

CITY OF EAST POINT, GEORGIA  
CONTRACTOR QUALIFICATIONS AND REFERENCES

The City of East Point, Georgia, has prepared this brief questionnaire to assist the City in evaluating contractors who would like to perform work for the City. Contractors with acceptable credentials shall be eligible to perform work for the City. Completion of this form may be a prerequisite or requirement of bid award. Please type or print legibly and return the completed form with your bid response.

Company Contact Information

Name \_\_\_\_\_

Utility or General Contractor's License Number (*if applicable*) \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

\_\_\_\_\_

Company Contact / Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Site \_\_\_\_\_

Does your Company have a Georgia-based office or affiliate, if so:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

\_\_\_\_\_

Company Contact / Representative \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Cell Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Date your Company / affiliation was establish \_\_\_\_\_

Type of Company

Sole Proprietor    Partnership    Corporation    LLC    Other, Specify: \_\_\_\_\_

Licensing / Bonding

Is your Company licensed to perform work in the State of Georgia?  Yes  No

For the purpose of bidding, is your Company bondable in the State of Georgia?  Yes  No

Name of your principle or primary Bonding Agent \_\_\_\_\_

Insurance

Amount of Liability Insurance coverage \$ \_\_\_\_\_

2009/2010 Workman's Compensation modifier \_\_\_\_\_ %

Is your Company a Drug Free work place?  Yes  No

Who administers your Drug Free Program? \_\_\_\_\_

Does your Company perform random drug testing?  Yes  No

Personnel Experience

Number of full time Company employees: \_\_\_\_\_

Based upon the Scope of Work, how many employees will be assigned to the City's project?  
\_\_\_\_\_

Number of years of on-the-job experience of your average worker?  Years

Number of years of on-the-job experience of your average supervisor?  Years

References

Please provide contact information on a minimum of five (5) Georgia companies for whom your Company has performed similar work. Emphasis should be placed on work performed during the past thirty-six (36) months. Contractors who have provided similar services to other Municipalities or Government Agencies may be given preference during the selection process.

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Company \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail \_\_\_\_\_

Thank you for taking your time to complete this brief questionnaire. The City will use this information solely for the purpose of evaluating your Company's qualifications and experience to perform the Scope of Work relative to this bid. Please include the completed form in your bid response. Completion of this form may be a prerequisite or requirement of bid award.

\_\_\_\_\_  
Name of person completing questionnaire

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date