

**SBA 105**  
**CONTRACTOR'S QUALIFICATION STATEMENT**

School Building Authority of West Virginia  
**CONTRACTOR'S QUALIFICATION STATEMENT**

The undersigned certified under oath that the information provided herein is true and sufficiently complete so as not to be misleading. This document must be submitted by the apparent low bidder(s) within three (3) days after the bid opening and will be used in the bid evaluation process.

**SUBMITTED TO:** School Building Authority of West Virginia  
2300 Kanawha Boulevard, East  
Charleston, WV 25311

**SUBMITTED BY:** Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Principal Office Location: \_\_\_\_\_  
Valid WV Contractor License Number \_\_\_\_\_

**QUALIFICATION STATEMENT SUBMITTED FOR  
(INSERT PROJECT NAME):**

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

**TYPE OF WORK:**

|                  |       |                      |       |
|------------------|-------|----------------------|-------|
| Site Preparation | _____ | General Construction | _____ |
| Roofing          | _____ | Plumbing             | _____ |
| HVAC             | _____ | Sprinkler            | _____ |
| Electrical       | _____ | Other                | _____ |

(File separate form for each classification of work)

**ORGANIZATION:**

Please provide the following information concerning your organization:

**TYPE OF ENTITY:**

|             |       |            |       |
|-------------|-------|------------|-------|
| Corporation | _____ | Individual | _____ |
| Partnership | _____ | Other      | _____ |

**NAME OF PRINCIPAL, OWNERS OR PARTNERS:**

| Name  | Position | Years of Service<br>with Organization |
|-------|----------|---------------------------------------|
| _____ | _____    | _____                                 |
| _____ | _____    | _____                                 |
| _____ | _____    | _____                                 |
| _____ | _____    | _____                                 |

Number of years this organization has been in business? \_\_\_\_\_

Have members of this organization operated under former names/businesses? If “yes,” list name, type of entity and names of principal, owners or partners. Yes \_\_\_ No \_\_\_

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

Provide a brief description of the general type of construction the firm performs.

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

Please indicate the work you intend to subcontract or perform for this project.

|            | Perform | Subcontract |            | Perform | Subcontract |
|------------|---------|-------------|------------|---------|-------------|
| Earthwork  | _____   | _____       | Plumbing   | _____   | _____       |
| Concrete   | _____   | _____       | HVAC       | _____   | _____       |
| Masonry    | _____   | _____       | Electrical | _____   | _____       |
| Structural | _____   | _____       | Other_____ | _____   | _____       |
| Roofing    | _____   | _____       | Other_____ | _____   | _____       |
| Sprinkler  | _____   | _____       | _____      | _____   | _____       |

Please provide information regarding your company’s participation in a drug program that meets the objectives, applicable laws and regulations for a drug free workplace including the use of tobacco and alcohol on school properties.

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

Please provide information regarding the experience and skill of the bidder's work force and that of the bidder's designated subcontractors. Attach additional information, if required. (Marked as Attachment \_\_.)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**EXPERIENCE:**

If you have completed school construction work or similar construction, or completed work on SBA projects, provide a list of projects with individual references that can verify the quality of your work, your ability to construct within budget and your ability to work within the proposed schedule. Attach additional information, if required. (Marked as Attachment \_\_.)

| Project | Reference |
|---------|-----------|
| _____   | _____     |
| _____   | _____     |
| _____   | _____     |

Please list (marked as Attachment \_\_) all major construction projects (schools or other projects) your organization has in progress providing the name of project, owner, architect, contract amount, bonding company, insurance carrier, percentage complete and scheduled completion date.

Please list (marked as Attachment \_\_) major projects (schools or other projects) your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, bonding company, date of completion and percentage of the cost of the work performed with your own forces. Note whether or not each project was completed on schedule.

**APPRENTICESHIP PROGRAM:**

Please provide information regarding your company's and subcontractor's participation in a bonafide apprenticeship program that is approved by the U.S. Department of Labor, U.S. Bureau of Apprenticeship Training and is administered in compliance with the rules and regulations of the WV Department of Labor. [See DOL 42-7-3.1(i)] (Marked as Attachment \_\_)

**REGULATORY COMPLIANCE:**

At any time during the past five years, has your firm, or any of its owners or officers been found in violation or in default in any of the following categories: (Attach detailed explanation for all Yes answers.)

|   |           |          |
|---|-----------|----------|
| Worker’s Compensation Laws  | Yes _____ | No _____ |
| Unemployment Compensation Laws  | Yes _____ | No _____ |
| Federal and State Prevailing Wage Laws  | Yes _____ | No _____ |
| Fair Labor Standards Act  | Yes _____ | No _____ |
| Compliance with fringe benefit contributions<br>(i.e., health insurance and pension benefits) | Yes _____ | No _____ |
| Immigration Reform and Control Act (IRCA)   | Yes _____ | No _____ |

**INSURANCE AND BONDS:**

Please list name of current insurance carrier and number of projects insured by carrier:

| Insurance Carrier                      | Number of Projects |
|--|--------------------|
| _____                                  | _____              |
| (Marked as Attachment __, if required) |                    |

Please list name of bonding company(s)/agent(s) utilized for projects constructed during the last five years:

| Bonding Company | Bonding Company/Agent |
|-----------------|-----------------------|
| _____           | _____                 |
| _____           | _____                 |
| _____           | _____                 |

**CLAIMS AND SUITS:** (Attach detailed explanation for all Yes answers)

Has your organization ever failed to complete any Construction work it has been awarded? Yes \_\_\_\_\_ No \_\_\_\_\_

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please describe in full) Yes \_\_\_\_\_ No \_\_\_\_\_

Has there been in the last ten (10) years, or is there now pending or threatened, any litigation, arbitration, investigation, or governmental or regulatory proceeding involving claims in excess of \$100,000 or requesting a declaratory judgment or injunctive relief with respect to the construction or operation of any building which your firm, its principals, predecessors or affiliates constructed?

Yes \_\_\_\_ No \_\_\_\_

Is there any potential claim, demand, litigation arbitration, investigation, governmental proceeding or regulatory proceeding involving your firm, or its principals, predecessors or affiliates? If the answer to either of the preceding questions is “yes,” please describe in full in an attachment.

Yes \_\_\_\_ No \_\_\_\_

In addition to the litigation, arbitration, investigation or governmental or regulatory proceeding referred to in the preceding paragraphs, is there any litigation, arbitration, investigation or governmental or regulatory proceeding now pending or threatened to which your firm is or may be a party, or are you aware of any potential claim or demand, which might otherwise affect the capacity of your firm to perform with respect to your involvement with the School Building Authority of West Virginia, whether or not it concerns other work which you have undertaken? If so, please describe in full.

Yes \_\_\_\_ No \_\_\_\_

Is your company currently in default on any departments to the state or political subdivisions that in aggregate exceeds \$1,000? See WV Code 5A-3-10a.

Yes \_\_\_\_ No \_\_\_\_

At any time during the past five (5) years has your firm, or any of its owners or officers, been debarred or otherwise deemed ineligible to bid on or be awarded a public works contract or perform work as a subcontractor on a public works contract, under the laws of the federal government, state, county or municipal authority?

Yes \_\_\_\_ No \_\_\_\_

At any time during the last five (5) years has your firm, or any of its owners or officers, been convicted of a crime relating to the awarding of a contract for a public works construction project,

Yes \_\_\_\_ No \_\_\_\_

or the bidding or performance of a public works project?

Is there any person owing ten (10) percent or more of this company, or officer of the company, that is currently, or at the time of the bid, on the Worker's Compensation Employer Violator System? If yes, provide name of individual.

Yes \_\_\_\_ No \_\_\_\_

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**BANKRUPTCY:**

Has your firm, its principals, predecessors, or affiliates been the subject of any proceeding under the federal bankruptcy laws or any other proceeding under state or federal law in which a court or government agency has assumed jurisdiction over any of the assets or business of your firm, its principals, predecessors or affiliates? If so, please identify the proceedings, the court or governmental body and the date such jurisdiction was assumed in an attachment.

Yes \_\_\_\_ No \_\_\_\_

**FINANCIAL CONDITION:**

**\*Financial Statements are required for every contractor and subcontractor working on an SBA funded project. This confidential statement is kept on file in the SBA office and is valid for one calendar year. Once expired, a new statement will be required as a condition of future bid awards. *The Contractor Qualification Statement is considered incomplete unless this financial information is provided.***

Please attach your organization's last two (2) years financial statements including your latest balance sheet and income statement showing the following:

Current Assets (e.g., cash, joint venture accounts, accounts receivable, accrued income, deposits, materials inventory and prepaid expenses);

Net Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

Name and address of firms attached financial statement and date thereof.

**CHANGE ORDER HISTORY:**

Describe each instance within the last five (5) years where change orders applied for during construction amounted in the aggregate to more than five percent (5%) of the

(Revised 6/09)

contract price for any building which your firm constructed, or in which actual construction costs exceeded the contract price by more than five percent (5%). (Exclude owner requested change orders). (Marked as Attachment \_\_, if required)

| Project | Change Order/Construction<br>Cost Overrun Amounts |
|---------|---|
| _____   | _____   |
| _____   | _____   |
| _____   | _____   |

**REFERENCES:**

Please list below trade references:

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

Please list below bank references:

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

Please list below completed project owner references:

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



**SIGNATURE AND NOTARY:**

Dates at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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

Title: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

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

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

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

Notary Seal