



Contractor Qualification Questionnaire

Welcome, new subcontractors and vendors!

To better serve our clients, the Diocese of Cleveland Facilities Services (DCFS) maintains a pre-qualified subcontractor/vendor list that is continuously reviewed and updated. DCFS requires that all subcontractors and vendors submit a response to our "Contractor Qualification Questionnaire." All submitted information is held in strict confidence.

- Print out this document
- Fill out the form completely
- Mail the completed form along with a copy of your Certificate of Premium Payment – Ohio Bureau of Worker's Compensation, Certificate of Liability Insurance, current financial statement (if specifically requested) and other required documents to the following address:

Diocese of Cleveland Facilities Services
1404 East Ninth Street
Cleveland, Ohio 44114

ATTN: Director of Facilities Management & Capital Projects

Or if preferred, email to:

facilities@dioceseofcleveland.org; dmartin@dioceseofcleveland.org

Be sure to provide all requested details to prevent any delay in the pre-qualification process. If you have any questions or require assistance, please contact DCFS at 216.696.6525 or email at facilities@dioceseofcleveland.org.

Contractor Qualification Questionnaire

1. Date: _____
2. Company: _____
3. Address: _____

4. Website: _____
5. Phone: _____ Fax: _____
6. Contact Person(s): _____
7. E-mail Address: _____
8. How many years has your firm been in business as a contractor: _____ How many years has your firm been in business under its present name? _____ Under what other or former names has your organization operated? _____

9. Tax ID Number: _____
10. Type of Organization (please check one):
 - Corporation
 - Partnership
 - Individually
 - Other (describe) _____

Date of incorporation or organization: _____

Please provide names, titles of principals (e.g., CEO, president, partners, owner), and parish affiliation if any:

11. Is your company union or non-union? _____
If union, please list all locals that you are signatory to:

16. Trades / Division(s) of Work: (Please check all that best describe your company's function)

- | | |
|--|--|
| <input type="checkbox"/> Asbestos Mitigation | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Excavation/Demolition | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Security |
| <input type="checkbox"/> Gutters/Siding | <input type="checkbox"/> Specialty Finishes |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Life Safety | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Masonry | |

17. Preferred Region(s) of Work: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Ashland County | <input type="checkbox"/> Cuyahoga County |
| <input type="checkbox"/> Medina County | <input type="checkbox"/> Lake / Geauga County |
| <input type="checkbox"/> Wayne County | <input type="checkbox"/> Summit County |
| <input type="checkbox"/> Lorain County | |

18. What is your firm's project size capacity? (Please state minimum and maximum project values.)

Minimum: \$ _____ Maximum: _____

19. Preferred Project Size: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$200,000 - \$500,000 |
| <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 |
| <input type="checkbox"/> \$100,000 - \$200,000 | <input type="checkbox"/> \$1,000,000 - \$3,000,000 + |

20. Safety (for companies with more than 5 employees)

Do you have a written Safety Package? Yes No

Current Incident Rating: _____

To calculate:
$$\frac{[\# \text{ (Recordable Injuries or Lost Work Day Injuries)} \times 200,000]}{\text{Exposure Hours}} = \text{Incident Rate}$$

(RIR or LWIR)

Please provide your company's Experience Modification Rate (EMR) for the past three years, and *attach proof of current EMR from your insurance agent.*

Year (current): _____ EMR Rating: _____

Year: _____ EMR Rating: _____

Year: _____ EMR Rating: _____

Has OSHA cited you in the past three years? Yes No

If yes, explain in detail and attach to this form.

21. Quality

Does your firm have a written quality plan? Yes No

Does your firm have a quality officer? Yes No

If yes, please provide the following information:

Name: _____ Title: _____

Phone: _____

22. Does your firm have AutoCAD capability? Yes No

Software version: _____

23. Does your firm have design/build capability? Yes No

If yes, please provide the following information:

Typical amount of work self-performed: _____%

Total number of employees: _____

List design/build projects completed within the past two years:

24. References

OWNERS / GENERAL CONTRACTORS

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

ARCHITECTS

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

SUPPLIERS

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

BANK

Company Name: _____
Contact Person/Title: _____
Address: _____
Phone: _____ Fax: _____

25. Please list your professional liability insurance carrier and limits and **provide a copy of your Certificate of Liability Insurance:**

27. Claims & Suits (If the answer to any of the questions below is yes, please attach details.)

Has your organization ever failed to complete any work awarded to it? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

Has your organization filed any law suits or requested arbitration with regard to construction contracts with the last five years? Yes No

Within the last five years, has any officer or principal or your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes No

28. **IF SPECIFICALLY REQUESTED**, for all major projects contractor may be required to submit a CURRENT financial statement, preferably audited, including your organization’s latest balance sheet and income statement, showing current assets, net fixed assets, other assets, current liabilities, and other liabilities. All information will be kept in strict confidence.

Who prepared the attached financial statement?

Firm name: _____ Address:

Date prepared: _____ Is

the attached financial statement for the organization named on page one? Yes No If

not, please explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent, subsidiary). _____

Will the organization whose financial statement is attached act as a guarantor of the contract for construction? Yes No

The Contractor Qualification Questionnaire **must** be filled out completely. For confidential purposes, please send all completed forms and attachments in a sealed envelope to:

Diocese of Cleveland Facilities Services Corporation
1404 East Ninth Street
Cleveland, Ohio 44114