

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.

SECTION I - GENERAL INFORMATION

1A. NAME			2. TYPE OF ORGANIZATION (Check one)			
1B. STREET ADDRESS			A. SOLE PROPRIETORSHIP		F. LIMITED LIABILITY COMPANY	
			B. GENERAL PARTNERSHIP		G. JOINT VENTURE	
1C. CITY			C. LIMITED PARTNERSHIP		H. TRUST	
			D. CORPORATION		I. OTHER (Specify below)	
1D. STATE		1E. ZIP CODE				
3. TAXPAYER ID NUMBER			4. DATE ORGANIZATION ESTABLISHED		5. STATE OF INCORPORATION	
6. TRADE STYLE NAME (Provide a copy of filing)			7. KIND OF PRODUCT OR SERVICE PROVIDED			
8. FORMER BUSINESS NAME			10. INVENTORY VALUATION METHOD			
9. KIND OF BUSINESS			A. LIFO		C. AVERAGE COST	
A. MANUFACTURER		D. RETAILER		B. FIFO		D. OTHER (Specify)
B. CONTRACTOR		E. OTHER (Specify)				
C. WHOLESALE						

11. OWNERSHIP INFORMATION-PARTNERS-PRINCIPAL STOCKHOLDERS-OTHERS

NAME	TITLE (If partner, state G(General) or L(Limited) in column)		% BUSINESS OWNED
	ACTUAL TITLE	G OR L	

12. PARENT COMPANY (If applicable)		13. IF "YES" TO ANY QUESTION BELOW, PROVIDE DETAILED INFORMATION IN SECTION VIII, REMARKS		YES	NO
A. NAME		A. HAVE YOU, OR ANY OF YOUR AFFILIATES EVER FILED FOR BANKRUPTCY?			
B. CITY		B. DO YOU HAVE ANY JUDGMENTS, LIENS, OR PENDING SUITS?			
C. STATE		C. DO YOU HAVE ANY CONTINGENT LIABILITIES?			
		D. HAVE YOU OR ANY OF YOUR AFFILIATES DISC. BUSINESS OPER. W/OUTSTANDING DEBTS?			

SECTION II - GOVERNMENT FINANCIAL AID AND INDEBTEDNESS

14A. ARE YOU DELINQUENT ON ANY FEDERAL DEBT (OMB CIRCULAR A-129)
(If "Yes", provide detailed information, Section VIII, Remarks) YES NO

14B. DO YOU OWE THE GOVERNMENT FOR ANY CONTRACT OR OTHER CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", COMPLETE THE ITEMS BELOW				
	AGENCY	CLAIM AMOUNT	PAYMENT	MATURITY	BALANCE

15A. AGENCY INVOLVED WITH DELINQUENCY

15B. AMOUNT OF DELINQUENCY (\$)

16. ARE YOU CURRENTLY RECEIVING GOVERNMENT FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO (Go to Section III)	17. COMPLETE ITEMS BELOW IF APPLICABLE			
	TYPE OF FINANCING	AUTHORIZED (\$)	IN USE (\$)	GOVERNMENT AGENCY INVOLVED
	A. INDUSTRIAL REVENUE BONDS			
	B. GUARANTEED LOANS			
	C. ADVANCED PAYMENTS			
	D. PROGRESS PAYMENTS			
E. OTHER (Specify)				

SECTION III - FINANCIAL STATEMENTS

Prepared Financial Statements **with notes** may be provided in lieu of completing Section III

When financial statements are prepared or certified by independent accountants and transcribed to this form, please furnish the name and address of accountant of accounting firm.

18. ARE YOU THE INCUMBENT CONTRACTOR FOR THIS SOLICITATION?

YES

NO

19A. NAME			20. IF TRANSCRIBED STATEMENTS DIFFER FROM INDEPENDENT ACCOUNTANT'S, PLEASE DESCRIBE ADJUSTMENT IN SECTION VII, REMARKS. ALL OF THE LISTED FIGURES ARE:		
19B. STREET ADDRESS					
19C. CITY	19D. STATE	19E. ZIP CODE			
21. BALANCE SHEET AS OF (Month, Day, Year)					
22. FISCAL YEAR ENDS (Month, Day, Year)			23. PREPARED STATEMENTS <input type="checkbox"/> ARE ATTACHED		

24. ASSETS		25. LIABILITIES AND NET WORTH	
A. Current Assets		A. Current Liabilities	
Cash		Accounts payable	
Short Term cash investments		Notes payable (current)	
Accounts receivable, less allowance for doubtful accounts of \$		Current portion of long term debt	
Inventories		Accrued expenses	
Other current assets (Itemize below)		Accrued taxes on income/excess profits	
		Other current liabilities (Itemize)	
Total Current Assets		Total Current Liabilities	
B. Property, Plant and Equipment		B. Other Liabilities	
Land		Mortgages	
Buildings and equipment		Bonds	
Leasehold improvements		Deferred income taxes	
Less accumulated depreciation and amortization		Other long term debt	
Total Property, Plant and Equipment		Total Other Liabilities	
C. Other Assets		Total Liabilities	
Investments in and advance to affiliated company		C. Minority Interest in Subsidiary	
Goodwill, less amortization		D. Net Worth	
Due from officer, employee		Preferred stock	
Other (Itemize)		Common stock	
		Additional paid-in capital	
		Retained earnings/owner's equity	
		Less, Treasury stock	
Total Other Assets		Total Net Worth	
D. TOTAL ASSETS		E. TOTAL LIABILITIES AND NET WORTH	

SECTION IV - INCOME STATEMENT

26. FROM (Month, Day, Year)	27. TO (Month, Day, Year)
-----------------------------	---------------------------

28. INCOME

A. Net Sales		Minority Interest in Earnings of Subsidiaries	
Cost and Expenses		Total Costs and Expenses	
Cost of Goods Sold			
Depreciation and Amortization		Earnings Before Taxes	
Selling, General, and Admin. Expenses		Taxes on Income	
Interest Expense		Income Before Extraordinary Items	
Other Expenses (Itemize)		Extraordinary Gains (Losses) Net of Taxes	
		NET INCOME (LOSS)	

SECTION V - BANKING AND FINANCE COMPANY INFORMATION
(Please attach a separate sheet using this format for any additional banks.)

ITEM	BANK 1			BANK 2		
29. Name of Bank						
30. Contact Person						
31. Phone Number	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
32. Fax Number	AREA CODE	NUMBER		AREA CODE	NUMBER	
33. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
34. Amount Owing (\$)						
35. Term Loans	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
36. Line of Credit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
37. Maximum Amount Authorized (\$)						
38. Amount Outstanding (\$)						

39. Loans Secured by Company's Assets - Real and Personal Property

A.	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
B.	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
C.	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	
D.	SECURED PARTY NAME			CONTACT NAME		
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	SECURING ASSETS			MATURITY DATE	MONTHLY PAYMENT (\$)	

40. ARE ANY OF THE ASSETS SHOWN ON THE BALANCE SHEET PLEDGED OR MORTGAGED, EXCEPT AS STATED ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Explain in Section VII, Remarks)</i>	41A. IF CONTRACTOR IS A PARTNERSHIP OR SOLE PROPRIETORSHIP, ARE THE INDIVIDUAL LIABILITIES OF THE PROPRIETOR(S) FOR FEDERAL AND STATE INCOME AND/OR EXCESS PROFIT TAXES INCLUDED ON THE BALANCE SHEET? <input type="checkbox"/> YES <input type="checkbox"/> NO	41B. TOTAL LIABILITY (\$) <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
--	---	---

42. ARE YOU NOW IN OR PENDING DEFAULT ON ANY OBLIGATIONS, I.E., BANKS, FINANCIAL INSTITUTIONS, SUPPLIERS, OTHER?

NO YES *(Provide detailed information in Section VII, Remarks)*

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. SUPPLIER 1				45. SUPPLIER 2		
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		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

ITEM	46. SUPPLIER 3				47. SUPPLIER 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		
E. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
F. Amount Now Owing (\$)							
G. High Credit (\$)							

SECTION VII - CONSTRUCTION/SERVICE CONTRACTS INFORMATION (Public Buildings Service Contracts Only)

CONTRACTS IN FORCE

ITEM	48. CONTRACT 1				49. CONTRACT 2		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent (%) Completed							
G. Estimated Completion Date							

ITEM	50. CONTRACT 3				51. CONTRACT 4		
A. Location							
B. Owner's Name							
C. Address	STREET ADDRESS			STREET ADDRESS			
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
D. Type of Work							
E. Contract Amount (\$)							
F. Percent (%) Completed							
G. Estimated Completion Date							

ITEM	52. CONTRACT 5			53. CONTRACT 6		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent (%) Completed						
G. Estimated Completion Date						

ITEM	54. CONTRACT 7			55. CONTRACT 8		
A. Location						
B. Owner's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Type of Work						
E. Contract Amount (\$)						
F. Percent (%) Completed						
G. Estimated Completion Date						

LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS

ITEM	56. JOB 1			57. JOB 2		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

ITEM	58. JOB 3			59. JOB 4		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

ITEM	60. JOB 5			61. JOB 6		
A. Location						
B. Contact's Name						
C. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
D. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
E. Type of Work						
F. Contract Amount (\$)						
G. Amount Sublet (\$)						

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

ITEM	62. SURETY COMPANY 1			63. SURETY COMPANY 2		
A. Company Name						
B. Contact's Name						
C. Telephone	AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION
D. Fax	AREA CODE	NUMBER		AREA CODE	NUMBER	
E. Address	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
64. PRESENT AMOUNT OF BONDING COVERAGE (\$)	65. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED? <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			66. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS? <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		

SECTION VIII - REMARKS

REMARKS *(Cite those sections of the form relating to your remarks. If additional space is required, attach additional sheet(s).)*

CERTIFICATION

For the purpose of establishing financial responsibility with, or procuring credit from the General Services Administration, we furnish the above as a true and correct statement of our financial condition and further certify that all other statements are true and correct. There has been no material change in the applicant's financial condition since the date of the above statement. We agree to notify you immediately in writing of any materially unfavorable change in our financial condition. In the absence of such notice or of a new and full financial statement, this is to be considered as a continuing statement.

NAME OF BUSINESS	BY <i>(Signature of Authorized Official)</i>	
	NAME OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	DATE
	TITLE OF AUTHORIZED OFFICIAL <i>(Type or print)</i>	