INSTRUCTIONS ON COMPLETING THE PREQUALIFICATION APPLICATION

Firms who desire to participate in the University of Pennsylvania’s contracts program are required to complete a Prequalification Application, supply the supporting documents which are required and return the completed original signed package to:

Ms. Colleen Reardon, Director, Strategic Sourcing
Purchasing Services
University of Pennsylvania
Department of Purchasing Services
3401 Walnut Street, Suite 440A
Philadelphia, PA 19104-6228
email delivery preferred: reardon@upenn.edu

Once you have submitted the completed application with all accompanying documents, it will be reviewed for completeness. If additional information is required, you will be notified. If you do not respond to the University’s request for additional information within thirty (30) days of notification, your application will be considered inactive which may require that you begin the process again. An application must be complete before any action can be taken by the University. Once an application is complete, it will be reviewed by the University’s Prequalification Review Committee and a decision rendered on the prequalification status of the applicant. The Review Committee may approve the applicant, reject the applicant, or table the vote and ask for additional information from the applicant. If approved, you will be considered prequalified for three (3) years from the date you are notified. At the end of the three years, you will have to complete and submit a new application if you wish to continue in the University’s contracting program.

The category and per project capacity rating that you will be assigned by the University is based upon a number of factors including licenses or certifications held by the applicant firm, single and aggregate bonding capacity, financial capability, self-performing capability, number of employees, and size and complexity of your largest successfully completed projects. If at any time during the two year prequalification period your firm successfully completes any project or projects at least equal in value to the size of the largest successfully completed project submitted with the application, the firm is invited to request an increase in its per project capacity rating. If you would like to request an increase in your capacity rating, a written request must be submitted to any of the individuals named in the application instructions. The request must be accompanied by a newly completed Page 9 (Experience on Completed or Ongoing Projects) which is included in this application.

Once you have become prequalified, you will be placed on the University’s Solicitation List for work which you have been prequalified to perform. Prequalification is a condition of bid submission. Under no circumstances will bids be accepted from contractors not prequalified.

The application should be completed on behalf of the applicant firm by an officer who is knowledgeable about past and current operations, policies and practices of the firm. A response must be provided to each question. If a particular question does not apply, the response must state “not applicable” or “N/A”. **Applications that contain missing or incomplete answers will not be processed.**

Answers may be expanded upon by attaching additional pages. Use 8 ½” x 11” paper and mark each additional page with the firm’s name and identification of the particular question to which an answer is being given.
The information to be provided and the requirements necessary to meet the standards for prequalification are for prequalification purposes only. Additional or different standards are required for each job or for contract award by the University. Those standards and requirements are set forth in each Invitation for Bid. Prequalification in no way ensures the award of contract work and the University reserves the right to limit solicitation to select bidders.

For the purposes of the application, the terms “company”, “firm”, “bidder”, “proposer”, and “contractor” are used interchangeably and have the same meaning.

Remember to:
- Supply explanations when asked
- Complete the Experience on Completed and Ongoing Projects form
- Identify the disciplines for which you seek prequalification
- Include all supporting documents
- Sign and date the Certification and Authorization form
- Complete Supplier Questionnaire
The following documents or information must be included with your application:

**FINANCIAL**

Include a copy of the firm’s three (3) most recent annual (audited, if available) financial statements. At a minimum, the financial statements must include the balance sheet, statement of income and retained earnings and footnotes, if applicable.

If the applicant has been in business less than three years, the application must include all available statements.

**INSURANCE**

Applicant must provide proof that the firm is insured at least in limits equal to the University’s minimum requirements. A copy of these requirements for construction activities is found in the application. Disciplines other than construction may have additional insurance requirements such as errors and omissions, professional liability and environmental or pollution liability coverage.

**LICENSES**

Copies of all applicable and current trade licenses issued to the applicant firm which legally allow the firm to perform the work it does.

At a minimum, the firm is required to obtain and submit a current City of Philadelphia Business Privilege License if it intends to work at the Philadelphia campus.

**UNION AFFILIATION**

All labor required to complete manpower requirements for University projects must be performed utilizing AFL-CIO trade union labor personnel. This also applies to all subcontractors employed by the applicant firm.

**PREVIOUS WORK HISTORY**

The application contains a form titled “Experience on Completed or Ongoing Projects”. Please use this form to detail the work that the firm has performed within the last two (2) years. A minimum of three (3) projects, preferably completed, should be provided. Use one page per project and reproduce copies of the form as necessary. Remember to identify yourself as a prime contractor, subcontractor or joint venture partner.

**OSHA VIOLATIONS**

If at any time within the past five (5) years the applicant firm received an OSHA serious violation, you must provide copy(s) of the Citation and Notification of Penalty, signed Settlement Agreement and narrative which details the specific issue(s) cited, remedial action required and taken by your firm, amount of fine initially imposed and ultimate resolution.
RESUMES AND ORGANIZATIONAL CHART

The applicant must include current resumes for each Principal and Key individual identified in Question 8a. The application must also include a copy of the firm’s current Organizational Chart.

DUNS (Data Universal Numbering System) NUMBER

The DUNS Number is a distinctive nine-digit identification number assigned to the firm by Dun & Bradstreet Information Services. If the applicant does not have a DUNS number, it should contact Dun & Bradstreet directly to obtain one. A DUNS number will be provided to the firm within seven to ten business days. For information on obtaining a DUNS number, the firm, if located in the United States, should call Dun & Bradstreet at 1-800-333-0505.
1. NAME OF APPLICANT FIRM ________________________________

   Tax ID No. __________________________ or SS No. __________________________

   DUNS No. (See Instructions) ________________________________

   D/B/A Name (if any) ________________________________

   Applicant’s Address ________________________________

   City __________________________ State ___________ Zip ___________

   Mailing Address (if different) ________________________________

   City __________________________ State ___________ Zip ___________

   Telephone No. (____)_____________ FAX No. (____)_____________

   Corporate Website ________________________________

   Contact Person/Title ________________________________

   E-mail Address ________________________________

   **Contact Person/Title ________________________________

   **E-mail Address ________________________________

2. BUSINESS ORGANIZATION OF APPLICANT

   Date the applicant firm was formed ________________________________

   Type of Organization

   □ Corporation
     State in which incorporated ____________ Year ________________

   □ Partnership
     □ General □ Limited
     State and County where partnership filed ________________

   □ Sole Proprietorship
     Owner ________________________________

   □ Not-for-Profit

   □ Joint Venture

   **Estimator Name & e-mail address if different from Contact Person**
3. MINORITY BUSINESS STATUS

a. Is the applicant firm certified as a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE)?
   □ Yes □ No
   (If “Yes”, attach Certification Letter)

b. Within the past five (5) years has the applicant firm had an MBE or WBE certification revoked or denied?
   □ Yes □ No

4. APPLICANT’S INSURANCE INFORMATION – The University of Pennsylvania requires that evidence of insurance coverage be in effect during the term of any contract awarded by the University to the contractor. BINDERS ARE NOT ACCEPTABLE. Minimum Coverages Required by the University of Pennsylvania are:

   Workers’ Compensation – In accordance with Commonwealth of Pennsylvania statutory limits. Employer’s Liability coverage shall not be less than $100,000.

   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.

   Comprehensive Automobile Liability – coverage for all owned, non-owned or hired motor vehicles with limits of $1,000,000 per accident for the bodily injury coverage and $1,000,000 per accident for the property damage.

   Excess Liability Protection - $3,000,000 per occurrence, combined single limit and $3,000,000 in the aggregate for each annual policy period.

Name of Primary Insurance Agent or Broker ________________________________

Address __________________________________________________________________

Telephone No. ( ) _______________ FAX No. ( ) __________________________

Type of Coverages

<table>
<thead>
<tr>
<th></th>
<th>Commercial Gen. Liability</th>
<th>Auto Liability</th>
<th>Worker’s Comp</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy No.</td>
<td></td>
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<tr>
<td>Name of Carrier</td>
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<td>Amount – Single</td>
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<tr>
<td>Amount – Aggregate</td>
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<tr>
<td>Expiration Date</td>
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</tbody>
</table>
5. **APPLICANT’S BONDING INFORMATION**

Name of Bonding Agent ____________________________________________________________

Address _________________________________________________________________________

Telephone No. ( ) ______________________ FAX No. ( ) _________________________________

<table>
<thead>
<tr>
<th>Name of Bonding Company</th>
<th>Bonding Capacity (Single)</th>
<th>Bonding Capacity (Aggregate)</th>
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</table>

6. **APPLICANT’S LICENSES AND CERTIFICATES** – Provide information on licenses and certificates necessary for the type of work applicant firm will perform. Attach copies, including City of Philadelphia Business Privilege License and Certificate of Authority to do Business in the Commonwealth of Pennsylvania (if applicable)

<table>
<thead>
<tr>
<th>Type of License or Certificate</th>
<th>Firm or Individual’s Name</th>
<th>License No.</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
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</table>

7. **CURRENT NUMBER OF EMPLOYEES**

<table>
<thead>
<tr>
<th>Office</th>
<th>Full Time</th>
<th>Part Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field</td>
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</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Ownership</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>No. of shares owned</td>
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</table>

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

<table>
<thead>
<tr>
<th>Person</th>
<th>Firm Name</th>
<th>Address</th>
<th>Tax ID No.</th>
<th>% Owned</th>
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<tr>
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</table>


c. Is any Principal or Key Person listed in Question No. 8a a current employee or related by blood or marriage to any current employee of the University of Pennsylvania?
   □ Yes       □ No

If “Yes”, list below

<table>
<thead>
<tr>
<th>Name of Principal or Key Person</th>
<th>Name of PENN Relative</th>
<th>Relationship</th>
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</tbody>
</table>
d. Are any of the Principals or Key People listed in Question No. 8a related by blood or marriage to any owner or other key person in a firm that currently does work for the University of Pennsylvania?
  □ Yes □ No

If “Yes”, list below

<table>
<thead>
<tr>
<th>Name of Principal or Key Person</th>
<th>Name of Relative in Other Firm</th>
<th>Name of Other Firm</th>
</tr>
</thead>
<tbody>
<tr>
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9. UNION AFFILIATIONS OF APPLICANT FIRM – All labor required to complete manpower requirements for University projects **must** be performed utilizing AFL-CIO trade union labor personnel.

a. Does the applicant firm have a current union contract for its field personnel?
  □ Yes □ No

If “Yes”, list below

<table>
<thead>
<tr>
<th>Trade</th>
<th>Local</th>
<th>Contract Expiration Date</th>
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</tbody>
</table>

b. Does the applicant firm pay prevailing union scale wages and benefits?
  □ Yes □ No

c. In the last five (5) years, has the applicant firm participated in a state-approved apprenticeship program?
  □ Yes □ No

10. APPLICANT FIRM’S FINANCIAL INFORMATION

a. Identify name of credit services (i.e. Dun & Bradstreet) and Account No.

<table>
<thead>
<tr>
<th>Name of Credit Service</th>
<th>Account No.</th>
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</table>
b. For each line of credit, unsecured loan or secured loan provided by a lending institution, list the following:

<table>
<thead>
<tr>
<th>Amount of Credit</th>
<th>Outstanding Balance</th>
<th>Termination Date</th>
<th>Name/Address of Lending Institution</th>
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c. Are there any liens outstanding against the applicant firm?
   - ☐ Yes
   - ☐ No

   If “Yes”, provide a detailed explanation 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”, provide a detailed explanation with this application.

f. Annual sales dollar volume of firm ____________________________

12. INTEGRITY OF APPLICANT FIRM – If applicant has answered “Yes” to any question below, a separate explanation must be supplied with this application.

   During the past five (5) years, has the applicant firm ever:

a. Been the subject of a lien or claim of $25,000 or more by a subcontractor or supplier?
   - ☐ Yes
   - ☐ No

b. Failed to complete a contract?
   - ☐ Yes
   - ☐ No

c. Been suspended, debarred, disqualified or otherwise been declared ineligible to bid?
   - ☐ Yes
   - ☐ No

d. Been defaulted on any contract?
   - ☐ Yes
   - ☐ No

e. Had a contract terminated?
   - ☐ Yes
   - ☐ No

f. Had liquidated damages assessed against it upon completion of a contract?
   - ☐ Yes
   - ☐ No
During the past five (5) years, has the applicant firm or any of its Principals or Key Personnel:

a. Been a plaintiff or defendant in any lawsuits arising out of public or private construction contracts?  
   ☐ Yes ☐ No

b. Been the subject of an investigation involving any alleged violation of criminal law, civil antitrust law or other federal, state or local civil law?  
   ☐ Yes ☐ No

c. Been convicted after trial or by plea of any felony under state or federal law?  
   ☐ Yes ☐ No

d. Entered a plea of nolo contendere to a charge of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or violation of an antitrust law?  
   ☐ Yes ☐ No

e. Been the subject of an investigation of any alleged violation of a federal, state, or local regulation by any public agency including, but not limited to, federal regulatory agencies such as EPA or SEC?  
   ☐ Yes ☐ No

f. Been found to have committed a violation of any labor law or regulation including prevailing wage rates and fair labor practices/?  
   ☐ Yes ☐ No

g. Been found to have committed an OSHA “serious violation”?  
   ☐ Yes ☐ No

h. Been found to have committed a construction-related violation of federal, state, or local environmental law or regulation?  
   ☐ Yes ☐ No
13. BIDDING CAPABILITY AND PREVIOUS EXPERIENCE – Indicate below the categories in which the applicant firm has previous experience. **Previous experience in a particular trade or activity by the firm is a prerequisite to prequalification in that category.** The applicant must provide a separate narration for each category selected indicating the applicant firm’s experience and involvement with that work.

### 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
- ☐ 14. Elevator/Escalator

### B. CSI Division Specialty (check all appropriate). Applicant firm must have self-performing capability for each specialty selected.
- ☐ 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 Arms
- ☐ 22. Security
- ☐ 23. Roofing
- ☐ 24. Asbestos Abatement

### C. Contract Capability (determined by size of previous work and bonding capacity)
- ☐ 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
- ☐ 7. $0 - $3,000,000
- ☐ 8. $0 - $5,000,000
- ☐ 9. $0 - $10,000,000
- ☐ 10. $0 - $25,000,000
- ☐ 11. $0 - >$25,000,000

**If offered, are you willing to participate in projects less than $100,000?**
- ☐ Yes
- ☐ No
14. EXPERIENCE ON COMPLETED OR ONGOING PROJECTS – A separate sheet must be completed for a minimum of 3, non-Penn projects. Use additional paper if necessary.

☐ Project Completed  ☐ Work in Progress

☐ Prime Contractor  ☐ Subcontractor  ☐ Joint Venture Partner

Facility / Project Name ________________________________

Address of Project ________________________________

Owner __________________________________________

Contract Amount (Applicant’s share) _______________________

Was this project bonded?  ☐ Yes  ☐ No

Were you required to possess a Performance and/or Payment Bond?  ☐ Yes  ☐ No

Start Date ________________________________________

Scheduled Completion Date ___________ Actual Completion Date ___________

Construction Manager ______________________________________

Architect __________________________________________

Reference familiar with your performance (Prime Contractor if applicant employed as subcontractor):

Name ________________________________ Title ________________________________

Telephone No. (______) __________________ Fax No. (______) __________________

Prime Contractor (if applicant worked as subcontractor) _______________________

% of work performed by applicant firm with applicant’s own forces ________________

Description of work performed by applicant firm ______________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

**Single projects values only. Do not include maintenance contracts.**
CERTIFICATION AND AUTHORIZATION

I ___________________________ , being duly sworn, state that I am
(print full name)

______________________________ of ____________________________
(print title) (print firm name)

and that I have read and understand the questions and responses contained in the
attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each
question and the appendices is full, complete and accurate.

I acknowledge that the University of Pennsylvania may, by means it deems appropriate,
determine the accuracy and truth of the statements made in this application.

I recognize that all the information submitted is for the express purpose of allowing the
University of Pennsylvania to determine responsibility. The information to be provided
and the requirements necessary to meet the standards for prequalification are for
prequalification purposes only. Additional or different standards are required for each job
or project award by the University of Pennsylvania. Those standards and requirements
are set forth in each invitation for bid. Prequalification in no way insures the award of
contract work.

I authorize the University of Pennsylvania to contact any entity named in the application
for purposes of verifying the information supplied by the applicant. A copy of this
authorization shall have the same force and effect as the original.

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH
THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THE APPLICATION OR
REVOCATION OF PRIOR APPROVAL THEREBY PRECLUDING THE APPLICANT
FROM PERFORMING WORK FOR THE UNIVERSITY OF PENNSYLVANIA FOR A
PERIOD OF UP TO THREE (3) YEARS. IN ADDITION, IF FRAUDULENT
INFORMATION CONTAINED IN THE APPLICATION IS USED BY THE UNIVERSITY
OF PENNSYLVANIA TO MAKE A DETERMINATION OF THE APPLICANT’S
“RESPONSIBILITY”, THE APPLICANT MAY BE HELD LIABLE FOR ANY COSTS
RESULTING FROM THE TERMINATION OF ANY CONTRACT AWARDED TO THE
APPLICANT.

______________________________
Print name

______________________________
Date

______________________________
Print Title

______________________________
Signature