CONTRACTOR'S QUALIFICATIONS AND FINANCIAL INFORMATION

OMB Control Number: 3090-0007
Expiration Date: xx/xx/xxxx

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0007. We estimate that it will take 1.5 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

		S	ECTIO	N I - GENI	RAL INF	ORMAT	ION						
1A. NAME					ne)								
		A. SC	LE PROPF	RIETORSHIP		F. LIMITED LIABILITY COMPANY							
1B. STREET ADDRESS					B. GE	NERAL PA	ARTNERSHIP		G. JOINT	VENTURE			
					C. LIN	/IITED PAR	RTNERSHIP		H. TRUST				
1C. CITY		1D. STATE	1E. ZIP	CODE	D. CC	RPORATION	ON		I. OTHER	(Specify below	v)		
					E. SU	BCHAPTE	R S CORPORATION						
3. TAXPAYER ID NUMBER	२		•		4. DATE O	RGANIZAT	TION ESTABLISHED	5. S	TATE OF IN	ON			
6. TRADE STYLE NAME (Provide a copy of filing)				7. KIND OF	PRODUC	T OR SERVICE PRO	VIDED					
8. FORMER BUSINESS N	AME						10. INVENTORY \	/ALUATI	ON METHO	D			
	9. KIND OF BUSIN	IESS			A. LIF	:0			C. AVERA	GE COST			
A. MANUFACTURER		D. RETAILER			 				D. OTHER	(Specify)			
B. CONTRACTOR		E. OTHER (Sp	ooifi ()		- B. FIF	· ·			D. OTTILIV	(Opecity)	Specify)		
C. WHOLESALER		E. OTHER (Sp	ecity)			O							
C. WHOLESALER	11 OWNEDS	HID INEOD	MATIO	NI DADTNII	DS DDIN	ICIDAL S	STOCKHOLDERS		-De				
	TT. OWNERS	HIF HAFOR	IVIATIO	IN-FAITINI	_N3-FNII		TITLE	3-01111	_N3				
	NAME			(If pai	tner. state	-	eral) or L(Limited)	in colu	ımn)	% BUS	ISINESS		
INAIVIL				(11 / 041		ACTUAL T	<u> </u>		GORL				
						71010/121	1122		OOKE				
12 PAR	ENT COMPANY (If applie	cable)					QUESTION BELOW, F)	YES	NO	
	LIVI COMI AIVI (II appli				IN	IFORMATIO	ON IN SECTION VIII, I	REMARK	(S		120	140	
A. NAME				A. HAVE YO	OU, OR ANY	OF YOUR	AFFILIATES EVER F	ILED FO	R BANKRU	PTCY?			
				B. DO YOU	HAVE ANY	JUDGMEN	ITS, LIENS, OR PEND	ING SUI	TS?				
B. CITY		C	. STATE	C. DO YOU	HAVE ANY	CONTING	ENT LIABILITIES?						
				l .			LIATES DISC. BUSINESS		/OUTSTANDI	NG DEBTS?			
	SEC	TION II - GO	OVERN	MENT FIN	IANCIAL	AID AND	INDEBTEDNES	SS					
14A. ARE YOU DELINQUE (If "Yes", provide deta	ENT ON ANY FEDERAL illed information, Section		IRCULAF	R A-129)					YES	☐ NO			
14B. DO YOU OWE THE				IF "YE	S", COMPL	ETE THE IT	TEMS BELOW						
GOVERNMENT FOR ANY		AGENCY			CLAIM A	MOUNT	PAYMENT	I N	MATURITY	BA	LANCE	<u> </u>	
CONTRACT OR OTHER CLAIMS?													
YES NO								_					
15A. AGENCY INVOLVED	WITH DELINQUENCY							15B. A	MOUNT OF	F DELINQUEN	1CY (\$))	
16. ARE YOU				17 COM	PLETF ITEN	AS BEI OW	/ IF APPLICABLE						
CURRENTLY	TYPE OF FINAL	NCING	/	AUTHORIZED		,,	IN USE (\$)	GC	VERNMEN	IT AGENCY II	NVOLV	ED	
RECEIVING GOVERNMENT	A. INDUSTRIAL REVE		<u> </u>		(*/		00= (7)	+					
FINANCING?	B. GUARANTEED LOA							+					
	C. ADVANCED PAYME		-					+					
YES	D. PROGRESS PAYM							+					
□N0 (0. (2. "		LIVIO						+					
NO (Go to Section III)	E. OTHER (Specify)												

Prepared Financia					TATEMENTS ovided in lieu of co	mpleting Sec	tion III				
When financial statements are prepared or certified by it this form, please furnish the name and address of acco	ndependen	t account	tants and tran					R FOR THIS SOLICITATION?			
19A. NAME			20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE								
19B. STREET ADDRESS				1	I	LISTED FIGURE	S ARE:				
		ACTU	3								
19C. CITY 19	D. STATE	19E. ZIF	PCODE	IN TH	OUSANDS	FOF	REIGN CUF	RRENCY (Specify)			
				IN MIL	LIONS						
21. BALANCE SHEET AS OF (Month, Day, Year)			22. FISCAL	YEAR ENDS	(Month, Day, Year)		23. PREF	PARED STATEMENTS ARE ATTACHED			
24. ASSETS					25. LIAB	ILITIES AND	NET WO	ORTH			
A. Current Assets				A. Curre	ent Liabilities						
Cash				Acco	ounts payable						
Short Term cash investments					s payable (current						
Accounts receivable, less allowance fo	r			Curre	ent portion of long	term debt					
doubtful accounts of \$					ued expenses						
Inventories					ued taxes on inco	<u>.</u>	ofits				
Other current assets (Itemize below)				Othe	er current liabilities	(Itemize)					
Total Current As	sets				Tota	al Current Li	abilities				
B. Property, Plant and Equipment	•			B. Other	r Liabilities						
Land				Mort	gages						
Buildings and equipment				Bono							
Leasehold improvements			Defe	rred income taxes	}						
Less accumulated depreciation and amortization				Othe	r long term debt						
Total Property, Plant and Equip	nent				To	otal Other Li	abilities	1			
C. Other Assets						T-4-11:	- - !!!4!				
Investments in and advance to affiliated company	t			C. Mino	rity Interest in Su	Total Li	abilities				
Goodwill, less amortization				D. Net V							
Due from officer, employee				Prefe	erred stock						
Other (Itemize)				1	mon stock						
				Addi	tional paid-in capit	al					
					ined earnings/owr						
					, Treasury stock						
Total Other As	sets					Total Ne	t Worth				
D. TOTAL ASS	ETS			E. T	OTAL LIABILITIE	S AND NET	WORTH				
	-	SECTI	ON IV - IN	COME ST	ATEMENT						
26. FROM (Month, Day, Year)				27. TO (Mo	onth, Day, Year)						
			28. I	NCOME							
A. Net Sales				Mino	rity Interest in Ear	nings of					
Cost and Expenses					sidiaries	95 01					
Cost of Goods Sold				7.33							
Depreciation and Amortization				1	Total C	Costs and Ex	penses				
Selling, General, and Admin. Expenses	;			Earn	ings Before Taxes	 }					
Interest Expense					s on Income						
Other Expenses (Itemize)					me Before Extraor	dinary Items					
						•	Taxes				
				Extraordinary Gains (Losses) Net of Taxes NET INCOME (LOSS)							

				CTION V - attach a se							RMATION ditional banks.)							
	ITEM	BANK 1								BANK 2								
29.	Name of Bank																	
30.	Contact Person																	
31.	Phone Number	ARE	EA CODE	NUMBER				EXTENSION	AREA CODE NUMBER					EXTENSION				
32.	Fax Number	ARE	EA CODE	NUMBER					AREA CODE NUMBER									
		STR	REET ADDRESS	•					STF	REET ADDRE	SS							
33.	Address	CITY					ZIP COI	DE	CIT	Y			STATE	CODE				
34.	Amount Owing (\$)					l	<u> </u>						1					
35.	Term Loans		Yes			No				Yes			No					
36.	Line of Credit		Yes			No				Yes		No						
37.	Maximum Amount Authorized (\$)																	
38.	Amount Outstanding (\$)																	
			39.	Loans Sec	ure	d by Co	mpany's	Assets - R	eal a	and Persor	nal Property							
	SECURED PARTY NA	AME						CONTACT N	AME									
A.	STREET ADDRESS	S					Υ	I.				S	STATE	ZIP CC	DDE			
	SECURING ASSETS					l	1				MATURITY DATE	N	MONTHLY	PAYMI	ENT (\$)			
	SECURED PARTY NA	AME						CONTACT N	AME									
В.	STREET ADDRESS					CIT	CITY					S	STATE	DDE				
	SECURING ASSETS										MATURITY DATE	N	MONTHLY PAYMENT (\$)					
	SECURED PARTY NA	AME						CONTACT N	JAME									
C.	STREET ADDRESS					CIT	Υ					s	STATE	ZIP CC	DDE			
	SECURING ASSETS										MATURITY DATE	N	MONTHLY	PAYMI	ENT (\$)			
	SECURED PARTY NA	AME						CONTACT N	AME	:								
D.	STREET ADDRESS					CIT	Υ					S	STATE	ZIP CC	DDE			
	SECURING ASSETS										MATURITY DATE	N	MONTHLY	PAYMI	ENT (\$)			
40.	ARE ANY OF THE ASS PLEDGED OR MORTO					T 41A	THE INDI\	/IDUAL LIABII	ITIE	S OF THE PF	 R SOLE PROPIERTO ROPIETOR(S) FOR F PROFIT TAXES INCL	EDE	RAL		OTAL IABILITY (\$)			
40	NO NO NOW IN OR		YES (Explain in S				THE BALA	ANCE SHEET'	<u> </u>] NO								
42.	ARE YOU NOW IN OR		YES (Provide deta						اااد	utions, suf	FFLIERO, UTHER?							

SECTION VI - PRINCIPAL MERCHANDISE OR RAW MATERIAL SUPPLIER INFORMATION (Please attach separate sheet(s) using this format for additional suppliers.)

43. PAST DUE ACCOUNTS PAYABLE (\$)

ITEM		44. SUPPL	IER 1			45. SUPPLIER 2							
A. Name of Supplier													
B. Contact Person													
C. Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE NUMBER EXTENSIO							
D. Fax	AREA CODE	NUMBER				AREA CODE NUMBER							
	STREET ADDRESS	•				STREET ADDRESS	3						
E. Address	CITY		STATE ZIP CODE			CITY		STATE	ZIP C	ODE			
F. Amount Now Owing (\$)									1				
G. High Credit (\$)													
ITEM		46. SUPPL	IER 3				47. SUPPL	IER 4					
A. Name of Supplier													
B. Contact Person													
C. Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION			
D. Fax	AREA CODE	NUMBER				AREA CODE	NUMBER						
	STREET ADDRESS					STREET ADDRESS	3						
E. Address	CITY		STATE	ZIP COD	DE	CITY		STATE	ZIP C	ODE			
F. Amount Now Owing (\$)				I					1				
G. High Credit (\$)													
SECTION	VII - CONSTRUC	TION/SERVIC	E CONT	RACTS	INFORMA	TION (Public B	uildings Service	Contrac	ts Onl	(y)			
					TS IN FOR	·							
ITEM		48. CONTR					49. CONTR	ACT 2					
A. Location													
B. Owner's Name													
0.411	STREET ADDRESS					STREET ADDRESS	3						
C. Address	CITY		STATE	ZIP COE	DΕ	CITY		STATE	ZIP C	ODE			
D. Type of Work			l	<u> </u>				1	1				
E. Contract Amount (\$)													
F. Percent (%) Completed													
G. Estimated													
Completion Date													
ITEM		50. CONTR	ACT 3				51. CONTR	ACT 4					
A. Location													
B. Owner's Name													
C. Address	STREET ADDRESS					STREET ADDRESS	3						
	CITY		STATE	ZIP COE	DE	CITY		STATE	ZIP C	ODE			
D. Type of Work													
E. Contract Amount (\$)													
F. Percent (%) Completed													
G. Estimated Completion Date										_			

ITEM		52. CONTR	ACT 5			53. CONTRACT 6							
A. Location													
B. Owner's Name													
	STREET ADDRESS					STREET ADDRESS							
C. Address	CITY		STATE	ZIP COI	DE .	CITY		STATE	ZIP COD)E			
D. Type of Work				1									
E. Contract Amount (\$)													
F. Percent (%) Completed													
G. Estimated													
Completion Date													
ITEM		54. CONTR	ACT 7				55. CONTRA	ACT 8					
A. Location		01. 001111	7.01.7				00. 00.1110						
B. Owner's Name													
B. Owner o Hamo	STREET ADDRESS					STREET ADDRESS							
C. Address	CITY		STATE	ZIP COI)F	CITY		STATE	ZIP COD)F			
										_			
D. Type of Work				1									
E. Contract Amount (\$)													
F. Percent (%) Completed													
G. Estimated Completion Date													
C. Estimated Completion Date	Ι	CEST IORS V		/E COM	IDI ETED I	L N THE LAST FIV	E VEADS						
ITEM	LAN	56. JOB		/L COIV	II LLILDI		57. JOB	2					
A. Location		30. 30L	, ,				37.300						
B. Contact's Name													
D. Contact's Name	STREET ADDRESS					STREET ADDRESS							
	OTTLET ADDITEOU												
C. Address	CITY		STATE	ZIP COI)E	CITY		STATE	ZIP COE)E			
			STATE	211 001	<i>J</i> L			OTATE	211 001	<i>,</i> _			
	AREA CODE	NUMBER			EXTENSION	AREA CODE			EXTENSION				
D. Telephone	/ INC. NOODE	INOMIBLIN			LXTENOION	TITLETTOODE	NUMBER			LXTENOIOI			
E. Type of Work													
F. Contract Amount (\$)													
G. Amount Sublet (\$)													
ITEM		58. JOB	2				59. JOB	1					
A. Location		30.301	, ,			00.002 1							
B. Contact's Name													
D. Contact 3 Name	STREET ADDRESS					STREET ADDRESS							
	OTTLET ADDITEO					O INCEL ADDINESS							
C. Address	CITY		STATE	ZIP COI)F	CITY		STATE	ZIP COD)F			
			OITTLE	211 001	<i></i>			OIXIL	211 002	,_			
	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION			
D. Telephone	AREA CODE	NOWIDER			LXTENSION	AREA CODE	NOMBER			LXTENSION			
T. T. on a of \Months													
E. Type of Work F. Contract Amount (\$)													
G. Amount Sublet (\$)													
ITEM		60. JOB) <i>E</i>				61. JOB	6					
A. Location		60. JOE	5 5				01. JUB	0					
B. Contact's Name													
D. Contact's Ivallie	STREET ADDRESS					STREET ADDRESS							
	STREET ADDRESS					STREET ADDRESS							
C. Address	CITY		STATE	ZIP COI)E	CITY		STATE	ZIP COE	\E			
	CITY		STATE	ZIP COL	JE	CITY		STATE	ZIP COL	Æ			
	ADEA 6005	Luiness			EVTENCE	ADEA CODE	AH IMAR ER			EVTENS: 5:			
D. Telephone	AREA CODE	NUMBER			EXTENSION	AREA CODE	NUMBER			EXTENSION			
E. Type of Work													
F. Contract Amount (\$)													
G. Amount Sublet (\$)													

							M YOU OE	BTAI	IN SI	URET							
ITEM	(62. S	SURETY	COI	MPANY	<u> </u>					- 6	33. SURETY CO	RETY COMPANY 2				
A. Company Name																	
B. Contact's Name	4DE4 00DE	1	MDED				EVTENDION	A D E	- 4 - 0 - 0	DE		LI IMPED			EXTENSION		
C. Telephone	AREA CODE	NU	MBER				EXTENSION	ARE	EA CO	DDE		NUMBER					
D. Fax	AREA CODE	NU	MBER					ARE	EA CO	DE		NUMBER					
	STREET ADDRESS							STR	REET	ADDRE	SS						
C Address																	
E. Address	CITY			5	STATE	ZIP COD	DE	CITY	Y					ZIP C	CODE		
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)		65.	HAS YOU BOND EV									ST 2 YEARS, HAVE T THE CLAIMS OF		BEEN CHARGED WITH A			
σστΣ.σ.σΣ (ψ)							in Remarks)	I				es, please provide d					
			YES		□ NO					YES			NO				
		-			SEC	TION V	III - REMA	RKS	3								
REMARKS (Cite those see	ctions of the form relati	ing to	your remai	rks. If	additional	space is	required, atta	ch ad	dition	al shee	t(s).)						
						CERTIF	FICATION										
For the purpose of e	atabliahina finana	iol ro	ononoih	ility	with or	produrir	ag aradit fr	om t	tha C	Conor	J 60	nvisos Administ	ration w	o furni	ah tha ahaya		
as a true and correct material change in the any materially unfavor considered as a confi	t statement of ou he applicant's fina orable change in c	r fina ancia our fi	incial co Il conditi	ndition	on and ince the	further of date of	certify that of the above	all o	other atem	r state nent. V	men Ve a	its are true and igree to notify y	correct. ou imme	There diately	has been no in writing o		
	ung statement.																
NAME OF BUSINESS						BY (Sign	nature of Auth	orize	d Offic	cial)							
						NAME C	F AUTHORIZ	ZED (OFFIC	IAL (Ty	pe or	print)		DATE			
						TITLE O	F AUTHORIZ	ED C	OFFIC	IAL (Ty	pe or _l	print)					