



Bristol Housing Authority Vendor Qualification Package

**ACTIVE OR PROSPECTIVE SUPPLIER QUESTIONNAIRE**

In order to be considered as a prospective supplier or continue to be an active supplier, the undersigned is submitting the attached information for the use of BHA. (BHA) to assist in determining the qualifications of the undersigned to perform services for BHA.

The undersigned warrants and represents that all statements made and information furnished herein are true and accurate and can be relied upon in fulfilling requirements of BHA. The undersigned hereby authorizes BHA to make use of statements and information furnished herein and otherwise available to BHA from any source whatsoever in determining the undersigned's qualifications and does further release BHA from any and all obligations, liabilities, duties and other responsibilities to the undersigned and to its officers, agents and employees, for such use of said statements and information. Without limiting the foregoing, BHA may make inquires of all persons as it deems necessary or desirable to determine the undersigned qualifications. The banks, firms, corporations or any other persons named herein are hereby authorized to furnish BHA with any information BHA may request concerning the undersigned including, but not limited to, performance on previous work or credit standing with any of them. The undersigned hereby releases any and all such parties from any liability whatsoever for furnishing such information to BHA. The undersigned agrees to accept BHA's determination of qualifications without prejudice.

BHA will exercise the same degree of care as it employs to protect the confidentiality of its own information of like sensitivity. However, the undersigned agrees that BHA will not be liable for any unauthorized disclosure, which may occur in spite of such care.

This request is for information only, and should not be construed as a decision to purchase services or products from the undersigned. BHA reserves the right to refuse any offer made to it at its sole discretion.

It is understood that BHA employees are not permitted to solicit or accept gifts, entertainment, or remuneration of any value, directly or indirectly, from the undersigned.

The undersigned agrees to immediately notify BHA of any changes in the information provided herein.

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn deposes and says that he/she is the \_\_\_\_\_ of \_\_\_\_\_ Contractor(s), and that answers to the questions herein and all statements contained are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**PROPRIETARY**  
Not for use or disclosure outside of BHA  
except under written agreement.

ACTIVE OR PROSPECTIVE SUPPLIER QUESTIONNAIRE

I. IDENTIFICATION (List complete names, including dba, aka)

A. Name of Firm \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Telephone \_\_\_\_\_ Fax \_\_\_\_\_
Fed. Tax I.D # \_\_\_\_\_
(Attach Copy of Tax Certificate, ID#, etc.)

B. Other Addresses (if different):
Mailing address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Address to Send Purchase Order
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Remit to Address
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C. If subsidiary, name of parent firm
Mailing address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Relationship of parent firm \_\_\_\_\_

D. List of principals/key people to service BHA
Table with columns: Name, Title, Experience

E. Names of other businesses your principals are associated with in a management or ownership Capacity: \_\_\_\_\_

II. FINANCIAL DETAILS

A. Do you rely on a parent company or other principals for capitalization or working funds? Yes or No
If yes, list organization, contact names and telephone #'s: \_\_\_\_\_

If yes, are your obligations guaranteed by the organizations? \_\_Yes or \_\_No

B. Has your firm or principals ever filed for Bankruptcy Protection? \_\_Yes or \_\_No If yes, please explain: \_\_\_\_\_

ACTIVE OR PROSPECTIVE SUPPLIER QUESTIONNAIRE

C. List insurance carriers, agents, and policy limits for General and Automobile Liability, and Worker Compensation Coverage. (Attach original Acord form with BHA listed as certificate holder.)

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D. List judgments or liens entered, and any contingent liabilities pending, against the company or principals, which may have a material adverse effect on the operations:

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E. BHA requires the vendors that they work with to provide sufficient insurance coverage to protect the vendor and BHA from any and all claims and suits for personal injury and property damage. Are you, willing to provide such coverage upon award of work? \_\_\_ Yes or \_\_\_ No

III. AREAS OF INTEREST

Please check which service(s) you are interested in and qualified to provide:

<input type="checkbox"/> Architecture	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Asbestos/Lead Abatement
<input type="checkbox"/> Consultant	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Environmental Consulting
<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting	<input type="checkbox"/> General Construction
<input type="checkbox"/> Elevator	<input type="checkbox"/> Paving	<input type="checkbox"/> G.C. - Carpentry
<input type="checkbox"/> Engineering	<input type="checkbox"/> Pest Control	<input type="checkbox"/> G.C. - Concrete/Drywall
<input type="checkbox"/> EWFD	<input type="checkbox"/> Recycling	<input type="checkbox"/> G.C. - Glass
<input type="checkbox"/> Food Vending	<input type="checkbox"/> Roofing	<input type="checkbox"/> G.C. - Graffiti Removal
<input type="checkbox"/> Guard Services	<input type="checkbox"/> Security Systems	<input type="checkbox"/> G.C. - Pressure Washing
<input type="checkbox"/> Handyman	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> G.C. - Waterproofing
<input type="checkbox"/> HVAC	<input type="checkbox"/> Supplier Only	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Interiors	<input type="checkbox"/> Waste Removal	_____
<input type="checkbox"/> Janitorial	<input type="checkbox"/> Water Treatment	_____
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Plumbing/Sewage	_____
<input type="checkbox"/> Lawn	<input type="checkbox"/> Interiors: Art /Floor/Furn	_____

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**IV. BUSINESS EXPERIENCE**

A. List lines of business and how long company has been involved in them. Indicate if manufacturer or distributor, and attach catalogs and brochures as appropriate.

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B. List significant services you have provided BHA in the past five years:

Dates of Svc	Type Svc	Contact Name	Tel. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. List significant services you have provided other firms in the past five years (include at least five):

Company	Dates of Svc	Type Svc	Contact Name	Tel. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Describe areas of expertise your firm has developed: \_\_\_\_\_

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E. Has your firm ever failed to complete a contract awarded it?  Yes or  No If yes, please explain: \_\_\_\_\_

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F. List any products that your company is manufacturer certified to apply/sell/install:.

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G. What services do you normally perform with your own work force: \_\_\_\_\_

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H. Do you have the necessary tools to provide your services?  Yes or  No

If no, please explain: \_\_\_\_\_

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I. Using a separate sheet of paper, list the following information for the major projects your company currently has in progress detailing:

ACTIVE OR PROSPECTIVE SUPPLIER QUESTIONNAIRE

**V. LEGAL ORGANIZATION AND COMPLIANCE**

A. Type of Organization (Check only one box please)

Corporation

If a corporation, answer the following questions:

Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

President's Name: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Partnership or  Proprietorship

If partnership or proprietorship, answer the following:

Date of organization: \_\_\_\_\_

List of all Partners: (State whether general or limited partnership)

Name	Address	General or Limited?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other

Describe organization: \_\_\_\_\_

Principals Names	Address
_____	_____
_____	_____
_____	_____

B. How long has your organization been in business as a General Contractor/ Vendor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. When was this business originally formed? \_\_\_\_\_

D. How long has your organization been in business under its present name? \_\_\_\_\_

Under what other names has your organization operated or been identified as?  
\_\_\_\_\_

List all businesses from which significant assets were acquired:  
\_\_\_\_\_

E. Which state and/or county laws are you organized under? \_\_\_\_\_

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F. List your organization's licenses and registrations: **(Attach Copy [ies])**

State/Authority	License Type	License/Reg. #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Are you in compliance with all applicable laws, statutes, and regulations, including federal, state, and local requirements (e.g. OSHA)?  Yes or  No \_\_\_\_\_

H. Are you an Equal Opportunity Employer?  Yes or  No \_\_\_\_\_

I. List all labor organization affiliations:

Organization	Expiration Date
_____	_____
_____	_____
_____	_____

J. How many employees do you have? \_\_\_\_\_ Management \_\_\_\_\_ Non-Management

K. Have any of your principals, employees or relatives ever been employed with, or are they currently employed with, BHA?  Yes or  No

L. Are any of your principals, employees relatives of current or former employees of BHA?  
 Yes or  No

M. Complete only if you answered yes to Item K and/or L:

Names	Department	Dates of Service
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N. List personnel authorized to execute contracts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N. Is your company  Minority-Owned or  Non-Minority Woman-Owned or  Disabled Vet(DVBE)?  
**(If you check any of these items, complete and return Attachment C for certification. )**

ACTIVE OR PROSPECTIVE SUPPLIER QUESTIONNAIRE

**VI. REFERENCES** (List clients under Section IV., Business Experience)

A. Banks:

Contact Name	Address	Tel. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Suppliers:

Contact Name	Address	Tel. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Consultants:

Contact Name	Address	Tel. #
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. MISCELLANEOUS ITEMS**

A. Summary of Requested Attachments

Include the following items with your package:

1. Copy of Tax Certificate and I.D #
2. License(s) (Attach Copy)
3. Financial Statement
4. An original ACORD Insurance form showing BHA as certificate holder
5. List of current projects including project description, owner, architect, contract amount, percent complete, and scheduled completion date
6. Attachment C, M/WBE-DVBE Questionnaire (Attach only if company is M/WBE-DVBE)

B. Summary of Other Attachments:

in addition to attachments requested above list items included in your package:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

