FACILITIES CONTRACTS

DIVISION OF FACILITIES SERVICES

CONTRACTOR'S QUALIFICATION STATEMENT

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMIT TO: Facilities Contracts
121 Humphreys Service Building
Cornell University
Ithaca, New York  14853-3701

Attn: Sherrie A. Joseph
Phone:  607-254-2828  FAX:  607-254-4567

SUBMITTED BY:

NAME:

ADDRESS:

CONTACT PERSON:

TELEPHONE NUMBER:  FAX NUMBER:

E-MAIL:  WEB URL:

TYPE OF FIRM:

___ Corporation  ___ Partnership
___ Individual  ___ Joint Venture
___ Other

SPECIALTY:

___ General Construction  ___ Plumbing
___ Electrical  ___ HVAC
___ Other, please specify.

_________________________________
1. ORGANIZATION

1.1 How many years has your organization been in business as a Contractor?

1.2 How many years has your organization been in business under its present business name?
   1.2.1 Under what other or former names has your organization operated?

1.3 If your organization is a corporation, answer the following:
   1.3.1 Date of incorporation:

   1.3.2 State of incorporation:

   1.3.3 President's name:

   1.3.4 Vice-President's name(s):

   1.3.5 Secretary's name:

   1.3.6 Treasurer's name:

1.4 If your organization is a partnership, answer the following:
   1.4.1 Date of organization:

   1.4.2 Type of Partnership (if applicable):

   1.4.3 Name(s) of general partner(s):
1.5 If your organization is individually owned, answer the following:

1.5.1 Date of organization:

1.5.2 Name of Owner:

1.6 If the form of your organization is other that those listed above, describe it and name the principals:

1.7 What is your organizations current Union Status? Please explain any and all affiliations.

1.8 Diversity:

1.8.1 Are you a minority or disadvantaged business? If yes, please include a copy of your certification or application for certification.

2. LICENSING

2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

2.2 List jurisdictions in which your organization's partnership or trade name is filed.
3. EXPERIENCE

3.1 List the categories of work that your organization normally performs with its own forces.

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

3.2.1 Has your organization ever failed to complete any work awarded to it?

3.2.2 Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

3.2.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

3.2.4 Have you ever failed to complete a contract, been defaulted, or had a contract terminated? (If the answer is yes, please attach details.)

3.2.5 In the past five years, have you had liquidated damages assessed against you upon completion of a project? (If the answer is yes, please attach details.)

3.2.6 In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of any labor law? (If the answer is yes, please attach details.)

3.2.7 In the past five years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? (If the answer is yes, please attach details.)

3.2.8 In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of state, federal or local environmental protection laws? (If the answer is yes, please attach details.)

3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

3.4 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, general contractor, contract amount, percent complete and scheduled completion date. (Please include full names, addresses and a contact person for each firm listed.)

3.4.1 State total worth of work in progress and under contract:
3.5 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, general contractor, contract amount, date of completion and percentage of the cost of the work performed with your own forces.  *(Please include full names, addresses and a contact person for each firm listed.)*

3.5.1 State average annual amount of construction work performed during the past five years.

3.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

4. REFERENCES

4.1 Trade References:

4.2 Bank References:

4.3 Surety:

4.3.1 Name of bonding company:

4.3.2 Bonding capacity:

4.3.2.1 Per Project $__________

4.3.2.2 Aggregate $__________

4.3.3 Name and address of agent:

5. FINANCING

All information submitted for this section is treated as confidential. Financial reviews are conducted by the following individuals who may contact you for additional information as needed.

John McCarthy, Manager, Facilities Administration & Finance
Ryan Babcock, Facilities Administration & Finance
Nancy Phelps, Director, Facilities Contracts
5.1 Financial Statement:

5.1.1 Attach an **audited** financial statement with applicable notes, including your organization's latest balance sheet and income statement showing the following items:

- Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- Net Fixed Assets;
- Other Assets;
- Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g., capital stock, authorized and outstanding shares par values, earned surplus and retained earnings.);
- Retained Earnings;
- Shareholders Equity;
- Sales.

If your firm **does not have** an audited financial statement, please call Facilities Contracts at 607-254-2828 for further instruction.

5.1.2 Name and address of firm preparing attached financial statement, and date thereof:

5.1.3 Is the attached financial statement for the identical organization named on Page 1?

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

5.2 Will the organization whose financial statement is attached act as guarantor of the contract for construction?
5.3 In addition to the above provided information, please complete the following to aid in the University's financial review of your firm:

- Current Assets $________________
- Total Assets $________________
- Current Liabilities $________________
- Total Liabilities $________________
- Retained Earnings $________________
- Total Shareholders Equity $________________
- Sales $________________
- Earnings before Interest and Taxes $________________

6. INSURANCE

6.1 Provide a Certificate of Insurance evidencing coverage’s for General Liability, Automobile, Workers’ Compensation and Excess liability. Such Certificate shall name Cornell University as an additional insured with respect to General Liability coverage and shall be applicable to all projects performed for the University. Such certificate shall include the following language:

This certificate shall cover any and all projects and/or services performed at Cornell University during the policy period. Cornell shall be an additional insured with respect to General Liability.

6.2 Insurance Policies

Upon the formal written request of the University, Contractor is required to submit a copy of its insurance policies and all riders, exclusions, and other policy attachments. Contractor shall have ten (10) business days to produce such documents unless prevented by circumstances beyond its control in which case the University shall extend the ten (10) days by a reasonable period of time upon the request of the Contractor. After ten (10) business days or the longer extended time as directed by the University, any failure of the Contractor to provide the requested documents or the provision of invalid documents shall be a material breach of the agreement and Contractor agrees to hold University harmless from any such breach including the cost of contract termination, University legal fees, work stoppage, schedule delays, and the increased cost of hiring of another Contractor to complete the contract.
7. HEALTH & SAFETY

7.1 Listed below your Company Worker’s Compensation Insurance Experience Modification Rate (EMR) for the past three (3) years:

<table>
<thead>
<tr>
<th>Year (200_)</th>
<th>EMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>200___</td>
<td></td>
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<td>200___</td>
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<tr>
<td>200___</td>
<td></td>
</tr>
</tbody>
</table>

7.2 Listed your OSHA 300 Log, for the past three (3) years, for each of the following categories:

<table>
<thead>
<tr>
<th>Year (200___)</th>
<th>Number of lost workday cases</th>
<th>Number of restricted workday cases</th>
<th>Number of medical treatment cases</th>
<th>Number of fatalities</th>
<th>Employee hours worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>200___</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200___</td>
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<td>201___</td>
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</tr>
</tbody>
</table>

7.3 OSHA 300 Log Summary for the past three (3) years.

<table>
<thead>
<tr>
<th>Year (200___)</th>
<th>Total Recordable Rate T.R.R.</th>
<th>Total Lost Work Days Rate TLWDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>200___</td>
<td>T.R.R. =</td>
<td>TLWDR =</td>
</tr>
<tr>
<td>200___</td>
<td>T.R.R. =</td>
<td>TLWDR =</td>
</tr>
<tr>
<td>201___</td>
<td>T.R.R. =</td>
<td>TLWDR =</td>
</tr>
</tbody>
</table>

7.4 Please identify the individual Cornell should contact if we have questions or need copies of reports relating to Health & Safety:

__________________________________________________________  

7.5 How often are Site Safety meetings held for field superintendents/foreman?

__________________________________________________________  

7.6 Please identify the individual responsible for Project Safety Inspections.

__________________________________________________________  

June 2014
8.0 SIGNATURE

8.1 Dated at this day of 20

Name of Organization:

By:

Title:

8.2 ________________________________ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this day of 20 .

Notary Public:

My Commission Expires: