



Subcontractor Registration

Please Submit application and supporting information electronically to:
nicole.copeland@thecleanwaterpartnership.com

The following information represents details of our company's experience and resources for the purposes of being considered to qualify for future work in support of the Clean Water Partnership Program.

- ATTACH A COPY OF IRS FORM W-9

COMPANY PROFILE

Legal Name of Business: _____
 Principal Office Street Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Primary Contact: _____ Phone No.: _____
 Contact Email: _____ Federal ID/Business Registration#: _____

Percent of Minority Ownership in the company _____%

Type of Firm: Corporation Partnership Individual Sole Proprietorship Joint Venture Other

If Incorporated, State/Province of Incorporation: _____

Date Company Began Under Present Name: _____

Former Company Name(s): _____

Business : **Diversity Classifications Applicable:**

PLEASE SUBMIT CERTIFICATION DOCUMENTATION WITH APPLICATION

- Prince Georges County MBE Certified Prince Georges County Local or Based Certified _____
 Veteran-Owned Small Business (VA) Maryland Department of Transportation (MDOT) _____
 Woman Presidents Organization (WEPO) _____
 Washington Metropolitan Area Transit Authority(WMATA) _____
 Capitol Region Minority Supplier Development Council (CRMSDC) _____
 8(a) Certified Business HUB ZONE Small Business OTHER _____

- MINORITY QUALIFIED ELIGIBLE for CERTIFICATION** **I REQUEST ASSISTANCE WITH CERTIFICATIONS**

List all Services your company either self-performed or subcontracted

SERVICE CLASSIFICATIONS

Indicate below the Classifications of Services that your firm provides as a regular part of its business. Provide percentage of that work which is self-performed and/or subcontracted, and percentage of annual sales represented by this classification.

1. How much of your work is provided using Subcontractors. Please respond in a percentage _____%
2. How many Prince George's Supplier Development and Diversity Certified County Based or Located business do you intend to utilize? _____
3. Please provide the business names: _____

4. How many minority certified businesses do you intend to utilize? _____
5. Please provide the business names: _____

6. How many contractors that identify or would qualify as either minority or county based businesses that are not currently certified do you use? _____
Please provide the business names: _____

QUALIFICATION DETAILS

PART 1 – COMPANY INFORMATION

A. Organizational

Principals of the Company:

Names	Titles	Years in Position

Is Company owned or controlled by a parent company? Yes No *(If Yes, complete the following)*

Legal Name of parent company: _____

Full Address of parent company: Street: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Relationship of parent company: Subsidiary Division Date of Ownership: _____

Number of current employees: _____ Number of Employees who **ARE** Prince George's County Residents: _____

In house engineering capacity? Yes No Number of Engineers on staff: _____

In-house fabricating capacity? Yes No Number of Project Managers: _____

B. Financial

Largest Single Contract: \$ _____ USD

Annual Sales Volume (USD) for the last Three Fiscal Years:

FY 20 _____ \$ _____ FY 20 _____ \$ _____ FY 20 _____ \$ _____

Does your firm submit information to Dun and Bradstreet? *(If Yes, complete the following)*

Current Dun & Bradstreet Rating: _____ Duns # _____

Bank References

Bank: _____
(Name) (Address) (Contact) (Phone)

Bank: _____
(Name) (Address) (Contact) (Phone)

Trade References (two required):

Reference: _____
 (Company Name) (Contact) (Phone)

Reference: _____
 (Company Name) (Contact) (Phone)

Do you have a CPA prepare your financials? Yes No

Is this firm currently in default on any loan agreement or financial agreement with any bank, financial institution or other entity? (If yes, specify details, circumstances and prospects for resolution). Yes No

Have you ever been adjudged bankrupt or filed a petition in bankruptcy? Yes No

In the past (5) years have you had any business or professional license revoked? Yes No

(If either answer is Yes, please attach a brief explanation on a separate attachment)

C. Bonding Capability (Bonding NOT required for contracts under 1 Million)

Bonding Company: _____ Contact: _____ Phone: _____

Current Bonding Capacity of Firm: _____ USD Amount Currently Bonded: _____

D. Insurance Information (list standard coverage)

<u>Insurance</u>	<u>Insurance Company (not agent)</u>	<u>Policy No.</u>	<u>Coverage Limits (USD)</u>
Commercial/General Liability			
Auto Insurance			
Workers Comp and Employers Liability			
Umbrella Coverage			
Professional Liability			

E. Litigation

In the five years prior to the date of this questionnaire, has this firm or any principal of the firm been deemed to be in default on any contract awarded? If yes, specify date, circumstances and resolution: Yes No

Indicate if the firm was a party to any of the following legal or administrative proceedings during the last five years. If yes, state on attached pages the names of the parties, nature of the proceedings, amount in dispute and resolution.

1. Arbitrations other than labor or personal injury litigation: Yes No
2. Lawsuits other than labor or personal injury litigation: Yes No
3. NLRB or equivalent Local Agency proceedings: Yes No
4. OSHA or equivalent Local Agency proceedings: Yes No
5. Criminal proceedings against firm or of firm's officers during the past 10 years: Yes No
6. Substantial claims of any nature for or against firm on projects completed in the past five years: Yes No
7. Do you have any claims or litigation: Yes No

PART 2 – OPERATING INFORMATION

A. Quality Control and Quality Assurance

1. Does your firm have a written Quality Control and Quality Assurance Program? Yes No

2. Does your firm use third party inspection services to perform quality control of the work activities? Yes No
3. Do you use an electronic database to manage all the inspection activities during a project? Yes No

B. Project Controls

1. Do you have a Project Controls Procedure? Yes No
2. What software programs does your company use? Estimating: _____
Accounting: _____ Scheduling: _____
3. Do you have a Document Control Procedure? Yes No

Does trade contractor execute projects on a merit shop basis? Yes No

List Trade Union Associations with which you have an agreement, please include date of expiration _____

PART 3 – PROJECT EXPERIENCE

A. Experience

NAICS Codes: _____

Attach Contractor's prepared list of recent major projects completed and work in progress. Indicate Owner, Location, Type of Work Performed, Contract Value, and Percentage Complete or Year Completed, for each project listed. Indicate any Prince George's County experience.

LIST THREE (3) MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION:

Project & Address	Architect/Engineer Contact Phone	Contract With & Contact Phone #	Type of Work & Contract Amount (USD)	Award Date

LIST THREE (3) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS:

Project & Address	Architect/Engineer Contact Phone	Contract With & Contact Phone #	Type of Work & Contract Amount (USD)	Completion Date

PART 4 – HEALTH AND SAFETY

General Information

A. List your company's Experience Modification Rate (EMR) for the three (3) most recent years: **This can be obtained from your workers compensation insurance company.**

Policy Year	EMR
20____	_____
20____	_____
20____	_____

If EMR is greater than 1.0, provide appropriate information that clarifies EMR history and attach a written explanation

Number of Fatalities the last three years: _____

Note: If a company has EMR Rating above 1.0 then the company must submit their workers' compensation loss run and the amount of premiums paid over the last three years.

B. Has your company received citations from OSHA (or State OSHA), MSHA, or other regulatory agency, including regulatory agencies applicable outside USA, within the last three (3) years? Yes No
If yes, provide the following information:

a. The number and type of violations? _____

C. List activities your company expects to perform on Clean Water Partnership Program affiliates projects and the anticipated hazardous work operations (for example: excavation work, fall protection, ladders, scaffolding, confined space work, heavy equipment etc.)

Activities: _____

Do you pre-qualify subcontractors? Yes No

D. Enumerate the staff (or persons kept on retainer) at your company in the following category.

	Staff	Retainer	Total
Certified Safety Professional	_____	_____	_____

Training/Planning/Meetings

A. 1. Does your company have a safety orientation program for new hires? Yes No
2. Do you document the safety training provided to your employees? Yes No
3. Who conducts training for your company (name, title)? _____

B. Does your company provide task specific training on the following topics?

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction (OSHA 30 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lockout/Tag out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process Safety Management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection (100%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign/Signals/Barricades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forklift Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Cutting

C. Does your company conduct additional health and safety training for supervisors, including foreman? Yes No
If yes, provide a list of the topics addressed during supervisory training:

D. Does your company conduct pre-task safety planning? Yes No
If yes, provide a brief description of your safety planning process:

E. Does your company hold "tailgate/toolbox" safety meetings? Yes No
If yes, how often? _____

Audits

A. 1. Does your company conduct field safety audits to determine compliance with applicable regulations and procedures? Yes No
2. How often is safety audits conducted? _____

B. Does your company conduct documented periodic field inspections to determine compliance with applicable regulations and procedures (i.e. safety equipment, PPE, and construction tools and equipment)? Yes No
If so, list the types of inspections conducted and their frequency:

C. Does your company have a home office or corporate safety representative who will audit the job? Yes No
If yes, Name _____ *Title:* _____

Programs

- A. Does your company have a written occupational safety and health program that addresses all aspects of your scope of services? *(We reserve the right to request copies of your health & safety program.)* Yes No
- B. Are your company's subcontractors contractually obligated to comply with all elements of your written safety program? Yes No
- D. Does your company have a program in place to discipline workers who perform unsafe work practices? Yes No
If yes, provide as attachment.
- E. Does your company have written Accident Investigation Procedures? Yes No
If yes, provide as attachment.
- F. Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard? N/A Yes No
- G. Does your company have a written Alcohol and Substance Abuse Program? Yes No
If yes to any please provide program as attachment

PART 5 – SECURITY

- A. Does your company have a Security Procedure? Yes No
- B. Does your company perform back ground checks on its employees? Yes No
- C. Does your company perform checks to verify residential status and ability to work legally Yes No
If yes to any please provide program as attachment

PART 6 – ENVIRONMENT

- A. Does your company have a written environmental program? Yes No
 - B. Has your company received a notice of violation, citation, or enforcement order for non-compliance with EPA, county, state/province, or local environmental requirements in the last five (5) years? Yes No
 - C. Has your company reported any spills or releases in the last three (3) years? Yes No
If yes, please provide location, quantity spilled, associated fines and penalties and corrective actions:
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CERTIFICATION

As an Authorized Representative for _____ I hereby certify that the answers to the foregoing questions, and all documents contained herein, are true and correct. I hereby submit our company details to Clean Water Partnership Program for review and consideration for future work. I acknowledge that submittal of the information requested does not grant automatic pre-qualification for work on any Clean Water Partnership Program project. Also being qualified for one project does not confer qualification for all projects. I authorize Clean Water Partnership Program to conduct any investigations it determines necessary to verify the statements, documents and information submitted herewith to clarify the financial and technical aspects. For this purpose only, I hereby agree that Clean Water Partnership Program may contact any of the references provided; including banks, insurance brokers, bonding agents, suppliers, or past clients to verify pertinent information provided in this questionnaire regarding our competence and standing

Signature

Date

(Above name typed or printed)

(Title of Authorized Representative)