# Statement of Vendor/Contractor Qualifications

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

Submitted to: Community Action Partnership of Central Illinois (CAPCIL)

Address: 1800 5th Street, Lincoln, IL 62656

Submitted by: Click or tap here to enter text.

Responsible Party: Click or tap here to enter text.

Business Address: Street: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

Principle Office: [ ]  S or C Corporation [ ]  Partnership

 [ ]  Individual [ ]  Limited Liability Corporation

 [ ]  Corporation [ ]  Other

Name of Project: CAPCIL Head Start Appraiser

TYPE of Work: [ ]  Commercial Appraisals for Head Start occupied buildings

## Section 1.0 – Organization

### How many years has you/your organization been in business performing the type of work associated with this statement of qualifications?

[ ]  0-3 Years [ ]  4-6 years [ ]  7-10 Years [ ]  Over 10 years

### How many years has you/your organization been operating under the current business name?

[ ]  0-3 Years [ ]  4-6 years [ ]  7-10 Years [ ]  Over 10 years

### If you have operated under another business name in the last 5 years, please indicate the name of that business. Click or tap here to enter text.

### If your organization is **incorporated as a C, S or Limited Liability Corporation,** please indicate the following:

### Date and State of Incorporation:

Click or tap here to enter text.

### Names of Officers – President (P), Vice-President (VP), Secretary (S) & Treasurer (T):

Click or tap here to enter text.

### If your organization is **a partnership,** please indicate the following:

### 1.5.1 Date and State of Organization:

Click or tap here to enter text.

### 1.5.2 Type of Partnership, if applicable:

Click or tap here to enter text.

### 1.5.3 Name of General or Managing Partner:

Click or tap here to enter text.

### If your organization is **a sole proprietorship,** please indicate the following:

### 1.6.1 Date of Organization:

Click or tap here to enter text.

### 1.6.2 Name of Owner:

Click or tap here to enter text.

## Section 2.0 – Licensing

## 2.1 List the jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers where applicable

 Click or tap here to enter text.

 Click or tap here to enter text.

 Click or tap here to enter text.

 Click or tap here to enter text.

## Section 3.0 – Experience and Production Capacity

## 3.1 List three projects completed in the last 24 months, stating the approximate cost for each, the duration for each project, the budget and the actual expenditures for the projects.

 3.1.1 Project (1) Description: Click or tap here to enter text.

 Project (1) Duration: Month/Yr. From: Click or tap to enter a date.

 Month/Yr. To: Click or tap to enter a date.

Project (1) Budget/Actual: Budget: Click or tap here to enter text.

Actual: Click or tap here to enter text.

 3.1.2 Project (2) Description: Click or tap here to enter text.

 Project (2) Duration: Month/Yr. From: Click or tap to enter a date.

 Month/Yr. To: Click or tap to enter a date.

Project (2) Budget/Actual: Budget: Click or tap here to enter text.

Actual: Click or tap here to enter text.

3.1.3 Project (3) Description: Click or tap here to enter text.

 Project (3) Duration: Month/Yr. From: Click or tap to enter a date.

 Month/Yr. To: Click or tap to enter a date.

Project (3) Budget/Actual: Budget: Click or tap here to enter text.

Actual: Click or tap here to enter text.

##  3.1.4 Within the last 3 years, please estimate the total business revenue generated through the type of work similar to bid relates. Click or tap here to enter text.

## 3.2 Please rate your organizational capacity with regards to tools and equipment to complete work

 [ ]  We possess all the tools necessary to complete work

[ ]  We possess most the tools necessary to complete work, but have access through rent, barter or borrowing.

[ ]  We possess some of the tools necessary to complete the work, but have access through rent, barter or borrowing.

[ ]  We possess few or none of the tools necessary to complete the work, but have access through rent, barter or borrowing.

## 3.4 3.4.1 Within the last 5 years, has any officer or principal of your organization (as a representative of your organization or another) failed to complete a construction contract?

[ ]  No [ ]  Yes

## 3.4.2 Within the last 5 years, has any officer or principal of your organization (as a representative of your organization or another) been subject to any judgements, claims, arbitration proceedings, or suits -pending or outstanding?

[ ]  No [ ]  Yes

## 3.4.3 Within the last 5 years, has any officer or principal of your organization (as a representative of your organization or another) been disbarred or suspended from entering into Federally funded contracts?

[ ]  No [ ]  Yes

## Section 4.0 – References & Financial Capacity

 4.1.1 Trade References (2 Required)

 Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 E-Mail: Click or tap here to enter text.

 Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 E-Mail: Click or tap here to enter text.

 4.1.2 Financial/Banking References (2 Required)

 Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 E-Mail: Click or tap here to enter text.

 Name: Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 E-Mail: Click or tap here to enter text.

 4.1.3 Surety – Name of Bonding Company (attach documentation)

 Agent Name: Click or tap here to enter text.

 Bonding Comp. Click or tap here to enter text.

 Address: Click or tap here to enter text.

 City, State, Zip: Click or tap here to enter text.

 Phone: Click or tap here to enter text.

 E-Mail: Click or tap here to enter text.

4.1.4 Business Financial Statements

*(\*if any of these items are not available, please contact the Energy Services Director for additional instruction)*

 - Most recent Quarterly and Year End Balance Sheets

 -Most recent Quarterly and Year End Income and Expense Statement

 -Most recently Quarterly and Year End Profit and Loss Statement

## Section 5.0 – Signature

Dated this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019

Name or Organization: Click or tap here to enter text.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.

This signature affirms that the information provided herein is true and sufficiently complete so as not be misleading.