

Mountain States Health Alliance
Construction & Facilities Management
108 Woodlawn Drive, Suite A
Johnson City, Tennessee 37604

Pre Qualification Form for:

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

SUBMIT TO: Mountain States Health Alliance
c/o Jim Williams

EMAIL: williamsje@msha.com

PHONE: 423 431-7736

SUBMITTED BY:

Company: _____
Address: _____
Address: _____
City/State/Zip: _____

Contact: _____
Title: _____
Phone: _____
Fax: _____
Mobile: _____
E-mail: _____

Contractor Type: _____
(Please list above; General, Mechanical, Electrical, Plumbing, Other/Describe)

Manufacturer of: _____ Dealer for: _____

Nation Wide: _____

Regional: _____ States Covered: _____

Local: _____ Cities Covered: _____

All Sub-Contractor Bidders must sign this form stating that they comply with the following pre-qualification.

Each Bidder:

1. Must have completed a minimum of 5 (five) similar projects in scope to which pricing will be submitted and 1 (one) of which must have been completed within the past 2 (two) years of equal magnitude in scope and price.
2. Must have completed a minimum of 2 (two) projects of not less than \$300,000.
3. Must have been in the contracting business a minimum of 5 (five) consecutive years under the present name.
4. Shall not now, nor have been in the past, disqualified for cause from bidding on any Federal, State or City Agency.
5. Must be capable of providing a performance bond equal to 100% of the contract and a labor and material payment bond of not less than 100% of the contract.
6. Must be able to provide a bid bond to pay Owner should he fail to sign and execute the contract, an amount equal to 5% of his base bid.
7. Must provide a field construction superintendent having a minimum of 5 (five) consecutive years experience on similar projects.

All interested bidders must meet the qualifications listed in this Pre-Qualification Form. Please confirm bidder meets the above requirements by selecting "YES" or "NO" and attach information to confirm qualifications in 1 through 7 above.

YES _____ NO _____

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?

 - 1.2.2 If your organization is a corporation answer the following:
 - 1.2.3 Date of incorporation: _____
 - 1.2.4 State of incorporation: _____
 - 1.2.5 President's name: _____
 - 1.2.6 Vice President's name: _____
 - 1.2.7 Secretary's name: _____
 - 1.2.8 Treasurer's name: _____

1.3 If your organization is a partnership answer the following:

1.3.1 Date of organization: _____

1.3.2 Type of partnership (if applicable):

1.3.3 Name(s) of general partner(s):

1.4 If your organization is individually owned, answer the following:

1.4.1 Date of organization: _____

1.4.2 Name of owner: _____

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

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 BONDING & FINANCIALS

3.1 Maximum bonding capacity: Single project: \$_____ All projects: \$_____

3.2 Can you provide payment & performance bonds? YES NO

3.3 Bonding company information:

3.3.1 Name: _____

3.3.2 Address: _____

3.3.2 Contact person: _____ Phone: _____

3.4 Provide latest audited financial statement with this completed form. Statement Date: _____

4 EXPERIENCE

4.1 List the categories of work that your organization normally performs with its own forces:

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

4.2.1 Has your organization ever failed to complete any work awarded to it?
YES NO

4.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?
YES NO

4.2.3 Has your organization filed any law suits or requested contract arbitration within the last 5 years?
YES NO

4.3 On a separate sheet list major projects your organization has in progress, percent complete and scheduled completion date.

4.4 Within the last 5 (five) years has any officer or principal of your organization ever been an officer of principal of another organization when it failed to complete a contract? (If the answer is yes please attach details) YES NO

4.5 On a separate sheet list the major health care projects your organization has completed in the past 5 (five) years, giving the name of the project, owner, architect, general contractor, contact person/phone number, contract amount, date of completion, and percentage of the cost of the work performed with your own forces.

4.6 On a separate sheet list related experience and present commitments of the key individuals of your organization.

5 TYPE OF WORK

5.1 Work type desired:

5.2 Scope of work licensed to complete:

5.3 Capabilities of company:

Note: Dun & Bradstreet Report will be pulled based on the Company Name & Address provided in this document. If **DUNS #** is known please provide - _____
Dun & Bradstreet Rating: _____.

6 SIGNATURE

6.1 I, _____, swear that the information provided herein is true and sufficiently complete so as not to be misleading.

6.2 Dated at _____ this _____ day of _____, 20____

Name of Organization: _____

Signed: _____

Title: _____

MSHA USE ONLY

Approved Disapproved _____
VP Strategic Planning Date

Approved Disapproved _____
AVP Materials & Resource Mgt. Date

Approved Disapproved _____
AVP Construction & Facilities Mgt. Date