Business Name _____

Vendor Pre-Qualification Form

Wake Forest University (WFU) **Facilities and Campus Services**	This requested information is required to be considered for any Request for Proposal (RFP) issued by Wake Forest University Facilities and Campus Services.

Instructions: Please type or print. You must respond to all questions, sign the form, and submit it ***Wake Forest University Facilities and Campus Services, PO Box 7286, Winston-Salem, NC 27109****. If your answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked. It is your responsibility to notify WFU Facilities and Campus Services if the information in this application changes. Failure to notify WFU Facilities and Campus Services of changes may result in elimination of consideration for RFP's or cancellation of existing contracts.*

Today's date _____ This application is: ☐ Initial application ☐ Revision of previously submitted application

1. Legal name/address to which solicitations are to be mailed:	1. Address to which purchase orders are to be mailed, if different:
1. Address to which payment is to be mailed, if different:	1. Contact person: Phone number: 800 number: FAX number: E-mail:
1. If your business is a division of a corporation, show name and address of parent company: State of incorporation _____	1. Years in business U.S. owned business: ☐ Yes ☐ No

1.
2. Legal and tax status – I certify, under penalty of perjury, that I/we do business as a (check one only):

☐ Individual
☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Not-for-Profit Corporation
☐ Medical Health Care Services Provider Corp.
_____

☐ Real Estate Agent
☐ Government Entity
☐ Tax Exempt Organizations (IRC 501 (a) only)
☐ Trust or Estate
☐ Limited Liability Company
State in which legal entity was formed:

1. Enter your Taxpayer Identification Number (use Social Security Number if individual or sole proprietorship):

☐ FEIN _____ ☐ SSN _____

1. Is your firm authorized to do business in the State of North Carolina, as well as locally, with all necessary business licenses?

☐ Yes ☐ No If no, please explain

1. Net worth of business:	1. Bank reference - name and address:
12. Total sales and receipts (include amounts for all affiliated businesses) for most recent fiscal year:	

13. **Business Classification**
Please check each category which applies, and complete the requested information. You may be requested to complete a more detailed form and provide additional documentation in order to ensure eligibility.

☐ **(A) Small Business**. A business that is a corporation, partnership, or sole proprietorship where at least 20% is independently owned and operated and either has fewer than 100 employees or less than one million dollars in annual gross receipts.

☐ **(B) Minority Owned.** A Minority Business Enterprise (MBE) is a business whose daily operations are managed and directed by one or more of the minority owners, or at least 51% is owned by one or more minority individuals, or in the case of a publicly-owned business, at least 51% of the stock is owned by one or more minority individuals. Please indicate ownership category in the space provided: (i*.e. African-American, Hispanic, Native-American, Asian*.) _____.

☐ **(C) Woman Owned (WBE)**. A Woman Business Enterprise (WBE) is a business whose daily operations are managed and directed by one or more of the female owners, or at least 51% is owned by one or more females, or in the case of a publicly-owned business, at least 51% of the stock is owned by one or more females.

☐ **(D) Disadvantaged Business.** 51% owned by socially and economically disadvantaged individuals as defined by Public Law 95-507.

12. If applicant is a corporation, please complete both columns:

Names of Corporate Officers	Names of Corporate Directors

12. How many full-time employees work for your organization?

12. Licenses and/or professional registration – List names of each key person of the firm. If a requested service requires a licensed/ registered practitioner, you may be required to provide a copy of such license/registration to WFU Facilities and Campus Services before an award can be made or work begun.

Name	Capacity (Owner, Partner, Etc.)	Current Licenses/Registrations (Include Certificate # if Applicable)	License/Registration Exp. Date

12. Attach a copy of your company's safety policy / manual and your compliance history pertaining to all environmental health and safety regulatory agencies for the past three years. Is your company currently operating under any consent orders or other judgments or orders issued by a regulatory agency or court?? If so, please describe:

12. Has your organization ever performed construction work for Wake Forest University or one of its affiliates? Yes No
Explain.

12. Has your organization been pre-qualified to bid on a Wake Forest University project and failed to submit a bid? Yes No

If yes, on a separate sheet list name of project and reason you did not submit a bid.

12. Has your organization ever failed to complete work awarded to it? Yes No

12. Has your organization ever failed to substantially complete a project in a timely manner? Yes No

12. Work experience – List contracts for similar services or materials that have been completed within the last five years:

Project	Location	Type of Service	Total Amount of Contract	Start/Completion Dates	Name/Phone # of Owner or Other Reference

12. Resumes of key personnel – Provide the requested information for key personnel who would be assigned to work on contracts awarded or who would, at a minimum, supervise such work.

Name and Title	Primary Responsibilities	Years Experience (This Firm/Other Firms)	Education (Institutions, Years, Degrees, Certificates)	Other Relevant Experience and/or Qualifications

12. Judgments and claims – Are there any judgments, claims, or suits pending or outstanding against you or your organization?
☐ Yes ☐ No If yes, please explain:

12. Disputes Regarding Liens – Has any owner or higher-tier contractor with whom your business has had a contract ever disputed a claim of lien filed by you or your organization?
☐ Yes ☐ No If yes, please explain:

12. Receivership – Have you or your organization filed for bankruptcy, receivership, or reorganization within the last five years?
☐ Yes ☐ No If yes, please provide details:

12. Legal Infractions — Have you or your organization been cited and/or fined for failure to comply with federal to comply with federal or state regulations and/or statutes in the past two years?
☐ Yes ☐ No If yes, please provide details:

12. Equal Opportunity—Have you or your organization been notified of EEOC complaints in the past two years?
☐ Yes ☐ No If yes, please provide details:

12. Do you anticipate that your organization will be acquired or change ownership within the next two years?
☐ Yes ☐ No If yes, please provide details:

12. **Bonding:**

- Attach a letter from your surety company or its agent licensed to do business in North Carolina verifying your organization's capacity to provide adequate performance and payment bonds for the above referenced project.

- Have any funds been expended by a surety company on your behalf? Yes No
  If yes, explain circumstances:

- List all surety companies that have provided bonds for your company for the past ten years.

- What is your current bonding capacity with regard to your current total worth of work in progress and under contract?

12. **Insurance:**

- Attach your Certificate(s of Insurance verifying your organization's workers' compensation insurance coverage, standard commercial general liability insurance coverage, and business automobile coverage for the above referenced project.

- Note the limits of your standard commercial general liability insurance coverage:
  $_____per occurrence and $_____annual aggregate

- Note the limits of your business automobile coverage for owned and non-owned vehicles
  $_____single limit

- Attach the Certificate of Insurance or other verification of existence of workers' compensation and commercial general liability insurance and amounts of same for subcontractors engaged to perform services through your organization for the above-referenced project.

12.

13. Check all commodities and services your organization provides. If your organization is owned by a corporation, check all commodities and services provided by the entire corporation. Please list specific service or material where indicated.

SERVICES

Architectural _____
Carpet/Flooring _____
Carpeting
Communication Devices (Phones, Pagers)
Consulting _____
Custodial/Cleaning _____
Electrical
Engineering _____
Environmental Health & Safety _____
Equipment _____
Furnishings _____
General Contractor
Heating, Ventilating, and Air-Conditioning (HVAC)
Information Technology
Landscaping _____
Ornamental Metal _____
Painting
Pest Control
Plumbing
Roofing
Safety _____
Security
Site Work _____
Storage and Moving
Uniforms/Mats
Utilities _____
Vehicles _____
Waste Removal/Recycling
Welding
Specialty Service _____

MATERIALS

Appliances
Automotive
Compressed Gases
Custodial
Electrical
Equipment _____
Fasteners
Hardware
HVAC
Landscaping
MRO
Paint
Plumbing
Safety _____
Tile
Specialty Items _____

12.
13.
14. **I understand that:**

Information provided in this application may be audited by Wake Forest University or verified by other means.

Provision of information in this application does not relieve me from providing the same or additional information as required in a response to a Request for Proposal.

Submittal of this application does not guarantee pre-qualification. Pre-qualification will be given only if my organization meets all statutory, regulatory or University requirements, including those not listed in this application.

I must update significant information changes within a reasonable amount of time. Significant changes include, but are not limited to: change of legal status, TIN, ownership, name, address, as well as loss of licensure or registration, filing of bankruptcy, or suspension or debarment by any Federal, state, or local governmental agency.

Failure to provide accurate and reliable information required by this form may, in accordance with any and all applicable laws, result in penalties including, but not limited to, suspension or debarment from doing business with Wake Forest University Facilities and Campus Services and termination of contracts.

I swear or affirm that:

The information provided in this application is true and correct as of the time of signing.

I, along with other officers and employees, have not been convicted of bribery or attempted bribery, nor have made an admission of guilt as to such conduct that is a matter of record.

I am an equal opportunity employer and in compliance with the equal opportunity requirements of applicable state and federal laws.

Signature _____ Name (type or print) _____

Date _____ Title _____

Please attach copies of the past two fiscal years' balance sheets or a statement of financial summary and explanation of why balance sheets cannot be included.