



WESTERN MICHIGAN UNIVERSITY

Purchasing Department
1903 W. Mich. Ave.
Kalamazoo, MI. 49008-5342

Contractor Qualification Questionnaire

Dear Sir/Madam,

As part of Western Michigan University's qualification procedure, please provide the information requested below. Mail form to the address above. Fax the form to (269)387-8824. The University reserves the right to request a completed AIA Document A305. The respondent is responsible for all associated costs incurred in responding to this inquiry. No claims for any such expenses will be honored by Western Michigan University. Response to this inquiry does not guarantee a future contract, purchase or agreement of any kind.

COMPANY NAME _____

SIGNATURE OF OWNER
OR OFFICER OF COMPANY _____ DATE _____

NAME PRINTED _____ PHONE _____

TITLE _____ FAX NO. _____

EMAIL _____

NATURE OF BUSINESS _____

QUALIFICATION QUESTIONNAIRE: INSTRUCTION FOR FILING

Submit three (3) copies of this questionnaire.

Western Michigan University
Purchasing Department
1903 W. Mich. Ave.
Kalamazoo, MI. 49008-7564

Identify the envelope: WESTERN MICHIGAN UNIVERSITY QUALIFICATION DOCUMENTS.

(Numbers 1 through 12 below correspond to numbers contained on the questionnaire form):

1. a. Type complete name, address and zip code of submitting firm.
- b. Indicate whether questionnaire is being submitted on behalf of a parent firm, branch office and year any and all were established. Joint Ventures are not allowed.
2. Enter type of ownership, or legal structure, of firm (sole proprietor, partnership, corporation, etc.)

Indicate if firm is a minority or woman owned business. Definitions are as follows:

MINORITY OWNED BUSINESS means a business of which more than 50 percent of the voting shares or interest in the business is owned, controlled and operated by individuals who are members of a minority and with respect to which more than 50 percent of the net profit or loss attributable to the business accrues to shareholders who are members of a minority.

WOMEN OWNED BUSINESS means a business of which more than 50 percent of the voting shares or interest in the business is owned, controlled and operated by women and with respect to which more than 50 percent of the net profit or loss attributable to the business accrues to the women shareholders.

OPERATED means the activity of being involved in the day-to-day management of a business.

3. Branches or subsidiaries of larger or parent companies, or conglomerates should insert name and address of highest level owner.
4. List not more than two principals from submitting firm who may be contacted.
5. a. Show total number of full time employees (not subcontractors) by discipline. Designate if the employee is house staff or consultant. While some personnel may be qualified in several disciplines, each person should be counted only once in accord with his or her primary function. Include clerical personnel as "administrative".
- b. List total number of personnel employed by the firm.
6. The submitting firm must exhibit a staffing capability within the organization and a commitment to provide and maintain throughout the duration of a project, professionally qualified key personnel. The key personnel assigned should demonstrate a minimum of five years satisfactory experience in the construction/design industry and related field.

Provide brief resumes of key personnel expected to participate on projects. Care should be taken to limit resumes to only those personnel and specialists who will have major project responsibilities. Each resume must include (a) title of each key person and specialist, (b) the project assignment or role that person will be expected to fulfill in connection with projects, (c) the highest academic degree achieved and certification and the discipline covered (if more than one discipline rate highest, list both), the year received and the particular technical/professional discipline that individual will bring to a project, (d) a synopsis of experience, training or other qualities that reflect the individual's potential contribution to a project. Include such data as: familiarity with state regulatory agency procedures, type of work performed in the past, management abilities, etc., (e) list projects this individual is presently assigned to and describe their role. Please limit synopsis of experience to directly relevant information.

7. Describe projects of the firm that best illustrate experiences that may be applicable to a Western Michigan University project. Describe your firm's responsibility in the role of the project. Identify the project team that represented your firm. Briefly describe the purpose, use, and operation of each such facility; the approximate areas in net and gross square feet; and approximate completion date of construction. Indicate the pre-construction budget and final construction budget for each. Indicate contracted completion date and actual completion date.
8. Provide customer references.
9. Indicate your firm's current Experience Modification Rate.
10. Provide, through narrative discussion, reasons why the firm is especially qualified to undertake Western Michigan University projects.

THE COMPLETED QUESTIONNAIRE SHOULD BE SIGNED BY A PRINCIPAL OF THE FIRM
PREFEREABLY THE CHIEF EXECUTIVE OFFICER.

ADDITIONAL DATA, BROCHURES, ETC., SHOULD NOT ACCOMPANY THIS FORM.

FAILURE TO CONFORM WITH THE ABOVE INSTRUCTIONS MAY RESULT IN
DISQUALIFICATION.

QUALIFICATION QUESTIONNAIRE

1. a. Firm Name/Business Address:

b. Submittal is for: Parent Company Branch Office
 Year Established _____

2. Type of Ownership (Minority Owned, Woman Owned, Handicapper Owned, Sole Proprietor, Corporation, Partnership, etc.) FOR STATISTICAL PURPOSES ONLY.

Minority Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sole Proprietor	<input type="checkbox"/> Yes
Woman Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corporation	<input type="checkbox"/> Yes
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partnership	<input type="checkbox"/> Yes

3. Name and address of Parent Company, if any:

4. Names of not more than two principles from the submitting firm:

NAME	YEARS OF EXPERIENCE IN FIELD	TITLE	TELEPHONE
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1) _____

2) _____

5. a. Number of Personnel by Principal Discipline (Direct Full-Time Employee)

___Administrative (Secr./Clr.)	___Project Managers	___Interior Designers
___Forepersons	___Construction Inspectors	___Landscape Architects
___Journeypersons	___Technicians	___Surveyors
___Apprentices	___Drafters	___Accounting
___Laborers	___Superintendents	___Planners: Urban/Regional
___Architects	___Specification Writers	___Quality Control
___Engineers	___Estimators	___Other: _____

b. Total Full-Time Employees _____

6. Brief resume of key persons, specialists and individual consultants or subcontractors anticipated for projects.
- a. Title Only

 - b. Project Assignment

 - c. Education; Degree(s)Year/Specialization – Certification

 - d. Active Registration:
 - i. Year first registered/Discipline

 - e. Relevant experience and qualification.

 - f. Present assignment and roles.

8. Provide a list of customer references for projects within the last three years including name, address and telephone number.

9. Provide copy or Current Workers Compensation Insurance Experience Modification Rate _____

10. What special factors qualify your firm to be considered for this project? (please limit your response to a single page.)
