****

**SCHEDULE B – FORM OF SUBMISSION**

**RESPONDENT’S REQUEST FOR EXPRESSIONS OF INTEREST**

**AND**

**STATEMENTS OF QUALIFICATIONS**

This document is intended to provide information on the capacity, skill, and experience of the Contractor. Respondent may supplement information requested with additional sheets, if required.

Materially incomplete RFEOI/SOQ submissions may be deemed to fail the qualification process. Respondents may supplement information requested with additional sheets if required. All information provided should be relevant to the prequalification.

**Project Title: Pre-Cast Park Washroom Manufacturing and Installation**

**Type of Pre-Qualification:**

**Reference No.: 1220-050-2022-006**

**Submitted To:**

City Representative: Sunny Kaila, Manager, Procurement Services

Email for PDF Files: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

|  |  |
| --- | --- |
| SECTION A. | GENERAL INFORMATION |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | |  | | | | |
|  | | Full Legal Name of Firm | | | | |
| 2. | |  | | | | |
|  | | Business Address | | | | |
| 3. | Phone No.: | |  |  | Fax No.: |  |
| 4. | Email Address: | |  |  | Website  Address: |  |

5. Contact for prequalification inquiries (full name, position and email address):

6. Contact for general inquiries (full name, position and email address):

7. Membership of industry associations (please list):

|  |  |
| --- | --- |
| SECTION B. | RESPONDENT’S COMPANY PROFILE |

8. How many years has your organization been in business as a contractor? \_\_\_\_\_\_\_\_\_\_\_\_

9. How many years has your organization been in business under its present business name? \_\_\_\_\_\_\_\_\_\_\_

10. **Form of Business Organization:**

|  |  |  |
| --- | --- | --- |
|  | Sole Proprietorship |  |
|  | Partnership – jurisdiction and date of establishment: |  |
|  | Corporation – jurisdiction and date of incorporation: |  |
|  | Joint Venture – identify all joint venturers, and who has primary responsibility for this RFEOI/SOQ: |  |

11. **Respondent Summary** (Note: Provide background information (brief history, size, services offered, etc.))

|  |
| --- |
| Comments: |

|  |  |
| --- | --- |
| SECTION C. | RESPONDENT’S FINANCIAL REFERENCES |

**Insurance Reference:**

12. Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Are you able to provide General Liability Insurance, on an occurrence basis, in the amount of not less than $5,000,000 (CAD) with an insurer licensed in British Columbia for bodily injury, (including death) and damage to property including loss of use thereof?  Yes  No

17. Are you able to provide Automobile Liability Insurance for a limit of not less than $3,000,000 (CAD) for all owned, leased or rented licensed vehicles used in the performance of Work and shall include third party liability?  Yes  No

18. Are you able to provide All Risk Course of Construction (Builder’s Risk) Insurance for the value of the work performed and the full value of products specified by the City, if any, for incorporation into contract works?  Yes  No

19. Are you able to provide Contractor's Equipment Insurance covering at least the actual cash value of owned or leased construction machinery and equipment used in the performance of the Work and shall include a waiver of rights of subrogation against the Owner and the Consultant?  Yes  No

20. Do you carry Professional Errors and Omissions Insurance?  Yes  No If “Yes”, provide the following details:

(i) Amount of coverage:

(a) Per Occurrence/Claim: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Aggregate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Refer also to the City’s sample insurance certificate form available on the City's web site at [www.surrey.ca](http://www.surrey.ca) (search "Insurance Certificates") titled City of Surrey Certificate of Insurance Standard Form.

**Bonding Reference:**

1. Name of Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Telephone/Fax Numbers: Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_

25. Email of Surety Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Can your firm provide a Bid Bond? r Yes r No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. Can your firm provide a Performance Bond? r Yes r No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_\_\_

28. Can your firm provide a Labour & Material Payment Bond? r Yes r No

Bonding Limit: $\_\_\_\_\_\_\_\_\_\_

29. Current Bonding in Effect: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual value of construction work for the past five years:**

30. Approximate annual value of Pre-Fab concrete construction contracts completed in each of the last five years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** |  |  | **Value (Labour, Equipment and Materials)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

31. Indicate the dollar volume of work for which you presently have contracts, but have not started or completed to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SECTION D. | RESPONDENT’S EXPERIENCE, REPUTATION AND RESOURCES |

32. **Experience:** Respondent should describe your relevant experience and qualifications delivering Services the same/similar to that described in Schedule A – Scope of Services of this RFEOI/SOQ.

|  |
| --- |
| Comments: |

33. **Capacity:** Respondent should describe your capacity to take on the Services within the expectations as described in Schedule A – Scope of Services of this RFEOI/SOQ:

|  |
| --- |
| Comments: |

34. Similar or related projects completed. Listed in Appendix “A”. [As attached]

35. Key Personnel: *[Note: List key personnel who would be involved in the Project. Include a brief description of their experience. By completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws.]*

|  |  |
| --- | --- |
| **Name:** | **Title / Position:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

36. **Sub-Contractors**: Respondents should provide the following information on the background and experience of all preferred sub-contractors proposed to undertake a portion of the Services. Where final selection has not been made, identify potential subcontractors from which the selection will be made. If none, indicate “Not Applicable”. If any are individuals, by completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws. (use the spaces provided and/or attach additional pages, if necessary):

| **Name and Address** | **Contact Name & Phone Number** | **Area of Responsibility** | **Experience (including years working with Respondent)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

37. Do you evaluate the ability of subcontractors to comply with applicable Health, Safety and Environment requirements as part of the selection process?  Yes  No

38. Do you include subcontractors in:

* Audits  Yes  No
* Health, Safety and Environment Meetings?  Yes  No
* Health, Safety and Environment Orientation?  Yes  No
* Inspections?  Yes  No
* Do your subcontractors have a written Health, Safety and Environment Management Program or system?  Yes  No
* Do you use Health, Safety and Environment performance criteria in the selection of subcontractors?  Yes  No

39. **Conflict of Interest:** – *check as applicable*

|  |  |
| --- | --- |
|  | To the best of the Respondent’s knowledge, upon undertaking appropriate investigation and due diligence, the Respondent is not aware of any employees or persons who may be involved in this project, being “Associates”[[1]](#footnote-2) of City of Surrey, employees or officers. |
|  | The Respondent is aware of conflict(s) of interest or potential conflict(s) of interest, as follows:  *(Note: Identify parties and their role in the project, confirm their relationship based on the definition of “Associate”, and described the proposed solution to manage, minimize or eliminate any perceived or actual conflict(s).* |
|  |  |
|  |  |

|  |  |
| --- | --- |
| SECTION E. | RESPONDENT’S TECHNICAL RESPONSE |

40. **Equipment and Other Resources**:

(a) Respondent should describe the equipment, technologies, and other resources you could utilize to perform the Work efficiently and effectively and to meet the potential turnaround times.

|  |
| --- |
| Comments: |

(b) Do you maintain a list of the major equipment (e.g., cranes, forklifts) your company has available for work at this site, and the method of establishing the competencies to operate this equipment?

Yes  No. Respondent should provide a representative list of major equipment and size.

(c) Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with the regulatory requirements?  Yes  No

(d) Do you have a system for establishing the applicable Health, Safety and Environmental specifications for the acquisition of materials and equipment?  Yes  No

(e) Do you maintain operating equipment in compliance with the manufacturer’s and any local legislative requirements?  Yes  No

(f) Do you maintain the applicable inspection and maintenance certification records for operating equipment?  Yes  No

41. **Customer Satisfaction**: Indicate whether you have a formal documented customer satisfaction program and formal quality assurance program. If so, provide details including how these programs work and how often reviews are performed. Provide a written summary of the programs. Explain how these programs would be implemented at the City and how your company would ensure deficiencies in the performance of security services are corrected and standards are maintained.

|  |
| --- |
| Comments: |

42. **Quality Assurance and Quality Control:**

(a) Describe your quality assurance program:

|  |
| --- |
| Comments: |

(b) Describe how you would maintain quality control and meet quality standards in the performance of the Work:

|  |
| --- |
| Comments: |

43. **Customer Service**: Customer Service Approach - [Note: Describe your customer service approach, including issues management, reporting, etc.]

|  |
| --- |
| Comments: |

**Response and Escalation** – Describe your escalation process to resolve dispute and manage issues that arise.

|  |
| --- |
| Comments: |

44. Has your firm or any predecessor firm defaulted on a contract or had work terminated for non-performance within the last five (5) years?  Yes  No. If “Yes”, Respondent should briefly describe the project, owner, date and the circumstances/reason(s):

|  |
| --- |
| Comments: |

45. **Scheduling**:

|  |  |
| --- | --- |
| (a) Does your firm use the critical path method? | Yes  No |
| (b) Does your firm use computerized scheduling? | Yes  No |
| (c) If so, what software is used? |  |

|  |
| --- |
| Comments: |

46. **Additional Information:** What other information is not requested here but which you think the City should consider in evaluating your company?

|  |
| --- |
| Comments: |

This Submission is submitted this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.

**I/We have the authority to bind the Respondent.**

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

(Name of Respondent ) (Name of Respondent)

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

(Signature of Authorized Signatory) (Signature of Authorized Signatory)

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

(Print Name and Position of Authorized (Print Name and Position of Authorized Signatory) Signatory)

**APPENDIX A**

|  |
| --- |
| **SIMILAR OR RELATED PROJECTS COMPLETED**  (If space is insufficient, additional lines or pages may be added, if necessary) |

**Ref. #1. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #2. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #3. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. "Associate" means (a) a spouse, (b) a parent, sibling, son or daughter, or the spouse of any one of them, (c) a relative who lives in the person’s home, (d) a company in which a person owns shares carrying more than 10% of the voting rights attached to all shares of the corporation, (e) a person’s business partner, or (f) a trust or estate of which a person is one of the main beneficiaries or for which the person serves as a trustee. [↑](#footnote-ref-2)