

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.

Company & Contact Information (Please complete all sections)

Date:			Entity Designation	
Company Name:			Corporation	<input type="checkbox"/>
Contact Name/Title:			Partnership	<input type="checkbox"/>
Street Address: City,			Sole Proprietorship	<input type="checkbox"/>
State, Zip Code:			Joint Venture	<input type="checkbox"/>
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:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Contact Name:		Phone #:		

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

1. Number of years in the business:			
2. Number of years under its present name:			
3. Other names your organization operated:			
4. Number of Employees:			
5. Geographical Territory:			
6. If the organization is a corporation :			
a. Date of Incorporation:		d. State of Incorporation:	
b. President's name:		e. Vice President's name:	
c. Secretary's name:		f. Treasurer's name:	
7. If the organization is a partnership :			
a. Date of Organization:		c. Type of Partnership:	(if applicable)
b. Name(s) of general partner(s):			

B. Organization (continued)

8. If the organization is **individually owned**:

a. Date of Organization:

b. Name(s) of general partner(s):

9. If the organization is 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 the 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** a copy of the certification.

☐ African American

☐ Male

☐ Female

☐ Asian African American

☐ Male

☐ Female

☐ Disadvantaged

☐ Male

☐ Female

☐ Hispanic American

☐ Male

☐ Female

☐ Military Disabled

☐ Male

☐ Female

☐ Disabled

☐ Male

☐ Female

☐ Native American

☐ Male

☐ Female

☐ LGBT

☐ Male

☐ Female

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** a copy of the 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 workforce.

Category	% 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your organization filed any lawsuits or requested arbitration with regard to service and/or construction contracts within the past five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Within the past five (5) years, has any officer of the principal of your organization ever been an officer of the principal of another organization when it failed to complete a construction contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. References and Bonding

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:		c. Phone #:	
b. Address:		d. Agency/Agent:	
5. Bonding Limit:	(please provide)		
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

H. Financial Information (continued)

- 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

4. Will the organization whose financial statement is to be sent act as guarantor of the contract for construction?

☐ Yes

☐ No

I. Additional Comments

J. Governmental Relationships

1. 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.

2. 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.

3. Does the Entity, and/or any beneficial owner (as defined above) of the Entity, conduct business activity in, or with counterparties in, an OFAC Sanctioned Country²/Region, or with Sanctioned Parties?

☐ 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.**

² The current OFAC Sanctioned Countries/Regions are Crimea, Cuba, Iran, North Korea and Syria (subject to change). Targeted Sectoral Sanctions are also in place for Russia and Venezuela.

J. Governmental Relationships (continued)

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

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

☐ No ☐ Yes

K. Anti-Corruption: Third-Party Intermediaries (TPIs)

1. Will you interact with third parties on behalf of JPMC in order to help obtain government or regulatory actions or approvals? (e.g. obtaining government permits or licenses, representing JPMC in front of tax authorities, etc.)

☐ No ☐ Yes

L. Compass Eligibility (CIPO)

1. Will you be transmitting/sending, storing, processing, receiving, or having access to JPMC data and information?

Transmit/Send	<input type="checkbox"/>
Store	<input type="checkbox"/>
Process	<input type="checkbox"/>
Receive	<input type="checkbox"/>
Access	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Does the engagement involve a supplier-hosted, externally facing application that processes, stores, or transmits JPMC data?

☐ No ☐ Yes

M. 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 are 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)