

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

Submit to: Knight/Jacobs Joint Venture ATTN: Procurement 710 Scarboro Road Oak Ridge, TN 37830	Contact: William Thornton III AE/CM Procurement Manager 865. 241-3276 865.241-7264 (FAX)
Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Revision	
Submitted by (Company Name):	
Contact Name:	
Title:	
Address:	
City, State, Zip:	
Federal Tax ID Number:	Main Office Telephone:
Dunn & Bradstreet (DUNS) number:	Main Office Fax:
Preferred marketing or Construction specialization area:	
The above enterprise hereby certifies that it is an Equal Opportunity Employer in accordance with Federal Acquisition Regulation 22.8. If no, why not?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years has your organization been in business as a Contractor?	
Average number of employees over past three years:	
Average annual sales or receipts for preceding three fiscal years:	
How many years has your organization been in business under its present business name?	
Under what other or former names has your organization operated?	
If your organization is a corporation, answer the following:	
Date of incorporation:	
State of incorporation:	
President's name(s):	
Vice-president's name(s):	
Secretary's name:	
Treasurer's name:	
If your organization is a partnership, answer the following:	
Date of organization:	
Type of partnership (if applicable):	
Name(s) of general partner(s):	
If your organization is individually owned, answer the following:	
Date of organization:	
Name of owner:	

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

If your company is a subsidiary, affiliate, or Division, answer the following:	
Name and location of Parent Company (if appropriate):	
Name and location of Corporate Headquarters (if appropriate):	
Nature of affiliation?	
If the form of your organization is other than those listed above, describe it and name the principals:	
Please check the type of business here:	
<input type="checkbox"/> Manufacturer/ Fabricator <input type="checkbox"/> Distributor/Stocklist Supply House <input type="checkbox"/> Manufacturer's Representative <input type="checkbox"/> Assembly Shop	
<input type="checkbox"/> Construction <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Service Provider <input type="checkbox"/> Other (specify below)	
If the answer to any of the following questions is yes, provide details.	
Has your organization ever failed to complete any work awarded to it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
Are there any judgments, claims, arbitration proceedings, or law suits pending or outstanding against your organization or its officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
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 contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
Has your company ever been debarred under a US Government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:	
Have you performed work under Cost Reimbursable type contracts?	
As a Prime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a Subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you performed work under Lump Sum contracts?	
As a Prime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As a Subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

Have your company's overhead rates been audited by Defense Contract Agency (DCAA) or other Federal or State Government Agency? If yes, please provide the date of the last audit and the name of the Auditing Agency. Auditing Agency: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company established forward pricing rates? Have these rates been approved by a Government Agency? If yes, please indicate Agency. Agency: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm currently have in place formal business polices and procedures and a management information system for controlling work on Government contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have all applicable licenses (contractor's license, laboratory certificates, etc.) required to do business in the areas in which you operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide (as an attachment) a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items: <ul style="list-style-type: none"> ▪ Current assets (e.g., cash, joint venture accounts, accounts receivable, notes 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 per values, earned surplus, and retained earnings). 	
	Name and address of firm preparing attached financial statement, and date thereof:
Name:	
Address:	
Date completed:	
Is the attached financial statement for the identical organization provided above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).	
_____ _____	
Can your company provide Performance and Payment Bonds? If so, to what dollar range? _____ Name of Surety? _____ Point of Contact _____ Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the organization whose financial statement is attached act as guarantor of the contract?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide your Banking reference: _____	
Contact Name: _____ Phone number: _____	

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

In accordance with Government regulations and prime contract requirements, Knight/Jacobs Joint Venture is required to verify the business size and classification of our suppliers. Refer to the definitions below. The responsibility of determining classification type for your business is yours. If you have questions, please contact your U.S. Small Business Administration Office.

Please identify the general classification of your company. (If classified as a Small Disadvantaged Business, it is in accordance with the Small Business Act and the Small Business Investment Act of 1958, as amended, and the impending regulations, as amended, or is a Women's Business Enterprise as defined by law.) Check the appropriate box(es):

- Small Business Concern (SB)
- Disadvantaged Business Concern (SDB)
- Women-owned Small Business Concern (WOSB)
- HUBZone
- Large Business Concern (LB)
- Historically Black Colleges & Universities (BCU/MI)
- Veteran Owned Small Business (VOSB)
- Service Disabled Veteran Firm (SD-VOSB)
- Blind or Severely Disabled

The above enterprise is at least 51% owned, controlled, and operated by (see pages 3 & 4):

- Black American
- Subcontinent Asian American
- Hispanic American
- Asian Pacific American
- Native American
- Other: _____

Registered with Regional Minority Purchasing Council, Small Business Administration, or other organization?

- No
- Yes; Name: _____

"Socially disadvantaged individuals" means individuals who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their qualities as individuals.

"Economically disadvantaged individuals" means socially disadvantaged individuals whose ability to compete in the free enterprise system is impaired due to diminished opportunities to obtain capital and credit as compared to others in the same line of business who are not socially disadvantaged. Individuals who represent that they are members of named groups (Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent-Asian Americans) are to be considered socially and economically disadvantaged.

"Native Americans" means American Indians, Eskimos, Aleuts, and native Hawaiians.

"Subcontinent Asian Americans" means United States citizens whose origins are in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal.

"Asian Pacific Americans" means United States citizens whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory of the Pacific Islands (Republic of Palau), the Northern Mariana Islands, Laos, Kampuchea (Cambodia), Taiwan

"Women-owned small business concern" means a small business concern which is at least 51 percent owned by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

HUBZone means a historically underutilized business zone, which is an area located within one or more qualified census tracts, qualified nonmetropolitan counties, or lands within the external boundaries of an Indian reservation.

HUBZone small business concern means a small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the SBA.

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

"Large business" means 500 employees or more and is classified as such by exclusion from Section 3 of the Small Business Act and relevant regulations issued pursuant thereto.

"Affiliates". Business concerns are affiliates of each other when either directly or indirectly (i) one concern controls or has the power to control the other, or (ii) a third party controls or has the power to control both. In determining whether concerns are independently owned and operated and whether or not affiliation exists, consideration is given to all appropriate factors including common ownership, common management, and contractual relationship.)

"Number of employees (for Small Business). In connection with the determination of small business status, "number of employees" means the average employment of any concern, including the employees of its domestic and foreign affiliates, based on the number of persons employed on a full-time, part-time, temporary, or other basis during each of the pay periods of the preceding 12 months. If a concern has not been in existence for 12 months, "number of employees" means the average employment of such concern and its affiliates during the period that such concern has been in existence based on the number of persons employed during each of the pay periods of the period that such concern has been in business.

Enter number of the North American Industry Classification Codes (NAICs)

you would like to enter:

Please enter any applicable:

NAICS Codes

you are qualified and able

to perform work in:

Enter the number of additional NAICS Codes you would like to enter:

Additional significant information:

List your firm's Interstate Experience Modification Rate (EMR) for the three most recent years. If your EMR is over 1.0 – provide circumstances.

(Use intrastate rating if interstate rating is not available). On-Site Work Only

Year: _____	Rate: _____
Year: _____	Rate: _____
Year: _____	Rate: _____

Furnish the following injury and illness information from your OSHA Form 200 for the past three years: (attach a copy of any citations issued)	Year:	Year:	Year:
Number of lost workday cases:			
Number of restricted workday cases:			
Number of cases with medical treatment only:			
Number of fatalities:			
Number of employee hours worked:			

Do you permit Aguided ≅ (restricted) work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a safety orientation program for new hires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct toolbox safety meetings? How often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

Do you have a safety-training program for supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct project safety inspections and audits? How often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a written safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Hazard Communication Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company worked for the Department of Energy (DOE) in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please identify the national standard (e.g.; 10CFR50 Appendix B, NQA-1, ISO 9000, etc.) that was used as the basis for your Quality Assurance Program.

Standard: _____

QA Manager: _____ Phone Number: _____

Please provide an uncontrolled copy of your current QA Plan.

Please furnish a copy of your written safety program, your written Hazard Communication Program, and representative copies of any safety forms and/or reports currently used by your company. Also include, if available, any written descriptions or procedures your company has regarding orientation programs, safety meetings, safety inspections, and accident investigations.

There will be a Project Labor Agreement for the SNS Project. Will your company be willing to sign such an agreement? Yes No

Are you a General Contractor? Yes No

Are you a Specialty Contractor? Yes No

If so, please complete below:

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers.

Jurisdiction	Trade category	Registration/License number

List jurisdictions in which your organization's partnership or trade name is filed.

List the categories of work your organization normally performs with its own forces.

Provide (as attachment) a list of major construction projects your organization has in progress, giving the project name, owner, architect, contract amount, percent complete, and scheduled completion date.

VENDOR PREQUALIFICATION
Knight/Jacobs Joint Venture
Spallation Neutron Source Project

State total worth of work in progress and under contract: \$
Provide (as an attachment) the construction experience and present commitments of the key individuals of your organization.
Provide (as an attachment) a list of major construction projects your organization has completed in the last five years, giving the project name, owner, architect, contract amount, date of completion, and percentage of the cost of the work performed with your own forces.
State average annual amount of construction work performed during the past five years: \$
Provide (as an attachment) the following information: trade references, bank references, name of bonding company, and name and address of bonding agent.
Has your company ever participated in an On-Site Insurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?
The above Company certifies that it will promptly notify Knight/Jacobs Joint Venture if there are any changes in its status as stated above. The signer recognizes that this form will be relied upon in fulfilling legal requirements of Knight/Jacobs Joint Venture.
Submitted by (printed name):
Submitted by (signature):
Date:
Telephone number:
Fax number:
Website / E-mail address:
NOTICE: In accordance with U.S.C. 645(d), any person who misrepresents a firm's proper size classification shall (1) be punished by imposition of a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.
NOTICE: After placement on the bidder's mailing list, your failure to respond (submission of bid, or notice in writing, that you are unable to bid on that particular transaction, but wish to remain on the active bidder's mailing list for that particular item) to solicitations will be understood by the Knight/Jacobs Joint Venture to indicate lack of interest and concurrence in the removal of your name from the solicitation mailing for items concerned.