

Please submit application and supporting information electronically to cleanwater@corvias.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 Nameof Business:	
Principal Office Street Address:	
City: State/Province:_	Zip/PostalCode: Country:
Primary Contact:	Phone No.:
Contact Email:	Federal ID/Business Registration#:
Percent of Minority Ownership in the firm:	%
Type of Firm: Corporation Partnership Other If Incorporated,	☐ Individual ☐ Sole Proprietorship ☐ Joint Venture State/Province of Incorporation:
Business Type: Professional Services/Consult	ant
Date Company Began Under Present Name: Former Company Name(s):	
Primary Services your firm performs:	
☐ Minority Qualified Eligible for Certification	☐ I request Assistance with certifications
Diversity Classifications Applicable: PLEASE SU	BMIT CERTIFICATION DOCUMENTATION WITH APPLICATION
☐ Prince George's County MBE Certified	☐ Woman Presidents Organization (WEPO)
□ Prince George's County Local/Based Certified□ Veteran-Owned Small Business (VA)	Washington Metropolitan Area Transit Authority (WMATA)
☐ Maryland Department of Transportation (MDOT	Maryland-District of Columbia Minority Supplier Development Council (MD-DC-MSDC)



Indicate below the Percentage of Work or Services that your firm provides as a regular part of its business. If indicated less than **100** % of annual sales represented by **self-performed** work. Provide information on companies(s) that will be utilized for remainder ofwork.

Own			% of Annual Sales		
	Forces	Sub-Co	ontract	% of Annual Sales	
		QUALIFICA	TION DETAILS		
PART 1 – COMPA	NY INFORMA	ATION			
A. Organizationa	al				
Principals of the C	ompany:				
Names		Titles		Years in	Position
				<u> </u>	
Legal Nam Full Addres	e of parent co	ompany: Street			_
Legal Nam Full Addres City	e of parent co ss of parent co	ompany: ompany: Street State/Province	Zip/Postal	Country	
Legal Nam Full Addres City Relationshi	e of parent coss of parent cos	ompany: ompany: Street State/Province ompany:	Zip/Postal		
Legal Nam Full Addres City Relationshi Average number of	e of parent coss of parent cosposition	ompany: ompany: Street State/Province_ ompany:	Zip/Postal	Country	
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Legal Nam Full Addres City Relationshi Average number of	e of parent coss of parent cosposition	ompany: ompany: Street State/Province_ ompany:	Zip/Postal Division Date of ast two years:	Country Ownership:	



C. Summary of Professional Service Fees Received: (Insert index number)

Have you ever been adjudged bankrupt or filed a petition in bankruptcy?

(If either answer is Yes, please attach a brief explanation.)

	Last 5 y	Last 5 years (most recent first)				Ranges of Professional Service Fees INDEX	
Type of Work		2015	2014	2013	2012	2011	1.Less than \$100,000
Direct Federal contract wo	ork						2.\$100,000 to \$250,000 3.\$250,000 to \$500,000 4.\$500,000 to \$1 Million
All other domestic work				_	+		5.\$1 Million to \$2 Million 6.\$2 Million to \$5 Million 7.\$5 Million to \$10 Million
All other foreign work*				_			8.\$10 Million or greater
•	s of any certifications o	•		r busines	SS.		
Largest Single Contra	ct:\$ USD						
	(USD) for the last Thr	ee Fiscal Years: FY 20\$_	_	FY	20	\$	
•	t information to Dun ar &Bradstreet Rating:_	,	•	nplete th	ne follow	ing)	
References (two requ	ired):						
Reference:							
	(Name)			(Conta	ct)		(Phone)
Reference:							
Reference:	(Name)			(Conta	ct)		(Phone)

☐ Yes ☐ No



C. Insurance Information (list standard coverage)

Insurance	Insu	rance Company (not agent)	Policy No.	Coverage Limits (USD)
Commercial/General Liability				_
Auto Insurance				
Workers Comp and Employers L	iability			
Umbrella Coverage				
Professional Liability				
D. Litigation				
In the five years prior to the default on any contract awa				een deemed to be in Yes No
2. Arbitrations other than3. Lawsuits other than lab4. Criminal proceedings a5. Substantial claims of ar6. Do you have any claims	es the names of the syour business of labor or personal in or or personal injugainst firm or of firm y nature for or against or litigation	e arties nature of the ro or professional license bee njury litigation:	ceedin s amount in dis n suspended or revoked t 10 years: eted in the last 5 years:	ute and resolution. Yes No
A. Experience				
Attach prepared list of recer Location, Type of Work Per project listed. Indicate any F	rformed, Your Con Prince George's Co	tract Value, and Percentago punty experience.		
LIST THREE (4) MOST SIG	SNIFICANT PROJ	ECIS	Ton	
Project & Address	Contact Phone	Contract With & Contact Ph	one Type of Work & C Amount (USD)	Award Date
1				



% Complete	Name and Location of Project	Owner or Engineer	Contract Value
		_	
Total work now	v in progress or under contract \$	_	
		CERTIFICATION	
that the answers submit our completed acknowledge the contract of any Clean Nation for determines necession and tecemany contact any	pany details to Clean Water Partner hat submittal of the information red Water Partnership Program project all projects. I authorize Clean Watersary to verify the statements, do chnical aspects. For this purpose of the references provided; including	I documents contained herein, are triship Program for review and consiquested does not grant automatic pet. Also being qualified for one pater Partnership Program to conducuments and information submitteenly, I hereby agree that Clean Waring banks, insurance brokers, bond ded in this questionnaire regarding	deration for future work. ire-qualification for work project does not conferuct any investigations it d herewith to clarify the ter Partnership Program ing agents, suppliers, or
Signature		Date	
Above name type	edor printed)		