



VENDOR QUALIFICATION FORM – COMPLETION GUIDE

SSOE Group requires that all Vendors performing work in support of an SSOE or Client project complete a Qualification form in order to be included in our Active Vendor Database.

Vendor Type	Description	Complete Sections	Provide
Services (On-Site)	Project related services (Contractor, Subcontractors), which have on-site activity responsibilities.	1, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D, 5, 5A, 6, 7	W-9, Confidentiality Agreement , Certificate of Insurance, OSHA 300 Log (Past 5 Years), Experience Modification Rating Form (5 Yrs)
Services (On-Site)	Consultants, A&E (Engineering Services, Surveying, Geotechnical, CAD/Modeling Support, Laser Scanning, Technical Advisors)	1, 2, 2A, 2B, 2C, 3, 3A, 3B, 4A, 4B, 5A, 6, 7	W-9, Confidentiality Agreement , Certificate of Insurance, OSHA 300 Log (Past 5 Years), Experience Modification Rating Form (5 Yrs)
Services (Off-Site)	Project related Services (Engineering Services, Surveying, Geotechnical, CAD/Modeling Support, Laser Scanning, Technical Advisors) which do not have on-site activities	1, 2, 2A, 2B, 2C, 4A, 4B, 5A, 6, 7	W-9, Confidentiality Agreement
Supplier	Vendors which solely manufacture, furnish, transport, pick up, deliver, or carry materials, personnel, parts or equipment in support of or to/from the Project Site.	1, 2, 2A,2B, 2C, 4A, 4B, 5A,7	W-9, Confidentiality Agreement

If you do not fall within one of the categories above, please contact procurement@ssoe.com and specific qualification needs can be addressed and identified as necessary.



VENDOR QUALIFICATION FORM

General Information – Section 1

Legal Business Name: _____ Taxpayer ID #: Per W9
Address: _____
City, State, Zip: _____
Contact: _____ Title: _____
Email: _____ Phone (): _____
Web Address: _____

Firm Information – Section 2

Business Type: _____ Company Type: _____ Labor Affiliation: _____
Years in Business: _____ State of Incorporation: _____ Date of Incorporation: _____
Total number of Employees: Office: _____ Shop: _____ Field: _____
Duns & Bradstreet No: _____ D&B PAYDEX Score: _____
If Known

Diversity Classifications – Section 2A

Business Type: (Select all that Apply): (Hold Ctrl for Multi. Select)
If Minority (Type)

A full list of size standards by applicable NAICS code(s) can be found at: https://www.sba.gov/size-standards/

A copy of applicable certificate(s) must accompany this form in order to be entered into the SSOE database as a diverse vendor.

Corporate Officers, Partners and/or Proprietors of your firm – Section 2B

Table with 3 columns: Name, Title, % Ownership. Multiple rows for listing officers/partners.

If additional space is required or if any of the above officers have ever done business with SSOE through another company, please explain on a separate sheet and attach with submittal of this document.

Bank Information – Section 2C

Bank Name: _____ Country: _____
Address: _____
City, State, Zip: _____
Account Number: _____ Account Name: _____
Account Type: _____ Currency: _____
Bank Code (ABA): _____ Swift Code: _____
Accounts Receivable Contact: _____ Email: _____
Remittance Information to be sent to - (_____):

Bank References:

Financial Institution: _____ Line of Credit: _____
Address: _____
Contact: _____ Phone: _____
Financial Institution: _____ Line of Credit: _____
Address: _____
Contact: _____ Phone: _____
Financial Institution: _____ Line of Credit: _____
Address: _____
Contact: _____ Phone: _____

Safety and Quality – Section 3

Does your firm have a Safety Director or other safety professional(s) on staff? _____
If yes, Contact Name: _____ Phone: _____
Email: _____
Does your company have a written Safety and Health Program? _____
Do you provide additional Technical Safety Training for specific tasks? _____
Select all applicable drug and alcohol testing requirements your firm employs: (Hold Ctrl for Multi. Select)

Quality Management – Section 3A

Is your firm ISO Certified? _____
Describe your Quality Management System:

OSHA – Section 3B

Fill in the following information for the last (5) available years

	2018	2017	2016	2015	2014
Experience Modification Rate (EMR) <i>Please provide the certificates for the required years from your insurance Provider for documentation. No Group Rating</i>					
Total Employee Hours Worked (EHW)					
Average # of Employees Annually					
Total Number of Recordable Cases (RC) <i>(OSHA 300 Log; Sum of Categories G, H, I and J)</i>					
Total Recordable Incident Rate (TRIR) <i>(RC * 200,000) / EHW</i>					
Total Number of Cases Away, Restricted or Transferred (CART) <i>(OSHA 300 Log; Category I)</i>					
Days Away, Restricted or Transferred (DART) <i>(CART * 200,000) / EHW</i>					
Total Lost Workday Cases (LWDC) <i>(OSHA 300 Log, Category H)</i>					
Lost Workday Case Incident Rate (LWCIR) <i>(LWDC*200,000) / EHW</i>					
Total Number of Fatalities (F) <i>(OSHA 300 Log, Category G)</i>					
Severity Rate <i>(LWDC / EHW)</i>					

Has your firm had any job related fatalities within the last five (5) years? _____

Has your firm had any OSHA or EPA citations during the past (5) years? _____

**If yes to either of the above, attach details of the incident including root cause analysis and corrective actions taken or planned on the conditions that caused the incident.*

Are your supervisors 30-hr OSHA Trained? _____ If yes, what is the percentage complete? ____%

Are your employees 10-hr OSHA Trained? _____ If yes, what is the percentage complete? ____%

Project – Section 4

To best align with your firm on upcoming opportunities please provide the following project related information

Years of Experience in Construction: ____ (As a Prime Contractor: ____ As a Subcontractor: ____)

Typical % of Work Self-Performed: ____

Work Performed – Section 4A

Please enter all NAICS codes that your firm performs (www.naics.com):

Select all geographical areas where your firm is properly licensed and/or will provide quotes for work:

(Proper licensure will be required for award on any project) (Hold Ctrl for Multi. Select)

Insurance – Section 4B

Insurance Company: _____

Insurance Agent: _____ Phone: _____

Submit a Sample Certificate of Insurance showing coverage and limits with this Form

Note: Actual coverage requirements may vary based on Client/Location. Actual COI with Additional Insured Endorsements will be required upon any subsequent award.

Does your firm currently carry, or can you obtain, the following Insurance coverage?

Worker’s Compensation \$1,000,000 ____ General Liability \$1,000,000 ____

Automobile Liability \$1,000,000 ____ Employer Liability \$1,000,000 ____

Professional Liability \$1,000,000 ____ Umbrella \$5,000,000 ____

Bonding – Section 4C

Bond Company: _____

Bond Contact: _____ Phone: _____

Bonding Capacity – Total: ____ Available: ____ Bond Rate: ____

Labor Affiliations – Section 4D

Trade National Agreement Local Agreement Expiration Date

Trade National Agreement Local Agreement Expiration Date

Work History – Section 5

Current Year Company Workload: \$ _____ Current Year Backlog: \$ _____

Largest Project Performed: \$ _____ Year: _____

List data for the three most recent completed fiscal years

Include a copy of your firm's most recent Balance sheet, audited if available

Year 1: \$ _____ \$ _____
Max Contract Value Completed Annual Company Revenue

Year 2: \$ _____ \$ _____
Max Contract Value Completed Annual Company Revenue

Year 3: \$ _____ \$ _____
Max Contract Value Completed Annual Company Revenue

References

Project References – Section 5A

Project Name: _____ Location: _____
Client (): _____ Contract Value: _____
Contact: _____ Phone: _____ Email: _____
Describe Work Performed (below) Completed: _____

Project Name: _____ Location: _____
Client (): _____ Contract Value: _____
Contact: _____ Phone: _____ Email: _____
Describe Work Performed (below) Completed: _____

Project Name: _____ Location: _____
Client (): _____ Contract Value: _____
Contact: _____ Phone: _____ Email: _____
Describe Work Performed (below) Completed: _____

Supplier – Section 5B

Company: _____
Address: _____
Contact: _____ Phone: _____ Email: _____

Company: _____
Address: _____
Contact: _____ Phone: _____ Email: _____

Virtual Design and Construction – Section 6

Modeling Capabilities

Does your firm have 3D BIM or Fabrication modeling in house? _____

If yes, please identify applications and versions being utilized, preferred file formats able to open/import, file formats able to be save/export:

What 3D collaboration and 3D viewer applications does your firm utilize?

What 3D point layout applications does your firm have/use?

How are large model files transferred and received by your firm?

Provide Ranking for the following, as they apply to the capabilities of your firm:

Familiar in Level of Development (LOD) 100-400 as a basis for 3D modeling:

Can meet a 3D Fabrication LOD of 400 requirement:

Open/View/Understand 3D Building Information Modeling (BIM) Files**:

Modify/Update/Return 3D BIM or Fabrication Files**

***Design Intent Models with written scope /specification or performance specifications*

3D Planning/Construction Capabilities

Does your firm have a BIM or Model execution Plan? _____

Can your firm Supply a Fabrication BIM Use Plan on how you will execute 3D modeling and coordination requirements? _____

Does your firm have a BIM or VDC Manager? _____

How does your firm disseminate information from the project and model(s) to the field forces?

Is BIM in a box or virtual box on the jobsite utilized? _____

If yes, can you provide a specification on the technical requirements? _____

Do you use any mobile /tablet technology for viewing models during Construction? _____

If yes, what type of hardware?

Has it been successful? _____

Provide Ranking for the following, as they apply to the capabilities of your firm:

Perform a Construction job with model viewing stations:

Participation in a VDC Collaboration Meeting with 3D Model:

Use 3D Point Layout Software in conjunction with surveying equipment

Signature - Section 7

PENALTIES FOR FALSE MISREPRESENTATION

FAR 52-219 (e)(4) Misrepresentations of business status as a small, small disadvantaged, small women-owned, small veteran-owned (including service disabled), and HUBZone small business concern for the purpose of obtaining a subcontract that is to be included as part of all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties. Additionally, under 15 U.S.C. 645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(d), 9 or 15 of the Small Business Act or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall:

- (1) be punished by imposition of fine, imprisonment, or both;*
- (2) be subject to administrative remedies, including suspension and debarment; and*
- (3) be ineligible for participation in programs conducted under the authority of the act.*

I hereby certify that the information provided is current, accurate, and complete. I further certify that I will notify SSOE of any changes to said information provided.

Signature

Printed

Title

Date