



Clark Builders Group Subcontractor/Vendor Qualification Form

STEP ONE: IDENTIFY GEOGRAPHIC REGION(S).

Northeast/Mid-Atlantic Southeast
 Northwest Southwest

STEP TWO: PROVIDE GENERAL COMPANY INFORMATION.

Company Name: _____

Company Street Address: _____ PO Box or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Other: _____

Contact Name: _____ Contact Title: _____

Email Address: _____

Company Website: _____

Years in Business: _____ Number of Permanent Employees: _____

STEP THREE: LIST TRADE(S), PRODUCT(S), AND SERVICE(S).

Limit 3 per company. Please list only those trades which your company "self-performs".

Trade #1: _____

Trade #1 Contact: _____ Trade #1 Contact Telephone: _____

Trade #2: _____

Trade #2 Contact: _____ Trade #2 Contact Telephone: _____

Trade #3: _____

Trade #3 Contact: _____ Trade #3 Contact Telephone: _____

STEP FOUR: LIST SMALL BUSINESS CLASSIFICATION (IF APPLICABLE).

Clark Builders Group is a General Contactor and fully supports legislation pertaining to the employment of Disadvantaged, Women, Small, Disabled Veteran, and HUBZone Small Business Enterprises in construction.

Under the requirements of The Small Business Act, we are required to know the classification of your company. Each classification is listed below with a brief explanation. Please check the appropriate box which describes your company and return this form to us.

I. Small Disadvantaged Business Concern (A1)

___ A Small Business Concern as defined under Item 3 below and which is owned and controlled by socially and economically disadvantaged individuals. The term "Small Business Concern owned and controlled by socially and economically disadvantaged individuals" means a Small Business Concern

- that is at least 51 percent unconditionally owned by one or more socially and economically disadvantaged individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is unconditionally owned by one or more socially or economically disadvantaged individuals; and
- whose management and daily business operations are controlled by one or more such individuals. Subcontractor/Supplier shall presume that socially and economically disadvantaged include Black Americans, Hispanic Americans, Native Americans (such as American Indian, Eskimos, Aluets, and Native Hawaiians), and other minorities or any other individuals found to be disadvantaged by the Small Business Administration pursuant to Section 8(a) of the Small Business Act.

2. Woman Small Business Concern (B1)

___ Same as Small Business Concern, Item 3 below, except a women owned and controlled business whose management and daily business operations are controlled by one or more women.

3. Small Business Concern (C1)

___ A firm is generally considered such if its average annual receipts for its preceding 3 fiscal years do not exceed \$12 million for Special Trade Contractors and \$28.5 million for Heavy Construction, pursuant to the governing regulations of the Small Business Administration (13 CFR Part 121 and FAR Part 19). (see website www.sba.gov/size).

4. Disabled Veteran Business Enterprise (E1)

___ It is a sole proprietorship or partnership at least 51 percent owned by one or more disabled veterans.

5. HUBZone Small Business Concern (H1)

___ A Small Business Concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.

STEP FIVE: LIST CERTIFICATION AND BONDING INFORMATION.

Certification Dates (please attach proof of certification): _____

Certifying Agency: _____ Certification Number: _____

Geographical Area: _____ Union or Non-Union: _____

Is Your Company Bondable? YES NO Bonding Capacity: _____

Bonding Agency: _____

STEP SIX: LIST FIVE RECENT COMPLETED JOBS

- 1. Name of Job: _____
Owner/Contractor: _____
Telephone Number: _____
Contract Amount: _____

- 2. Name of Job: _____
Owner/Contractor: _____
Telephone Number: _____
Contract Amount: _____

- 3. Name of Job: _____
Owner/Contractor: _____
Telephone Number: _____
Contract Amount: _____

- 4. Name of Job: _____
Owner/Contractor: _____
Telephone Number: _____
Contract Amount: _____

- 5. Name of Job: _____
Owner/Contractor: _____
Telephone Number: _____
Contract Amount: _____

STEP SEVEN: SIGN AND RETURN.

The undersigned hereby certifies that he is authorized to execute this document on behalf of the said firm that and the statements contained herein are true.

Firm Name: _____

Name: _____ Title: _____

Email Address: _____

Signature: _____ Date: _____

***Please fax completed form to 703.294.4761.
Thank you for your interest in Clark Builders Group.***