

Supplier Qualification Statement



This is an electronic form to be filled out and sent back to Contracts Administration and uploaded to your GRMS account. Please fill in all the spaces provided. Use your **Tab** key to move to the next box. For experience and financial information please forward and/or send copies for the information requested.

Date:	_____	Entity Designation
Company Name:	_____	Corporation
Contact Name/Title:	_____	Partnership
Street Address: City,	_____	Sole Proprietorship
State, Zip Code:	_____	Joint Venture
Telephone Number:	_____	Cellular Number: _____
Fax Number:	_____	Email Address: _____
Contractor's License #:	_____	Class (es): _____ State: _____
Federal Identification #:	_____	
Last Date Company provided services to CBRE: _____		
Is 24-Hour Service available:	Yes No	Phone #: _____
If yes, contact name:	_____	

A. Type of Work

- | | | |
|-------------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Elevator | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Landscape | <input type="checkbox"/> Finish Trade |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Roofing | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

B. Organization

- How many years in business: _____
- How many years under its present name: _____
- Under what other names has your organization operated: _____
- Number of Employees: _____
- Geographic Territory: _____
- If organization is a **corporation**
 - Date of Incorporation: _____
 - President's name: _____
 - Secretary's name: _____
 - State of Incorporation: _____
 - Vice-President's name: _____
 - Treasurer's name: _____

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B. Organization Continued

7. If organization is a **partnership**

- a. Date of Organization: _____ c. Type of Partnership: _____ *(If applicable)*
b. Name(s) of general partner(s): _____

8. If organization is **individually owned**

- a. Date of Organization: _____
b. Name(s) of general partner(s): _____

9. If organization is in another form than listed above, please describe and name principals:

- a. _____
b. _____
c. _____

10. Please name the principal owners/managers of the organization who have contract signing/execution authority:

- a. _____
b. _____
c. _____

11. Technology, please mark all the following below that your organization utilizes

Web Based connectivity

Email, please list email addresses of key personnel of your organization

Website, if so please list _____

Microsoft Project

Web based tracking and/or reporting

C. Women, Minority, Disadvantaged or Disabled Veteran Business

Yes No If yes, please indicate the status below and attach copy of certification.

African American	Male	Female
Asian Pacific American	Male	Female
Disadvantaged	Male	Female
Hispanic American	Male	Female
Military Disabled	Male	Female
Disabled	Male	Female
Native American	Male	Female
LGBT	Male	Female

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D. Licensing

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers (if applicable). Please attach copy of contractor's license / registration.

a. _____

2. List jurisdictions in which your organization's partnership or trade name is filed.

a. _____

E. Experience

1. List the categories and the approximate percentage of work that your organization primarily performs with its own work force.

Category

Percentage Self Performed

a. _____

_____ %

b. _____

_____ %

c. _____

_____ %

F. Claims and Suits

If the answer to any of the following four questions below is YES, please attach details.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has your organization ever failed to complete any work awarded to it? | Yes | No |
| 2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? | Yes | No |
| 3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past five (5) years? | Yes | No |
| 4. Within the past five (5) years, has any officer of principal of your organization ever been an officer of principal of another organization when it failed to complete a construction contract? | Yes | No |

G. References

1. Trade References: _____
2. Recent completed Projects Customer References [Name, Title, Company, Project Size and Name, Value, Phone Number, Address] (please list at least five (5) within the past two (2) years):
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
3. Bank References: _____
4. Surety: Please supply the name, address and phone number of bonding company and agency / agent:
 - a. Name: _____
 - b. Address: _____
 - c. Phone #: _____
 - d. Agency/Agent: _____

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G. References Continued

5. Bonding Limit: _____
- a. Bonding Company: _____ c. Phone # _____
- b. Agent: _____

H. Financial Information

1. Please provide a financial statement of the past two (2) years along with this current year, preferably audited, including your organization's latest balance sheet and income statement showing the following:
 - Current Assets (Cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses)
 - Net Fixed Assets
 - Other Assets
 - Current Liabilities (accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)
 - Other Liabilities (capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings)
2. Name and address of firm preparing the financial statement:
 - a. Company Name: _____
 - b. Address: _____
 - c. Telephone #: _____
 - d. Date Prepared: _____
3. Is the financial statement for the identical organization named on page one? Yes No

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidary).

4. Will the organization whose financial statement is to be sent act as guarantor of the contract for construction? Yes No

I. Additional Comments

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J. Governmental Relationships

- i. Will you interact with any governmental agencies or officials as part of the services to be rendered to JPMC?

No ☐ Yes ☐

If **YES**, indicate which governmental agencies or officials you will interact with and in what capacity?

[Click here to enter text.](#)

- ii. Do you have any current or former Governmental Officials¹ employed by your firm? If **YES**, provide details in [Table 14.](#)

No ☐ Yes ☐

Table 14: Current/Former Governmental Official Employed

Address	Current/Former	Position in Firm	Governmental Position or Relationship

[Attached list of Current/Former Governmental Officials employed by your firm.](#)

- iii. Describe your Firm's present or prior relationship(s) with Governmental Officials, if any:

[Click here to enter text.](#)

- iv. Was your Firm recommended by a Governmental official? If **YES**, please provide their name, functional title, department/agency, and location.

No ☐ Yes ☐

¹ A "Governmental Official" includes all officials, employees (regardless of rank or level), or agents of any of the following: U.S. and non-U.S. Government bodies, departments, agencies or instrumentalities; Government-controlled entities (e.g., a sovereign wealth fund or state-owned entity); Public international organizations (e.g., The World Bank, International Monetary Fund, United Nations) and Political parties or candidates for political office. **For purposes of this questionnaire, exclude mandatory military service and members of the military below commissioned officer level.**

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K. Certification

This certification statement must be completed by a 'Key Person' of the Firm. "Key Person" is defined as the employee, agent or representative of the supplier, who is performing the registration and has the authority to bind the company.

I, *(insert full name)* state that I am *(insert title)* of the Firm, and that I have read and understand the questions contained within the attached representations and warranties statement and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful as of the date hereof.

I acknowledge that CBRE may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing CBRE to enter into an Agreement for the Firm to provide services to JPMC.

I agree and warrant that truthfully answering the questions about these representations and warranties is an event entirely within my control.

I authorize CBRE to contact any entity named in the attached representations and warranties for purposes of verifying the information supplied by the Firm.

Name (print):

Title:

Date:

Signature: _____

(I have the authority to bind the company)