

Prime Contractor Prequalification Application

Step 1 – Complete the Application Form

- DUNS Number Include your nine-digit DUNS number (or apply through Dun & Bradstreet if you don't have one).
- Fill out all sections (no blanks—if not applicable, write 'N/A').
- Sign and date the Certification & Authorization Form.
- Identify the disciplines/trades for which you seek prequalification.
- Complete the Experience on Completed/Ongoing Projects form (at least 3 projects).

Step 2 – Gather Required Supporting Documents

- Financial Statements Last 3 years (audited if available; at minimum include balance sheet, income statement, and notes).
- Insurance Certificates Proof of coverage meeting UPenn's minimum requirements.
- Licenses Copies of all current trade licenses, plus City of Philadelphia Business Privilege License (if working in Philadelphia).
- Union Affiliation Confirmation that all labor (including subcontractors) is AFL-CIO union.
- Work History Project sheets for at least 3 projects from the past 2 years.
- OSHA Violations If applicable, provide citation(s), settlement(s), and resolution details for any violations in the past 5 years.
- Resumes & Org Chart For all principals and key personnel listed in the application.

Step 3 - Submit Your Application

Send completed and signed package to:

Ms. Karen Gibson, Capital Contracts Manager
Ms. Halima Davis, Contracts Coordinator

■ Email (preferred): kgib@upenn.edu
■ Email(Preferred): halimad@upenn.edu

Facilities and Real Estate Services University of Pennsylvania 3101 Walnut Street Philadelphia, PA 19104

Step 4 – After Submission

- Application will be reviewed for completeness.
- If additional info is needed, you'll have 30 days to respond.
- Review Committee will vote to approve, deny, or request more info.
- If approved, you'll be prequalified for 3 years.

UNIVERSITY OF PENNSYLVANIA DEPARTMENT OF ACQUISITION SERVICES

PREQUALIFICATION APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

1.	NAME OF	APPLICANT FIRM		
	Tax IC) No	or SS No.	
	DUNS	No. (See Instructions)		
	D/B/A	Name (if any)		
	Applicant'	s Address		
	City		_State	Zip
	Mailing Ad	ddress (if different)		
	City		State	Zip
	Telephone	e No. ()	_FAX No. ()	
	Corporate '	Website		
	Contact Pe E-mail Add	erson/Title Iress		
	**Contact F **E-mail Ad	Person/Titleddress		
2.	BUSINES	S ORGANIZATION OF APPL	ICANT	
	Date the a	applicant firm was formed		
	Type of O	rganization		
		Corporation State in which incorporated _	Year	
		Partnership ☐ General State and County where part	☐ Limited nership filed	
		Sole Proprietorship Owner		
		Not-for-Profit		
	□ **Esti	Joint Venture mator Name & e-mail addres	s if different from C	ontact Person**

3. MINORITY BUSINESS STATUS

a.		s the applicant firm certified as a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE)?						
	□ Yes	□ No						
rec cor	uires that ntract awai CEPTABL	evidence of insurarded by the Univers	nce coverage be sity to the contrac	The University of Pe in effect during the ctor. BINDERS ARE y the University of F	term of any NOT			
Pe	Workers' Compensation – In accordance with Commonwealth of Pennsylvania statutory limits. Employer's Liability coverage shall not be less than \$100,000.							
boo agg inc liab	Commercial General Liability – Minimum combined limit of \$2,000,000 for both bodily injury and property damage liability coverage, per occurrence and in the aggregate for each annual policy period. Coverage shall be extended to include blanket contractual liability coverage, owners and contractors protective liability, products and completed operations coverage, personal injury liability hazards and incidental medical malpractice coverage.							
hire	ed motor		ts of \$1,000,000	nge for all owned per accident for operty damage.				
		lity Protection - \$3 00 in the aggregat		currence, combined policy period.	d single limit			
Na	me of Prin	nary Insurance Age	ent or Broker					
Ad	dress							
Tel	lephone N	o. <u>(</u>)	FAX No). <u>(</u>)				
Тур	oe of Cove	rages						
		Commercial Gen. Liability	Auto Liability	Worker's Comp	Other			
Р	olicy No.	•						
	Name of							
_	Carrier mount –							
	Single							
	mount – ggregate							
	xpiration							
	Date							

APPLICANT'S BOND	ING INFORMATION							
Name of Bonding Age	nt							
Address								
Telephone No. ()	Telephone No. () FAX No. ()							
Name of Bonding Capacity (Single) Bonding Capacity (Aggreen Bonding Company								
APPLICANT'S LICENSES AND CERTIFICATES – Provide information on license and certificates necessary for the type of work applicant firm will perform. Attaccopies, including City of Philadelphia Business Privilege License and Certificate of Authority to do Business in the Commonwealth of Pennsylvania (if applicable)								
Type of License or Certificate	Firm or Individual's Name	License No.	Expiration Date					

7. CURRENT NUMBER OF EMPLOYEES

5.

6.

	Full Time	Part Time
Office		
Field		

- **8. PRINCIPALS AND KEY PERSONNEL IN FIRM** On the chart below, complete the required information. "Principals" and "Key Personnel" include any of the following:
 - Proprietors, partners, directors, officers
 - Any manager or individual who participates in overall policy-making or financial decisions for the firm
 - Any person in a position to control and direct the firm's overall operations or any significant part of it's operation

Applicant firms that are publicly held corporations should list the president, treasurer, AND only those officers and managers who will have direct responsibility for PENN contracts.

Resumes for Principals and Key Personnel and firm's current Organizational Chart must be provided with this application.

a. Principals and Key Personnel (use additional paper if necessary)

	Person 1	Person 2	Person 3
Name			
Title			
% of Ownership			
No. of shares owned			

11	tie							
%	of Ownership							
N	o. of shares owne	d						
b.	At present, do any of the Principals or Key Personnel listed in Question No. 8a own 25% or more of any other firm? ☐ Yes ☐ No If "Yes", list below							
	Person	Fir	m Name	Address		5	Tax ID No.	% Owned
 c. Is any Principal or Key Person listed in Question No. 8a a current empressed by blood or marriage to any current employee of the Univ Pennsylvania? ☐ Yes ☐ No 						•		
	If "Yes", list below	N						
Name of Principal or Name of PENN Relative Relationship								ip

Name of Principal or Key Person	Name of PENN Relative	Relationship

d.	Are any of the Principals o			ion No. 8a related by blood that currently does work for			
	the University of Pennsylva	ania?		and durinkly dodd work for			
	□ Yes □ I	No					
	If "Yes", list below						
	Name of Principal or		Relative	Name of Other Firm			
	Key Person	in Oth	er Firm				
manpo trade		versity projec	ts <u>must</u> be pe	abor required to complete erformed utilizing AFL-CIO or its field personnel?			
	□ Yes □ □	No					
	If "You" list below						
	If "Yes", list below						
	Trade	Lo	cal	Contract Expiration Date			
b.	Does the applicant firm pay ☐ Yes ☐ ☐	. •	ion scale wage	es and benefits?			
C.	In the last five (5) years, ha apprenticeship program? ☐ Yes ☐ □	as the applicar No	nt firm participa	ited in a state-approved			
10 AI	PPLICANT FIRM'S FINANC	NAL INEODM	ATION				
i U. Al	FELICANT LINING FINANC	JIAL INFORM	AIION				
a.	Identify name of credit services (i.e. Dun & Bradstreet) and Account No.						
	Name of Credit Se	ervice		Account No.			
	1						

b		of credit, unsectithe following:	cured loan or se	ecured loan provided by a lending		
	Amount of Credit	Outstanding Balance	Termination Date	Name/Address of Lending Institution		
	Credit	Dalalice	Date	ITISULUIIOTI		
	A readh are cons	liono outotondi	n a a a a in at the a	annlinent firm?		
C	. Are there any ☐ Yes	liens outstandi □ No		applicant IIIm?		
	If "Yes", provi	de a detailed ex	xplanation with	this application.		
 d. Has the applicant firm or any of its current Principals or Key Personnel been party to a bankruptcy or reorganization proceeding within the last five (5) years? ☐ Yes ☐ No 						
	If "Yes", provi	de a detailed ex	xplanation with	this application.		
f.	Annual sales	dollar volume o	f firm			
				oplicant has answered "Yes" to any upplied with this application.		
D	ouring the past f	five (5) years, h	as the applicar	at firm ever:		
а	. Been the subsupplier?	oject of a lien □ No		5,000 or more by a subcontractor or		
b	. Failed to com □ Yes	plete a contract □ No				
С	•	ded, debarred,	disqualified or	otherwise been declared ineligible to		
	bid? □ Yes	□ No)			
d	. Been defaulte □ Yes	ed on any contra				
е	. Had a contrac □ Yes	ct terminated?)			
f.	Had liquidated ☐ Yes	d damages ass □ No		t upon completion of a contract?		

	During the past five (5) years, has the applicant firm or any of its Principals or Key Personnel:					
a.	Been a plaintiff or de construction contracts? ☐ Yes	fendant in any lawsuits arising out of public or private □ No				
b.	•	investigation involving any alleged violation of criminal law, er federal, state or local civil law? ☐ No				
C.	Been convicted after tr ☐ Yes	al or by plea of any felony under state or federal law? □ No				
d.	•	o contendere to a charge of embezzlement, theft, forgery, destruction of records, receiving stolen property or violation No				
e.		investigation of any alleged violation of a federal, state, or ny public agency including, but not limited to, federal ch as EPA or SEC? □ No				
f.		mmitted a violation of any labor law or regulation including and fair labor practices/ No				
g.	Been found to have co ☐ Yes	mmitted an OSHA "serious violation"? □ No				
h.	Been found to have colocal environmental law					

13. BIDDING CAPABILITY AND PREVIOUS categories in which the applicant firm experience in a particular trade or act prequalification in that category. The applicant category selected indicating the apwith that work.	has <u>previous experience</u> . Previous ivity by the firm is a <u>prerequisite to</u> plicant must provide a separate narration
A. Specialty (check all appropriate) □ 1. Research, Laboratories, Medical □ 2. Commercial, Retail □ 3. Residential □ 4. Office □ 5. Classroom □ 6. Historic Preservation □ 7. Landscape	 □ 8. Paving □ 9. Construction Management □10. Utilities □11. Exterior Restoration (non-historic) □12. Demolition □13. Materials Testing □14. Elevator/Escalator
B. CSI Division Specialty (check all appropression performing capability for each specialty selections)	
 □ 1. Sitework □ 2. Concrete □ 3. Masonry □ 4. Metals □ 5. Carpentry □ 6. Thermal and Moisture Protection □ 7. Doors & Windows □ 8. Finishes □ 9. Specialties □ 10. Equipment □ 11. Furnishings □ 12. Special Construction 	□ 13. Conveying Systems □14. Mechanical □15. Electrical □16. Plumbing □17. HVAC □18. Sprinkler □19. ATC □20. Balancing □21. Fire Alarms □22. Security □23. Roofing □24. Asbestos Abatement
C. Contract Capability (determined by size of pr ☐ 1. \$0 - \$10,000 ☐ 2. \$0 - \$50,000 ☐ 3. \$0 - \$100,000 ☐ 4. \$0 - \$250,000 ☐ 5. \$0 - \$500,000 ☐ 6. \$0 - \$1,000,000	evious work and bonding capacity) 7. \$0 - \$3,000,000 8. \$0 - \$5,000,000 9. \$0 - \$10,000,000 10. \$0 - \$25,000,000 111. \$0 - \$\$25,000,000
If offered, are you willing to participate in ☐ Yes ☐ No	projects less than \$100,000?

14. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS – A separate sheet must be completed for a minimum of 3 projects.

Project #1								
□ Project (Completed		Work in Pr	ogress				
□ Prime C	ontractor		Subcontrac	ctor		Joint Ve	enture Par	tner
/ -								
Facility / Pro	oject Name							
Address of I	Project							
Owner								
Contract Am	nount (Applicant'	s sh	are)					
Was this pro	oject bonded?		Yes			No		
Were you re	equired to posses	ss a	Performand	e and/or Payr	ment	Bond?	□ Yes	□ No
Start Date _								
Scheduled (Completion Date			_ Actual Com	pletio	n Date _		
Construction	n Manager							
Architect								
Reference f	familiar with <u>you</u> or):	<u>ır</u> pe	erformance	(Prime Contra	actor	if applic	ant emplo	yed as
Name				Title				
Telephone I	No. <u>(</u>)			Fax No. ()			
Prime Contr	actor (if applicar	nt wo	orked as sub	ocontractor)				
% of work p	erformed by app	licar	nt firm with a	applicant's ow	n forc	es		
Description	of work performe	ed b	y applicant f	irm				

^{**}Single projects values only. Do not include maintenance contracts.**

14. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS -

Pr	oject #2							
	Project Completed		Work in Pr	ogress				
	Prime Contractor		Subcontrac	ctor		Joint Venture	Partner	
Fa	cility / Project Name							
Ac	Idress of Project							
	vner							
Co	ontract Amount (Applicant's	s sh	are)					
W	as this project bonded?		l Yes			No		
W	ere you required to posses	s a	Performanc	e and/or Paym	nent	Bond? □ Ye	es 🗆 N	10
Sta	art Date							
Sc	Scheduled Completion Date Actual Completion Date							
Co	onstruction Manager							
Ar	chitect							
	eference familiar with <u>you</u> bcontractor):	<u>r</u> pe	erformance	(Prime Contra	ctor	if applicant en	nployed a	as
Na	ime			Title				
Te	lephone No. ()			Fax No. ()			
Pr	ime Contractor (if applican	t wo	orked as sub	contractor)				
%	of work performed by app	icaı	nt firm with a	pplicant's owr	n forc	es		
De	escription of work performe	d b	y applicant f	irm				

^{**}Single projects values only. Do not include maintenance contracts.**

14. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS

Pr	oject #3						
	Project Completed		Progress				
	Prime Contractor					enture Par	
Fa	cility / Project Name						
Ac	Idress of Project						
O۷	vner						
Сс	ontract Amount (Applicant	s share)					
W	as this project bonded?	□ Yes			No		
W	ere you required to posse	ss a Performa	nce and/or Payr	ment	Bond?	□ Yes	□ No
Sta	art Date						
	heduled Completion Date						
Сс	onstruction Manager						
Ar	chitect						
Re	eference familiar with <u>you</u> bcontractor):				if applic	ant emplo	oyed as
Na	ame		Title				
Te	elephone No. (<u>)</u>		Fax No. ()			
Pr	ime Contractor (if applicar	nt worked as s	ubcontractor)				
	of work performed by app						
	escription of work perform						
_							

^{**}Single projects values only. Do not include maintenance contracts.**

CERTIFICATION AND AUTHORIZATION

1	, being duly sworn, state that I am
(print full name)	of
(print title) and that I have read and understand the attached application and its appendices.	(print firm name)
I certify that to the best of my knowledge question and the appendices is full, complete	
I acknowledge that the University of Pennsy determine the accuracy and truth of the state	
I recognize that all the information submitted University of Pennsylvania to determine rest and the requirements necessary to meet prequalification purposes only. Additional or or project award by the University of Penns are set forth in each invitation for bid. Pred contract work.	sponsibility. The information to be provided the standards for prequalification are for different standards are required for each job ylvania. Those standards and requirements
I authorize the University of Pennsylvania to for purposes of verifying the information authorization shall have the same force and	supplied by the applicant. A copy of this
A MATERIAL FALSE STATEMENT OR OTHIS APPLICATION IS SUFFICIENT CAUS REVOCATION OF PRIOR APPROVAL THE FROM PERFORMING WORK FOR THE UPERIOD OF UP TO THREE (3) YEAR INFORMATION CONTAINED IN THE APPLICANT MARESPONSIBILITY", THE APPLICANT MARESULTING FROM THE TERMINATION CAPPLICANT.	E FOR DENIAL OF THE APPLICATION OR HEREBY PRECLUDING THE APPLICANT JNIVERSITY OF PENNSYLVANIA FOR A ARS. IN ADDITION, IF FRAUDULENT LICATION IS USED BY THE UNIVERSITY TERMINATION OF THE APPLICANT'S AY BE HELD LIABLE FOR ANY COSTS
Print name	Date
Print Title	
Signature	