



Subcontractors Prequalification

Name of Potential Subcontractor:

Scope of Services (please be as detailed as possible –attach any marketing materials):

Physical Address:

Is this home based: YES NO

Do you have equipment: YES NO

Description:

How Many Years in Business:

What is your corporate structure: Sole Proprietor Corporation LLC
Partnership other:

EIN:

Have you ever filed bankruptcy: YES NO

Have you ever changed names: YES NO

Do you have a business bank account: YES NO

Do you have an invoice accounting system YES NO

If so, what is the system:

Did you file taxes in: ____ 2014 ____ 2013 ____ 2012 ____ 2011 ____ 2010 ____ 2009 ____ 2008

Are you able to provide certified documents: YES NO

Do you have a website: YES NO

If so, what is the site:

Do you have marketing materials: YES NO

If so, please provide a copy (Upload)

Do you have employees: YES NO

If so, how many: 1-3 3-5 5-10 10-20 more than 20

Do you have insurance? YES NO



Subcontractors Prequalification

Who is your provider?

Are you able to provide COI: YES NO

Provide last 3 jobs you worked on:

Job 1

Name:

Address:

Scope of work:

Total contract value: _____

Your contract Value: _____

Job Start Date: _____

Job Finish Date: _____

Your Start Date: _____

Your Finish Date: _____

Did you have challenges completing this job YES NO

If so, please explain?

Was Job completed on time YES NO

If not, please explain:



Subcontractors Prequalification

Job Project Manager /Owner Contact Name:

Job Project Manager /Owner Contact Phone number:

Job Project Manager /Owner Email Address:

Job 2

Name: _____

Address: _____

Scope of work:

Total contract value: _____

Your contract Value: _____

Job Start Date: _____

Job Finish Date: _____

Your Start Date: _____

Your Finish Date: _____

Did you have challenges completing this job

If so, please explain? YES NO

Was Job completed on time

If not, please explain: YES NO



Subcontractors Prequalification

Job Project Manager /Owner Contact Name:

Job Project Manager /Owner Contact Phone number:

Job Project Manager /Owner Email Address:

Job 3

Name: _____

Address: _____

Scope of work:

Total contract value: _____

Your contract Value: _____

Job Start Date: _____

Job Finish Date: _____

Your Start Date: _____

Your Finish Date: _____

Did you have challenges completing this job YES NO

If so, please explain?

Was Job completed on time

If not, please explain: YES NO



Subcontractors Prequalification

Job Project Manager /Owner Contact Name:

Job Project Manager /Owner Contact Phone number:

Job Project Manager /Owner Email Address:

List 3 References:

Name: _____ **Phone Number:** _____ **Email:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Email:** _____ **Relationship:** _____

Name: _____ **Phone Number:** _____ **Email:** _____ **Relationship:** _____

Thank You for your interest in subcontracting with Votum Construction LLC

For Internal Use Only:

Score: _____

Comments: _____

Approved: ____ No ____ Yes with Financials ____ No without financials