEC Date	process will be stored here.
3.11.9.3		The dates for each milestone stage of the Pre-Qualification
		process will be stored here.
		The dates for each milestone stage of the Pre-Qualification
	Board Meeting Date	process will be stored here.





#### Attachments & Templates

There are templates for several of the required attachments in the SPQ. A template is available wherever there is a "References" link in the SPQ.

• The icon for Reference Documents will look like this:



• When you click on the triangle next to the References icon, you will have 2 choices



#### Download all attachments

- O Open the single reference document by clicking on the PDF OR
- o Select the option to Download all attachments

In the pages below you will find the templates available for E/S/M/WBE Certification and Construction Pre-Qualification for your reference





E/S/M/WBE Templates

#### **GENERAL INFORMATION**

#### **Certification Program Intent**

Thank you for your interest in becoming a Small/Minority/Women Business Enterprise (S/M/WBE) Certified firm with the Broward County Public Schools (BCPS). Certification with BCPS will allow your company to sell goods/services as an Emerging Small Business Enterprise (E/SBE), Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE), Minority Business Enterprise (MBE), Minority/Women Business Enterprise (MBE), Small/Minority/Women Business Enterprise (SME), Small/Minority/Women Business Enterprise (SMM/WBE), or Women Business Enterprise (WBE).

#### **Certification Program Eligibility**

Applicants must meet the eligibility criteria as set forth in Policy 3330 Supplier Diversity Outreach Program, and provide required support documents to verify Significant Business Presence (in Tri-County market), business validity, ownership and control, licensing, size standard, and other pertinent information. In addition, firms applying for designation as an M/WBE must provide proof of ethnicity. Certification policies and procedures can be located at www.BrowardSchools.com/SDOP.

#### **BUSINESS ENTERPRISE CERTIFICATIONS**

#### **Emerging Small Business Enterprise (E/SBE)**

A certified SBE corporation, partnership, sole proprietorship, or other legal entity for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories whose annual revenues and number of employees are no greater than twenty-five percent (25%) of the small business size standards for its industry as established by the U.S. Small Business Administration ("SBA") and meets the Significant Business Presence requirements.

#### **Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE)**

A certified M/WBE firm whose annual revenues and number of employees are no greater than twenty-five percent (25%) of the small business size standards for its industry as established by the U.S. Small Business Administration and meets the Significant Business Presence requirements.

#### **Minority Business Enterprise (MBE)**

Any legal entity, except a joint venture, that is organized to engage in for-profit transactions, which is certified as being at least fifty-one percent (51%) owned, managed and controlled by one or more minority group members, and that is ready, willing, and able to sell goods or services that are purchased by the SBBC. To qualify as an MBE, the enterprise annual revenues and number of employees shall be no greater than fifty percent (50%) of the small business size standards for its industry as established by the U.S. Small Business Administration and meets the significant business presence requirements.

#### Minority/Women Business Enterprise (M/WBE)

A firm that is certified as either a minority business enterprise or as a women business enterprise and which is at least fifty-one percent (51%) owned, managed, and controlled by one or more minority group members and/or women, and that is ready, willing, and able to sell goods or services that are purchased by the School District.

#### **Small Business Enterprise (SBE)**

A corporation, partnership, sole proprietorship, or other legal entity for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, and which annual revenues and number of employees shall be no greater than fifty percent (50%) of the small business size standards for its industry(ies) as established by the U.S. Small Business Administration, and meets the significant business presence requirements.

#### Small/Minority/Women Business Enterprise (S/M/WBE)

Any for-profit business firm that is certified as being either small, minority, and/or women-owned, controlled, and managed in accordance with the certification eligibility standards.

#### **Women Business Enterprise (WBE)**

Any legal entity, except a joint venture, that is organized to engage in for-profit transactions, that is certified for purposes of this Policy as being at least fifty-one percent (51%) owned, managed, and controlled by one (1) or more non-minority women individuals that are lawfully residing in, or are citizens of, the United States or its territories, that is ready, willing, and able to sell goods or services that are purchased by the SBBC and that meets the significant business presence requirements. In addition, the annual revenues and number of employees shall be no greater than fifty percent (50%) of the small business size standards for its industry as established by the U.S. Small Business Administration; and meets the significant business presence requirements.

Minority Group Members						
African-Americans (AA)	Persons with origins in any of the black racial groups of Africa.					
Hispanic-Americans (HA)	Persons of Mexican, Puerto Rican, Cuban, Spanish, or Central and South American origin.					
Asian-Pacific Americans (AP)	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.					
Native Americans (NA)	Persons having no less than one-sixteenth (1/16 <sup>th</sup> ) percentage origin in any of the Native American Tribes, as recognized by the U.S. Department of the Interior, Bureau of Indian Affairs and as demonstrated by possession of personal tribal role documents					

### **Employee Names**

Enter the name for each employee as it appears on the attached copy of their 1099 or Form 941

	Employee Name
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### Ownership

Name	Ethnicity	Gender	Years of Ownership	Ownership %	Date Required

## List of Officers / Directors of Corporation / Board of Directors

Name	Ethnicity	Gender	Years of Ownership	Ownership %	Date Required

### Individuals responsible for day-to-day management of the firm

Business Area	Name	Title	Ethnicity	Gender
Finance				
Management				
Estimating				
Human Resources				
Purchasing				
Supervision of Field Operation				
Signing of Contracts				

#### **AFFIDAVIT**

### (Affidavit Page 1)

The undersigned does hereby declare that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

#### Insert Full Name of Applicant Business (Including D/B/A)

Further, the undersigned agrees to provide the Certifying Agency (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own emerging small business enterprise or minority/woman business enterprise procurement and/or construction programs. The undersigned further agrees that, as part of this certification procedure, the AGENCY may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION, and/or to secure additional information or data required to grant to, or withhold from, the applicant business certification as an Emerging Small Business Enterprise (E/SBE) or Emerging Small/Minority/Women Business Enterprise (E/S/M/WBE), or Minority Business Enterprise (MBE), or Minority/Women Business Enterprise (M/WBE), or Small Business Enterprise (SBE), or Small/Minority/Women Business Enterprise (S/M/WBE), or Women Business Enterprise (WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for Certification or Re-Certification.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm.

Further, the undersigned acknowledges on behalf of the applicant business, that the applicant business is ready, willing and able to perform work for Broward County Public Schools and intends to actively compete for such opportunities with the Broward County Public Schools as are within the applicant's scope of business.

Further, the undersigned understands that all documents submitted will become public record.

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation will be grounds for denial of Certification or for De-Certification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

(Affidavit continued on the next page)

#### (Affidavit Page 2)

Furthermore, the undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain Certification; or willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an

E/ S/M/WBE, or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

#### **FRAUD**

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state and federal laws which deal with fraud and perjury. The AGENCY may initiate actions as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

The undersigned acknowledges that certification is normally reviewed every two years however; the AGENCY retains the right to reevaluate the Certification of any firm at any time. The undersigned further acknowledges that should the AGENCY change the eligibility requirements for Certification during the two-year certification period, the applicant must meet all new eligibility requirements in order to retain Certification.

Signature	Name (type or print)
Title	Date
NOTARY STATEMENT	
On this, day of, 20, bei	fore me, the undersigned notary public, appeared (Insert
Name)knc	own to me (or satisfactorily proven) to be the person who did
execute the foregoing affidavit, and represented that he/sh	e was properly authorized by (Insert Name of Applicant
Firm) to execut	te the affidavit and did so as his/her free act and deed.
State of:	
County of:	
Notary Signature:	
My Commission Exp	ires:
(sea	1)





Construction Pre-Qualification Templates

## Disqualification Statement

We have not been disqualifi	ed by any public agend	cy in Florida e	xcept as follows:	
Date:	Name of Orgai	nization:		
		Ву:		
			Authorized Officer of the Con	
State of:	County of:			
Personally appeared before me	e, the undersigned autho	rity,		(name
			er signature in the space provided	
	day of		, 20	
		NOTARY	PUBLIC	
My Commission expires:		STAMP:		
[Company Seal]				

## License

License Number	Certifying Agency

# Safety

Bureau of Labor Statistics (BLS) Standard Industry Code			
OSHA	Year 1	Year 2	Current
Worker's Compensation Experience Modification Rate for			
last 3 years:			
Lost workday cases for last 3 years as recorded on OSHA			
Form 300A, total of columns G & H			
Number of recordable injury/illness cases for last 3 years –			
OSHA recordable totals, OSHA Form 300A total of Columns M			
(1-6) and J			

## **CREDIT REFERENCE**

(MINIMUM of three (3) References)

## Reference 1:

Reference for (Applicant Company									
Name:  Company Name (providing reference):									
Name:				Title:					
Phone Numb	er:			Email Add	lress:				
			QUESTIONS	REGARD	ING CRE	DIT			
Credit Line:	YES	NO	Credit Amoun	t:					
Current	YES	NO	Client How Lo	ng:					
Comments:									
Signature (Person providing reference)  D						Date			
Name and Title							Company Nam	ne	

### Reference 2:

Reference for Name:	or (Ap	plicant Con	npany			
Company N	ame (p	providing r	eference):			
Name:				Title:		
Phone Num	ber:			Email A	ddress:	
			QUESTIO	NS REGAR	DING CR	REDIT
Credit Line:	YES	S NO	Credit Amo	unt:		
Current	YES	S NO	Client How	Long:		
Comments:						
Signature (Person providing reference)						Date
Name and Title					Company Name	

### Reference 3:

Reference for (Applicant Company Name:									
Company Name (providing reference):									
Name:				Title:					
Phone Nun	ıber:			Email A	ddress:				
			QUESTION	IS REGAR	DING CR	EDIT			
Credit Line	YES	S NO	Credit Amou	nt:					
Current	YES	S NO	Client How L	ong:					
Comments									
Signature (Person providing reference)  Date									
Signat	w.c (i c	ison providir	is reference;					Date	
Name and Title							Company N	lame	

## General Financial Information

#### Bank:

Bank Name:				
Bank Address:				
City:		State:	Zip:	
Contact Name for Inquiries:				
Phone		Email Address:		
Number:				

Note: A credit report may be requested of your bank. Your signature below denotes permission to do so.

#### Insurance:

#### *Vendor Insurance Requirements*

- ✓ General Liability/ Commercial General and Contract Liability
  - √ \$1 million each occurrence
  - √ \$1 million general aggregate
  - √ \$1 million Products and Completed Operations
- ✓ Auto Liability
  - ✓ Non-owned, hired and all owned autos \$1 million combined single limit

    If insured does not own any vehicles \$1 million hired and non-owned auto liability is required plus an affidavit stating the insured does not own any vehicles. If insured acquires vehicles during the policy term insured agrees to provide proof of coverage.
- √ Workers' Compensation/Employers Liability
  - ✓ Statutory Limit \$100,000 each accident, \$100,000 disease each employee, \$500,000 disease policy limit
- ✓ Minimum AM Best Rating for Insurers
  - ✓ Alpha Rating: A-
  - ✓ Financial Category: VI
- ✓ Certificate Wording
  - ✓ "The School Board of Broward County, Florida, its members, officers, employees and agents are Additional Insureds' with reference to General Liability."
  - ✓ "All liability policies are primary of all other valid and collectable coverage maintained by the School Board of Broward County, Florida."

Insurance Company Name:			
Agent Company:			
Agent Contact:			
I have attached a copy of current general liability, workman's compensation and auto insurance.	☐ Ye	s 🗆 No	

## Bonding Agency:

Bonding Company Address  City: State: Zip:  Contact Name for Inquiries:  Phone Number:	0 0 7					
Contact Name for Inquiries:  Phone Number: I have attached written verification of bonding capacity.  I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this	Bonding Company Name:					
Contact Name for Inquiries:  Phone Number:  I have attached written verification of bonding capacity.  I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this	Bonding Company Address					
Phone Number:  I have attached written verification of bonding capacity.  I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this	City:	State:	Zip:			
Number:  I have attached written verification of bonding capacity.  Verification must be submitted by licensed surety company rated excellent ("or better) in the current A.M. Best Guide and qualified to do business in the State of Florida  I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this	Contact Name for Inquiries:					
Verification must be submitted by licensed surety company rated excellent ( "or better) in the current A.M. Best Guide and qualified to do business in the State of Florida  I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this		Email Address:				
I hereby certify that the above information is true and complete to the best of my knowledge.  Dated this	I have attached written verification of bonding capacity.  Verification must be submitted by licensed surety company rated exceed or or better) in the current A.M. Best Guide and qualified to do business.					
Dated this						
Name of organization  By: Title:  (An authorized officer of the company, the owner, or sole proprietor, as appropriate must sign the application of the company of the company.  State of: County of:  Personally appeared before me, the undersigned authority,	I hereby certify that the above information	is true and complete to th	ne best of my knowle	edge.		
Name of organization  By: Title:  (An authorized officer of the company, the owner, or sole proprietor, as appropriate must sign the application of the company of the company.  State of: County of:  Personally appeared before me, the undersigned authority,	Dated this	day of		, 20 .		
By: Title:  (An authorized officer of the company, the owner, or sole proprietor, as appropriate must sign the application of the company of the company of the company of the application of the company of the company of the application of the company of the company of the application of the company of the application of the company of the company of the application of the company of the company of the company of the company of the application of the company of the company of the company of the application of the company of the company of the company of the company of the application of the company of the company of the company of the application of the company of th						
(An authorized officer of the company, the owner, or sole proprietor, as appropriate must sign the application of the company, the owner, or sole proprietor, as appropriate must sign the application of the company, the application of the application of the company, the application of the						
State of: County of:  Personally appeared before me, the undersigned authority,	• -		as appropriate mus	 t sign the application		
Personally appeared before me, the undersigned authority,						
	State of:	County of: _				
(name of individual signing) who, after first being sworn by me, affixed his/her signature in the space provi	Personally appeared before me, the under	signed authority,				
		-				
above on this, 20,						
NOTARY PUBLIC		NOTAF	RY PUBLIC			
Mv Commission expires: STAMP:						

# Letter of Intent from Surety Company

The School Board of Broward County, Florida, 7720 West Oakland Park Blvd, Suite 323, Sunrise, FL 33351 Administrator:

This is to advise that, until fur	ther notice in	writing to you, we agree	to provide bonds on be	half of
	coveri	ng construction in the am	nount of \$	for any single
contract and \$	in	the aggregate of outstar	nding contracts.	
When more than one surety i this letter of intent, and a sep that it shall be jointly and sev	arate limit in	dicated for the surety on	this letter of intent, ea	ach surety agrees
Performance Rating:				
Financial Size:				
		Name of Surety		
		Nume of Surety		
By:				
		(Affix Seal)		
Sworn to and subscribed bef	ore me this	day of	, 20	
Notary Public				
My commission expires:				
		(Notary Seal/Stamp)		
Printed	d, typed, or sta	amped commissioned na	me of notary public	

#### **SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1.	This sworn statement is submitted to		by
2.	This sworn statement is submitted by		 whose
	business address is		and (if
	applicable) its Federal Employer Identification Number (FEIN) is		
3.	My name is	$\underline{}$ and my relationship to the $\epsilon$	entity named above
	is		

- 4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state of federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- 5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without an adjudication of guilt, in any federal of state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- 6. I understand that a "public entity crime: as defined in Paragraph 287.133(1)(g), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime: or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- 7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

My Commission	expires:	STAMP:	
individual signing		y,xed his/her signature in the space provided above on this, 20  NOTARY PUBLIC	(name o
State of:		County of:	_
		Date	_
		Signature	_
	-	en placed on the convicted vendor list. [Please ending with the Department of General Services.]	
	subsequent proceeding before a Administrative Hearings. The final it was in the public interest to rer	d on the convicted vendor list. There has been a hearing officer of the State of Florida, Division of al order entered by the hearing officer determined that move the person or affiliate from the convicted vendor aken by or pending with the Department of General	
	State of Florida, Division of Admir	cerning the conviction before a hearing office of the nistrative Hearings. The final order entered by the person or affiliate on the convicted vendor list. [Please	!
	executives, partners, shareholder management of the entity or, an	statement, or one or more of the officers, directors, or, employees, members, or agents who are active in affiliate of the entity has been charged with and subsequent to July 1, 1989, AND [Please indicate es].	
	executives, partners, shareholder	s sworn statement, nor any officers, directors, rs, employees, members, or agents who are active in any affiliate of the entity have been charged with and subsequent to July 1, 1989.	



## **Affidavit of Joint Venture**

## State of Florida County of Broward

Before	me, the undersigned	authorities, personally	appeared	and				
		(called "Affiants"), w	ho being first respectively dul	y sworn, depose and say:				
1.	Affiants as officers or	principals of the unde	rsigned entities, are represent	atives of the joint venture				
	known as	known aslocated						
				and is duly				
	authorized to file this	affidavit on behalf of	the joint venture.					
2.	Affiants state that the joint venture is registered or certified to engage in the construction business in							
	the State of Florida and bears the registration or certification number							
	dated	dated and is issued at						
3.			ure as required for pre-qualific					
	Board of Broward Co	unty, Florida Project N	umber	·				
Signa	represent as indicate		int Venture Agreement are Aff  Signature	iants and the entities they  Date				
	(Print name of com	pany and Title)	(Print name of	f company and Title)				
The fo	regoing instrument wa	s subscribed and swor	n to by					
before	me this	day of	, 2	0				
			NOTARY PUBLIC					
My Cor	mmission expires:		STAMP:					

# Relevant Project Experience

Provide at least three (3) completed projects from within the last five (5) years that are the most relevant in scope and complexity to schools or educational facilities.

## Project 1

Relevant Classific	ation Codes:					
<b>Company Name:</b>						
Name of Owner:						
Company Street A	Address:					
City:		State:			Zip:	
Phone Number:		Email Address:				
Project Name & L	ocation:					
Description of Work performed						
Prime or Sub-Con	tractor					
Architect/Engine	er					
Person in charge						
Original Contract Amount		Change Order Amount			Bond Amount	
Date Commenced			Date Con	npleted		
Was time extensi	on necessary?					_
Were any penalti	es imposed?					
Were liens, claim	s or stop notices f	filed?				

## Project 2

Relevant Classification Codes:						
Company Name:						
Name of Owner:						
Company Street	Address:					
City:		State:			Zip:	
Phone Number:		Email Address:				
Project Name &	Location:					
Description of Work performed						
Prime or Sub-Co	ntractor					
Architect/Engine	eer					
Person in charge						
Original Contract Amount		Change Order Amount			Bond Amount	
Date Commenced			Date Con	npleted		
Was time extension necessary?						
Were any penalties imposed?						
Were liens, claims or stop notices filed?		filed?				

## Project 3

Relevant Classification Codes:						
Company Name:						
Name of Owner:						
Company Street	Address:					
City:		State:			Zip:	
Phone Number:		Email Address:				
Project Name &	Location:					
Description of Work performed						
Prime or Sub-Co	ntractor					
Architect/Engine	er					
Person in charge						
Original Contract Amount		Change Order Amount			Bond Amount	
Date Commenced			Date Com	pleted		
Was time extension necessary?						
Were any penalt	ies imposed?					
Were liens, claims or stop notices filed?		filed?				

# Reference Sheet(s)

Reference Signature

Minimum of Three (3) References

Ref	erence 1:				
	mpany seeking pre-qualification				
	ference Company		Date Rece		
Re	ference Name and Title		Phone Nu	mber	
Ite	m	Excellent	Good	Satisfactory	Unsatisfactory
a)	Quality of workmanship				
b)	Cooperation/Responsiveness				
c)	Communication				
d)	Adherence to schedule				
e)	Safety record				
f)	Job site cleanliness				
g)	Technical knowledge of staff				
h)	Management of project				
i)	Site organization and planning				
j)	Adherence to direct purchase procedur (if applicable)	re 🗆			
k)	Draw requests/completeness				
I)	Document/close out processing				
m)	Adherence to codes/documents				
n)	Overall satisfaction				
W	hat size was the job they did for you	?			
	hat year was the project completed?				
	ould you hire the contractor again?				
Co	mments, complaints, ideas, suggesti	ions			

Date Completed

## Reference 2:

Company seeking pre-qualification								
Reference Company			Date Received					
Re	ference Name and Title		Phone Nui	mber				
Iter	n	Excellent	Good	Satisfactory	Unsatisfactory			
o)	Quality of workmanship							
p)	Cooperation/Responsiveness							
q)	Communication							
r)	Adherence to schedule							
s)	Safety record							
t)	Job site cleanliness							
u)	Technical knowledge of staff							
v)	Management of project							
w)	Site organization and planning							
x)	Adherence to direct purchase proced (if applicable)	dure 🗆						
y)	Draw requests/completeness							
z)	Document/close out processing							
aa)	Adherence to codes/documents							
bb)	Overall satisfaction							
W	nat size was the job they did for yo	ou?						
Wł	nat year was the project complete	ed?						
	ould you hire the contractor again							
Co	mments, complaints, ideas, sugge	stions						
Ref	ference Signature		Da	ate Completed				

## Reference 3:

Company seeking pre-qualification				
Reference Company		Date Rece	ived	
Reference Name and Title		Phone Nu	mber	
Item	Excellent	Good	Satisfactory	Unsatisfactory
cc) Quality of workmanship				
dd) Cooperation/Responsiveness				
ee) Communication				
ff) Adherence to schedule				
gg) Safety record				
hh) Job site cleanliness				
ii) Technical knowledge of staff				
jj) Management of project				
kk) Site organization and planning				
II) Adherence to direct purchase procedure (if applicable)				
mm) Draw requests/completeness				
nn) Document/close out processing				
oo) Adherence to codes/documents				
pp) Overall satisfaction				
What size was the job they did for you?				
What year was the project completed?				
Would you hire the contractor again?				
Comments, complaints, ideas, suggestions				
Reference Signature		Da	ate Completed	