



Subcontractor
Request for Qualifications
Version 06/19/2017

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Instructions:

Save form to your computer and fill in your responses. If you need additional room you may add pages at the end. Questions? Email us at federalbids@ameresco.com.

Return form to:
Ameresco, Inc.
520 W Summit Hill Dr, Ste 401
Knoxville, TN 37902

federalbids@ameresco.com

1. General Information

Date:	
Company Name:	
Street Address	
City, State, Zip Code	
Years in Business:	
Contact Name:	
Title:	
Telephone Number:	
Direct Dial:	
Facsimile Number:	
Email Address:	
Website Address:	

Please name the person at Ameresco with whom you have been in contact

If your company is Pre-Qualifying for a specific project, please list the project here:

2. Organizational Structure/Key Personnel

2.1 Form of organization, e.g., corporation, partnership, limited liability company etc.

2.2 State where company is incorporated or otherwise organized:

2.3 Select the category below in which your company qualifies: **Note: At least one of the boxes below must be checked.**

Please provide a copy of your qualifying certificate if a Small Business.

- Large Business Concern (LB)
- Small Business (SB)*
- Small Disadvantaged Business (SDB)**
- Women Owned Business (WOSB)
- Historically Black Colleges and Universities (HBCU) and Minority Institutions (MI)
- HUBZone Small Business (HUBZSB)
- Veteran Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Alaska Native Corporations (ANC)
- Large Alaska Native Corporations (ANC)

* Small business size standards are determined by the Small Business Administration (SBA) according to a company's North American Industry Classification System (NAICS) code. *Most construction industries are considered small if their annual receipts do not exceed \$33.5 million.*

A complete list of NAICS codes with their related size standards can be found in Title 13, Code of Federal Regulations, Part 121

** Small Disadvantaged Businesses include those 51% owned and operated by Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, and Subcontinent Asian Americans.

Regulations governing the administration of the SBA's Small Disadvantaged Business Program are presented in Title 13, Code of Federal Regulations, Part 124

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2.4 Please attach:

- a. List of offices with addresses and phone/fax/e-mail numbers
- b. Copy of organization chart
- c. List number of employees in each office location
- d. List of licenses you or your company holds and applicable jurisdictions.

3. Market Segmentation

<p>What is the percentage of your company's total revenues from existing facilities and new construction?</p> <p>Existing</p> <p>New Construction</p> <hr/> <p>100%</p>
<p>Enter the percentage of your total revenues in the last fiscal year by market segment:</p> <p>Industrial</p> <p>Institutional</p> <p>Commercial</p> <p>Government</p> <p>Residential</p> <p>Other</p> <hr/> <p>100%</p>
<p>Enter the percentage of your total revenues in current fiscal year by area:</p> <p>Local</p> <p>Regional</p> <p>National</p> <p>International</p> <hr/> <p>100%</p>

Indicate preferred geographic area(s) in which you currently (or realistically would want/expect to) do business.

<p><u>National/Regional</u> Check as appropriate:</p> <p><input type="checkbox"/> North East <input type="checkbox"/> Mid Atlantic I</p> <p><input type="checkbox"/> South East <input type="checkbox"/> Mid West - Northern</p> <p><input type="checkbox"/> North West <input type="checkbox"/> Mid West – Central</p> <p><input type="checkbox"/> West <input type="checkbox"/> Mid West – Southern</p> <p><input type="checkbox"/> South West</p>
<p><u>International:</u> List up to 6 countries in order of priority:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>

Experience and Capabilities

Check the most appropriate general category and sub-category for your firm:

Contracting

- 01 00 00 General Requirements
- 02 00 00 Site Construction
- 03 00 00 Concrete
- 04 00 00 Masonry
- 05 00 00 Metals

- 06 00 00 Wood, Plastics and Composites
- 07 00 00 Thermal and Moisture Protection
- 08 00 00 Openings (doors & windows)

- 09 00 00 Finishes

- 10 00 00 Specialties
- 11 00 00 Equipment
- 12 00 00 Furnishings
- 13 00 00 Special Construction
- 13800 Building Automation and Control
- 13 60 00 PV/Solar
- 14 00 00 Conveying Systems
- 22 00 00 Plumbing
- 22 20 00 Water Conservation

- 23 00 00 Heating, Ventilating and Air Conditioning
- 23 50 00 Geothermal
- 26 00 00 Electrical
- 26 50 00 Lighting

- Other (please list)

Notes/Clarifications:

For contracting, also check as appropriate:

Design Build Design/Build

Consulting/Engineering

<input type="checkbox"/> Lighting	<input type="checkbox"/> Civil
<input type="checkbox"/> Electrical	<input type="checkbox"/> Architectural
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Auditing
<input type="checkbox"/> HVAC	<input type="checkbox"/> Commissioning
<input type="checkbox"/> Industrial	<input type="checkbox"/> Water Conservation
<input type="checkbox"/> Other <input type="text"/>	

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4. Financial Profile

4.1 Please provide your Annual Report for the last two years.

Please indicate the company’s revenues and profits for the last 2 years.

	2015	2016
Revenues		
Profits		

4.2 What is the current Net Worth of the company?

	Included (Yes/No)	Audited/Unaudited
Income Statement		
Balance Sheet		

5. Risk Profile

6.1	Amount of largest project for which you have been <u>bonded</u> during your last 2 fiscal years: \$
6.2	What is your Bonding Limit? \$
6.3	What is your Bonding Rate?
6.4	Who is your Bonding Agent?
6.5	Briefly describe the largest project completed in last 2 fiscal years (Please include: project description and contract amount (only include your contract amount if part of a larger project):
6.6	Please describe the outcome or current status of any legal actions or claims lodged against your firm because of alleged non-performance. Include the names of any arbitrating agencies or other authorities that may be/were involved. Attach additional pages if needed.
6.7	Have you ever failed to complete any work awarded to you? If yes, indicate client(s), reason(s) and date(s). Attach additional pages if needed.
6.8	Within the past five years, has your company filed for bankruptcy under the company's current or another name? If yes, please indicate date(s) and the current status of the proceeding. Attach additional pages if needed.
6.9	If you are selected to be a AMERESCO Contractor we will require a sample of projects completed for the CSI sections listed in Experience & Capabilities section of this form. The information we desire is project type, magnitude (dollars), and project manager. A) Are personnel involved with each of these projects still with your firm?

6. Safety

7.1 Does your company have a written safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a copy for AMERESCO review.	
7.2 Do your employees receive safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the type (s) of safety instruction and the frequency.	
7.3 Do you maintain records of employee training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.4 Please provide your company's Experience Modification Rate (EMR) for the past two years.	
2015	2016
7.5 How many work related injuries has your company had in each of the last two years?	
2015	2016
7.6 Do you have a Drug/Alcohol policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Do you perform random testing of your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. References

Please provide references for three customers for whom you have provided services/products in the past 12 months:

Company name:
Address:
Nature of service:
Project Size (\$1,000's):
Key contact:
Telephone Number:

Company name:
Address:
Nature of service:
Project Size (\$1,000's):
Key contact:
Telephone Number:

Company name:
Address:
Nature of service:
Project Size (\$1,000's):
Key contact:
Telephone Number:

8. Liability Requirements

If you are selected to contract with Ameresco you will be required to meet the following minimum limits of Liability, please indicate your ability to meet the following requirements:

Worker's Compensation: Statutory Limits. <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Liability: Each occurrence \$1,000,000.00 <input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive General Liability, including contractual : Bodily Injury per person, \$2 million; Bodily injury per occurrence; Property Damage per occurrence, \$2 million; Personal Injury per occurrence, \$2 million. <input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Automobile Liability, including owned, non-owned and hired automotive equipment: Bodily Injury per person, \$1 million; Bodily injury per occurrence, \$1 million, property Damage per occurrence, \$1 million. <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Umbrella liability Insurance with a limit of not less than \$5 million. <input type="checkbox"/> Yes <input type="checkbox"/> No
Pollution liability Insurance with a limit of not less than \$2 million. <input type="checkbox"/> Yes <input type="checkbox"/> No
Professional liability Insurance with a limit of not less than \$2 million. <input type="checkbox"/> Yes <input type="checkbox"/> No

Owner and or Owners representative and Ameresco shall be required to listed as additional insured. A waiver of subrogation in favor of Owner and or Owners representative and Ameresco shall be required.

9. Certification (by an officer of the company)

I certify that all the information provided in this Statement of Qualifications is true and accurate to the best of my knowledge.

Name of Officer:

Title:

For (company name):

Signed: _____

Date:

Telephone Number:

Thank you for taking the time to complete this confidential questionnaire.

This Statement of Qualifications will be used for internal purposes only.