



W&M Contracting LLC
Subcontractor / Vendor Qualification Package

The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications and will not be disclosed to outside entities. Information will need to be updated annually.

1. General Information - Please fill in the following:

1.1 Name of Business
 Street Address
 City, State, Zip
 Telephone Number Fax Number
 1.2 Contact Person Email Address
 1.3 Current Number of Employees
 Office Field Shop(s)
 1.4 Dun & Bradstreet Number
 1.5 Government RElated Security Contractor (Yes or No) Rating (S or TS)

The undersigned hereby also certifies that he/she is authorized to execute this document on behalf of the said firm and that the statements herein are true:

Printed Name
 Signature Date

2. License Information - Please provide all trade and professional licenses, if any, required to perform your services:

Type of License / Name of License	State	License Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Organization - Please indicate your firm's legal structure:

3.1 This firm is a: C Corporation S Corporation Partnership
 Sole Proprieter Limited Liability Company
 3.2 Date Founded State of Formation
 3.3 Federal Employer Identification Number

Subcontractor / Vendor Qualification Package

3.4 Corporate Officers

1.	Name	<input type="text"/>		
	Title	<input type="text"/>		
	Phone	<input type="text"/>	Fax	<input type="text"/>
	Email	<input type="text"/>		
2.	Name	<input type="text"/>		
	Title	<input type="text"/>		
	Phone	<input type="text"/>	Fax	<input type="text"/>
	Email	<input type="text"/>		
3.	Name	<input type="text"/>		
	Title	<input type="text"/>		
	Phone	<input type="text"/>	Fax	<input type="text"/>
	Email	<input type="text"/>		

4. Work Classification

4.1 Please tell us what trade(s) your company specializes in (example: Drywall, Electrical, Sitework, etc.).

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

4.2 Wage Scale Work (check one)

Perform Wage Scale Work Only	Check if Yes	<input type="checkbox"/>
Do not perform Wage Scale work	Check if Yes	<input type="checkbox"/>
Both Wage Scale and Non Wage Scale work	Check if Yes	<input type="checkbox"/>

4.3 Labor Affiliation (check one)

Union shop	Check if Yes	<input type="checkbox"/>
Open shop	Check if Yes	<input type="checkbox"/>
Both	Check if Yes	<input type="checkbox"/>

Subcontractor / Vendor Qualification Package

4.4 Geographic Preference (check all that apply)

- Washington DC Metro Check if Yes
- Northern VA Check if Yes
- Central / Southern VA Check if Yes
- Southern MD Check if Yes
- Western MD Check if Yes
- Delmarva Peninsula Check if Yes
- Baltimore Metro Check if Yes
- Other

4.5 Market Preference (check all that apply)

- Federal / Government Check if Yes
- Local / Civic Check if Yes
- Interiors / Tenant fit out Check if Yes
- Healthcare Check if Yes
- Industrial Check if Yes
- Educational Check if Yes
- Religious Institutions Check if Yes
- Retail Check if Yes
- Restaurants Check if Yes
- Other Check if Yes

5. Experience

What is your average job size: \$

What is your largest job size: \$

What is your backlog

(i) as of last financial statement: \$

(ii) as of today: \$

(iii) as of 12 months ago: \$

Subcontractor / Vendor Qualification Package

6. Bonding Capacity

6.1 Is Bidder able to provide bid, payment, and performance bonds? Yes No

6.2 Single Project Limit: \$ Aggregate Limit: \$

6.3 Bonding Company

6.4 Address

6.5 Agent Contact Phone

6.6 Date, amount, and type of last bond issued

Bond rate

7. Financial Statements

When you return this form, please include your Firm's most recent audited / reviewed financial statement package inclusive of:

- i. Income statement
- ii. Balance sheet
- iii. Work in progress schedules
- iv. Financial statement notes

If the Financial Statement submitted is more than 6 months old, please also include an interim statement.

8. Safety Information

8.1 EMR Rating for the past 3 years: 1st Year 2nd Year 3rd Year

8.2 Lost work day injury rating for most recent year end:

8.3 OSHA Recordable Incident Rating & Fatalities for the most recent year:

9. Current Insurance Certificate

Please provide evidence of coverages by returning a current insurance certificate with your completed package.

10. Company References

1. Project Name

Contract Amount \$

General Contractor

Point of Contact

2. Project Name

Contract Amount \$

General Contractor

Point of Contact

Subcontractor / Vendor Qualification Package

10. Company References (continued)

3. Project Name

Contract Amount \$

General Contractor

Point of Contact

11. Additional Information

11.1 Current Projects

Project Name	Value
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11.2 Have you worked with W&M Contracting in the past? Yes No

If yes, please list past projects and year of completion.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11.3 Have you completed projects for the following agencies:

Architect of the Capitol	<input type="checkbox"/>
General Services Administration (GSA)	<input type="checkbox"/>
Kaiser Permanente	<input type="checkbox"/>
NAVFAC Washington	<input type="checkbox"/>
National Institutes of Health (NIH)	<input type="checkbox"/>
Smithsonian Institution	<input type="checkbox"/>
U.S. Army Corps of Engineers	<input type="checkbox"/>
Washington Metropolitan Transit Authority (WMATA)	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>

Subcontractor / Vendor Qualification Package

11.4 Please list any additional information you feel will help us determine your firm's qualifications:

12. Minority / Small Business Form - Please return the attached form (Attachment 1) and check all that apply.

13. Size Classification Self-Certification Form - Please return the attached certification form (Attachment 2) and check all that apply.

14. W-9 Form - Please return the attached form (Attachment 3) with this package.



W&M Contracting LLC
Minority / Small Business Form

Company's Legal Name

Company's Legal Address

Date of Company's Establishment

Company Representative: Name Title

Phone Number Email

Trades offered by Company

Federal Employer Identification Number (FEIN)

North American Industry Classification System (NAICS)

Business Certifications (with classifications): Please attach Certification Forms where applicable.

I. Federal

A. Small Business Administration (SBA)

1. Small Business Certified
2. SBA 8(a) Program
3. Small Disadvantaged Business (SDB)
4. Woman Owned Small Business (WOSB)
5. Historically Underutilized Business Zone (HUBZone)
6. Veteran Owned Small Business (VOSB)
7. Service-Disabled Veteran Owned Small Business (SDVOSB)
8. Native American Owned (NAO)
9. Alaskan Owned Corporation (AOC)
10. Native Hawaiian Owned Corporation (NHOC)
11. Abilityone Program (Formerly JWOD) Non Profit Agency

III. Maryland Department of Transportation (MDOT)

A. Office of Minority Business Enterprise (OMBE)

1. Minority-Owned Business
2. African American-Owned Business
3. American Indian-Owned Business
4. Native American-Owned Business
5. Asian American-Owned Business
6. Hispanic American-Owned Business
7. Disabled-Owned Business
8. Woman-Owned Business
9. Disadvantaged Business Enterprise (DBE)
10. Airport Concession Disadvantaged Business Enterprise (ACDBE)

II. Virginia Department of Transportation (VDOT)

A. Department of Minority Business Enterprise (DMBE)

1. Small Business
2. Woman-Owned Business
3. Minority-Owned Business
4. African American-Owned Business
5. American Indian-Owned Business
6. Native American-Owned Business
7. Asian American-Owned Business
8. Hispanic American-Owned Business
9. Disadvantaged Business Enterprise (DBE)

IV. Local Counties

A. Montgomery County

1. Local Small Business Reserve Program (LSBRP)
2. Local Small Business Enterprise

B. Prince Georges County

1. Minority Business Enterprise (MBE)
2. African American-Owned Business
3. Asian American-Owned Business
4. Hispanic American-Owned Business
5. Woman-Owned Business
6. Local Business Enterprise (LBE)

Subcontractor / Vendor Qualification Package Attachment 1

V. Washington DC Certified Business Enterprise (CBE)

A. Department of Small and Local Business Development (DSLBD)

1. Local Business Enterprise (LBE)
2. Small Business Enterprise (SBE)
3. Disadvantaged Business Enterprise (DBE)
4. Development Enterprise Zone (DZE)
5. Resident-Owned Business (ROB)
6. Longtime Resident Business (LRB)
7. Veteran-Owned Business Enterprise (VOB)
8. Local Manufacturing Business Enterprise (LMBE)

B. DC Housing Authority

1. Section 3

VI. Metropolitan Washington Airports Authority

1. Local Disadvantaged Business (LDB)

VII. Washington Metropolitan Area Transit Authority (WMATA)

1. Disadvantaged Business Enterprise (DBE)
2. Small Business and Local Preference Program (SBLPP)

Printed Name

Title

Signature

Date

For W&M Contracting Internal Use Only

1. Bid Pack#
2. Qualify for SDI: Yes / No
3. Meets Insurance Requirements: Yes / No
4. References Checked: Yes / No
5. Date received
6. Anniversary date for renewal



W&M Contracting LLC

Size Classification Self-Certification Form

Subcontractor Name

Address

City State Zip

Contact Person

Email

Phone Fax

Website

D&B DUNS #

Check all business classifications that apply to your business:

- Small Business
- Small Disadvantaged Business (including 8[a])
- Woman Owned Small Business
- HUBZone Small Business (Certified by SBA)
- Veteran-Owned Small Business
- Service Disabled Veteran-Owned Small Business
- Historically Black College / University or Minority Institution
- Alaska Native Corporation
- Indian-Tribe Owned

Primary NAICS Code NAICS Code (for work being contracted)

Average Gross Annual Receipts over the last 3 years Size Standard Amount

Number of Employees

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 (www.arnet.gov/far). If you have any questions regarding your size status, please refer to SBA's website at www.sba.gov/tools/size-standards-tool or contact your local SBA Office. Under 15 U.S.C. 645(d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

**Subcontractor / Vendor Qualification Package
Attachment 2**

I hereby certify that all information provided above and in attachments hereto is true and complete to the best of my knowledge and belief.

Printed Name

Title

Signature

Date

For W&M Contracting Internal Use Only

HUBZone Status have been verified in the Central Contractor Registration (CCR) Business Database as of
___/___/___.

NAICS Codes are needed for Summary Subcontract Report breakout report (by 3-digit NAICS Subsector) that the prime contractor is required to submit to the Government annually pursuant to the Federal Acquisition Regulation (FAR) clause at 52-219-9(1)(2)(iii).

Subcontractor / Vendor Qualification Package Attachment 3

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																																							
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	Social security number																				-				-						or										Employer identification number																				-									
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.