# UNIVERSITY OF MISSOURI

**PROPOSER’S STATEMENT OF QUALIFICATIONS FOR DESIGN/BUILD**

Submit with Proposal Form in separate envelope appropriately labeled. Attach additional sheet if necessary.

1. Company Name

Phone# Fax #: \_\_\_\_\_\_

Address

2. Type of Organization:

   Corporation    Limited Liability Company    Partnership    Sole Proprietorship

3. Number of years in business as a design/builder: years. If not under present firm name, list previous firm names and types of organization.

4. List contracts on hand (complete the following schedule, include telephone number).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project & Address | Owner/Owner's Representative | Phone Number | Architect | Amount of your Contract | Percent Completed |

5. General character of work performed by your company personnel.

6. List important projects completed in the last five (5) years on a type similar to the work proposed, including approximate cost and telephone number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project & Address | Owner/Owner's Representative | Phone Number | Architect | Amount of your Contract | Percent Completed |

7. Other experience qualifying you for the work proposed.

8. No default has been made in any contract complete or incomplete except as noted below:

(a) Number of contracts on which default was made

(b) Description of defaulted contracts and reason therefor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are you or your company certified by the State of Missouri, Office of Administration as a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Service-Disabled Veteran Business Enterprise (SDVE)?

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

10. Have you or your company been suspended or debarred from working at any University of Missouri campus?

Yes \_\_\_\_\_\_\_\_\_\_No \_\_\_\_ (If the answer is "yes", give details.)

11. Have any administrative or legal proceedings been started against you or your company alleging violation of any wage and hour regulations or laws?

Yes No \_\_\_ (If the answer is "yes", give details.)

12. Workers Compensation Experience Modification Rates (last 3 yrs): / / \_

Incidence Rates (last 3 years): / /

13. List banking references.

14. (a) Do you have a current confidential financial statement on file with Owner?

Yes No (If not, and if desired, Proposer may submit such statement with proposal, in a separate sealed and labeled envelope.)

(b) If not, upon request will you file a detailed confidential financial statement within three (3) days?

Yes No

Dated at this day of 20

Name of Organization

Signature

Printed Name

Title of Person Signing

END OF SECTION