

# CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

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## SECTION I - GENERAL INFORMATION

1A. NAME			2. TYPE OF ORGANIZATION <i>(Check one)</i>				
1B. STREET ADDRESS			A. SOLE PROPRIETORSHIP	F. LIMITED LIABILITY COMPANY			
			B. GENERAL PARTNERSHIP	G. JOINT VENTURE			
1C. CITY			1D. STATE		1E. ZIP CODE		
			C. LIMITED PARTNERSHIP		H. TRUST		
3. TAXPAYER ID NUMBER			D. CORPORATION		I. OTHER <i>(Specify below)</i>		
			E. SUBCHAPTER S CORPORATION				
6. TRADE STYLE NAME <i>(Provide a copy of filing)</i>			7. KIND OF PRODUCT OR SERVICE PROVIDED				
8. FORMER BUSINESS NAME			10. INVENTORY VALUATION METHOD				
9. KIND OF BUSINESS			A. LIFO		C. AVERAGE COST		
			B. FIFO		D. OTHER <i>(Specify)</i>		
						D. RETAILER	
						E. OTHER <i>(Specify)</i>	
A. MANUFACTURER		B. CONTRACTOR		C. WHOLESALER			
B. CONTRACTOR							
C. WHOLESALER							

## 11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

NAME	TITLE <i>(If partner, state G(General) or L(Limited) in column)</i>		% BUSINESS OWNED
	ACTUAL TITLE	G OR L	

12. PARENT COMPANY <i>(If applicable)</i>		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS		YES	NO
A. NAME		A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?			
B. CITY		B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?			
C. STATE		C. DO YOU HAVE ANY CONTINGENT LIABILITIES?			
		D. HAVE YOU OR ANY OF YOUR AFFILIATES DISC. BUSINESS OPER. W/OUTSTANDING DEBTS?			

## SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129)  
*(If "Yes", provide detailed information, Section VIII, Remarks)*  YES  NO

14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", COMPLETE THE ITEMS BELOW				
	AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE

15A. AGENCY INVOLVED WITH DELINQUENCY	15B. AMOUNT OF DELINQUENCY (\$)

16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING?  <input type="checkbox"/> YES  <input type="checkbox"/> NO <i>(Go to Section III)</i>	17. COMPLETE ITEMS BELOW IF APPLICABLE			
	TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED
	A. INDUSTRIAL REVENUE BONDS			
	B. GUARANTEED LOANS			
	C. ADVANCED PAYMENTS			
	D. PROGRESS PAYMENTS			
	E. OTHER <i>(Specify)</i>			

**SECTION III - FINANCIAL STATEMENTS**

Prepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

YES

NO

19A. NAME			20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:		
19B. STREET ADDRESS					
19C. CITY	19D. STATE	19E. ZIP CODE	ACTUAL		U.S. DOLLARS
			IN THOUSANDS		FOREIGN CURRENCY ( <i>Specify</i> )
			IN MILLIONS		
21. BALANCE SHEET AS OF ( <i>Month, Day, Year</i> )			22. FISCAL YEAR ENDS ( <i>Month, Day, Year</i> )		
			23. PREPARED STMTS. <input type="checkbox"/> ARE ATTACHED		

24. ASSETS		25. LIABILITIES AND NET WORTH	
<b>A. Current Assets</b>		<b>A. Current Liabilities</b>	
Cash		Accounts payable	
Short Term cash investments		Notes payable (current)	
Accounts receivable, less allowance for doubtful accounts of \$		Current portion of long term debt	
Inventories		Accrued expenses	
Other current assets ( <i>Itemize below</i> )		Accrued taxes on income/excess profits	
		Other current liabilities ( <i>Itemize</i> )	
<b>Total Current Assets</b>		<b>Total Current Liabilities</b>	
<b>B. Property, Plant and Equipment</b>		<b>B. Other Liabilities</b>	
Land		Mortgages	
Buildings and equipment		Bonds	
Leasehold improvements		Deferred income taxes	
Less accumulated depreciation and amortization		Other long term debt	
<b>Total Property, Plant and Equipment</b>		<b>Total Other Liabilities</b>	
<b>C. Other Assets</b>		<b>Total Liabilities</b>	
Investments in and advance to affiliated company		<b>C. Minority Interest in Subsidiary</b>	
Goodwill, less amortization		<b>D. Net Worth</b>	
Due from officer, employee		Preferred stock	
Other ( <i>Itemize</i> )		Common stock	
		Additional paid-in capital	
		Retained earnings/owner's equity	
		Less, Treasury stock	
<b>Total Other Assets</b>		<b>Total Net Worth</b>	
<b>D. TOTAL ASSETS</b>		<b>E. TOTAL LIABILITIES AND NET WORTH</b>	

**SECTION IV - INCOME STATEMENT**

26. FROM ( <i>Month, Day, Year</i> )	27. TO ( <i>Month, Day, Year</i> )
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**28. INCOME**

<b>A. Net Sales</b>		Minority Interest in Earnings of Subsidiaries	
Cost and Expenses		<b>Total Costs and Expenses</b>	
Cost of Goods Sold			
Depreciation and Amortization		Earnings Before Taxes	
Selling, General, and Admin. Expenses		Taxes on Income	
Interest Expense		Income Before Extraordinary Items	
Other Expenses ( <i>Itemize</i> )		Extraordinary Gains (Losses) Net of Taxes	
		<b>NET INCOME (LOSS)</b>	

**SECTION V - BANKING AND FINANCE COMPANY INFORMATION**  
*(Please attach a separate sheet using this format for any additional banks.)*

ITEM	BANK 1			BANK 2		
29. Name of Bank						
30. Contact Person						
31. Phone Number	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
32. Fax Number	AREA CODE	NUMBER		AREA CODE	NUMBER	
33. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
34. Amount Owing (\$)						
35. Term Loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
36. Line of Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
37. Maximum Amount Authorized (\$)						
38. Amount Outstanding (\$)						

**39. Loans Secured by Company's Assets - Real and Personal Property**

<b>A.</b>	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
<b>B.</b>	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
<b>C.</b>	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
<b>D.</b>	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	

<b>40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE?</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Explain in Section VII, Remarks)</i>	<b>41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>41B. TOTAL LIABILITY (\$)</b>  <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
<b>42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER?</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Provide detailed information in Section VII, Remarks)</i>		

**SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION**  
*(Please attach separate sheet(s) using this format for additional suppliers.)*

43. PAST DUE ACCOUNTS PAYABLE (\$)

ITEM	44. SUPPLIER 1			45. SUPPLIER 2		
A. Name of Supplier						
B. Contact Person						
C. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
F. Amount Now Owing (\$)						
G. High Credit (\$)						

ITEM	46. SUPPLIER 3			47. SUPPLIER 4		
A. Name of Supplier						
B. Contact Person						
C. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
F. Amount Now Owing (\$)						
G. High Credit (\$)						

**SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)**

**CONTRACTS IN FORCE**

ITEM	48. CONTRACT 1			49. CONTRACT 2		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amt. (\$)						
F. % Completed						
G. Est. Comp. Date						

ITEM	50. CONTRACT 3			51. CONTRACT 4		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amt. (\$)						
F. % Completed						
G. Est. Comp. Date						

ITEM	52. CONTRACT 5			53. CONTRACT 6		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amt. (\$)						
F. % Completed						
G. Est. Comp. Date						

ITEM	54. CONTRACT 7			55. CONTRACT 8		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amt. (\$)						
F. % Completed						
G. Est. Comp. Date						

**LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS**

ITEM	56. JOB 1			57. JOB 2		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
E. Type of Work						
F. Contract Amt. (\$)						
G. Amount Sublet (\$)						

ITEM	58. JOB 3			59. JOB 4		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
E. Type of Work						
F. Contract Amt. (\$)						
G. Amount Sublet (\$)						

ITEM	60. JOB 5			61. JOB 6		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
E. Type of Work						
F. Contract Amt. (\$)						
G. Amount Sublet (\$)						

**LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS**

ITEM	62. SURETY COMPANY 1			63. SURETY COMPANY 2		
A. Company Name						
B. Contact's Name						
C. Telephone	AREA CODE	NUMBER	EXT.	AREA CODE	NUMBER	EXT.
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)	65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? <i>(If Yes, please provide detailed information in Remarks)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO			66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? <i>(If Yes, please provide detailed information in Remarks)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION VIII - REMARKS**

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

**CERTIFICATION**

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	BY <i>(Signature of Authorized Official)</i>	
	NAME OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	DATE
	TITLE OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	