

SIMON TEAMING AND MENTORING PROGRAM

PREQUALIFICATION FORM

Company Name: _____

Address: _____

City/State/Zip: _____

SBA Region: _____

Any other office locations: _____

Check all that apply:

- 8 (a)
- HUB Zone
- Minority Business Entrepreneur/ Women Business Enterprise (MBE/WBE)
- Service Disabled Veteran Owned Business (SDVOB)
- Small Business
- Small Disadvantaged Business (SDB)
- Socially and Economically Disadvantaged (8a)
- Veteran Owned (VOB)
- Vietnam Veteran Business (VVOB)
- Women Owned (WOB)
- Other description: _____

Years in business: _____ Years with 8 (a) status: _____

Main Contact Information

Contact Person and Title: _____

Email: _____

Phone: _____ Secondary Phone: _____

Fax: _____

SHARING SUCCESS WITH SMALL BUSINESSES AND DIVERSE PARTNERS

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Name(s) and Position(s) of Company Owner(s):

Service and Employees

Primary Services Self-Performed: _____

Other Available Services: _____

Number of Field Employees (Skilled and Unskilled): _____

Number of Office Employees: _____

Financial and Insurance

**** Please include a copy of your latest CPA or internally prepared financial statement with application. Also, please include a copy of your current insurance certificate.**

Bonding Capacity:

Single \$ _____ Aggregate \$ _____

Dunn & Bradstreet Rating _____ Dunn & Bradstreet # _____

Corporate Federal Tax ID _____

Claims or Litigation from the past three years (settled and/or pending): _____

Surety Company Name: _____

Company Information

Company registered on Central Contractor Registration (CCR): Yes ___ No ___



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CCR# _____ DUNS# (if applicable) _____

Type of Company (General Contracting, Roofing, etc.): _____

Core Competency if GC: _____

Largest Project Value Completed by Company: _____

Description of Project/Location: _____

Past Performance

Please provide existing government contracts that you have IDIQ's, MACC's, MATOC's, SABER's, etc. This will help us when having discussions with government officials looking for partners on RFP's, SOW's, etc.

Type of Contract: _____ Location for performance: _____

Issuing Agency: _____ Years of contract: _____

Contact: _____ Email: _____

Type of Contract: _____ Location for performance: _____

Issuing Agency: _____ Years of contract: _____

Contact: _____ Email: _____

Type of Contract: _____ Location for performance: _____

Issuing Agency: _____ Years of contract: _____

Contact: _____ Email: _____



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Please provide at least three major vendors your company uses.

Name of Vendor: _____ Location: _____

Contact: _____ Email: _____

Name of Vendor: _____ Location: _____

Contact: _____ Email: _____

Name of Vendor: _____ Location: _____

Contact: _____ Email: _____

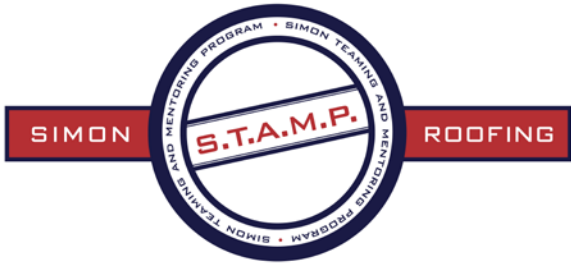
Safety

List your company's Experience Modification Rate (EMR) for the last three years and designate if it is Intrastate or Interstate:

	EMR	Intrastate or Interstate
2010		
2009		
2008		

In order to establish your Incident Rates for the past three years, please fill out the following table and complete the equations. (per OSHA guidelines)

	Total number of recordable cases	Total number of lost work days	Employee hours worked
2010			
2009			
2008			



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Lost Workday Severity Rate = Lost work days x 200,000 / Employee hours worked

Lost Workday Severity Rate = 2010 _____ 2009 _____ 2008 _____

Recordable Incident Rate = Recordable cases x 200,000 / Employee hours worked

Recordable Incident Rate = 2010 _____ 2009 _____ 2008 _____

Number of restricted work day cases 2010 _____ 2009 _____ 2008 _____

Number of cases with medical only 2010 _____ 2009 _____ 2008 _____

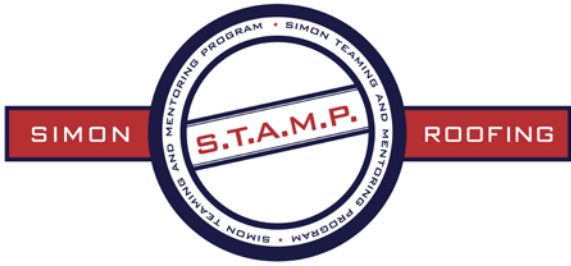
**** Please include a copy of your company's OSHA 300 form and 300 A form.**

List any fatalities or catastrophic cases your company has suffered in the last three years. Please include where and how the fatality happened, and what measures were taken to prevent the incident from reoccurring. (If more space is needed, please attach additional pages)

List any OSHA and/or EPA citations your company has received within the last three years:

**** Please include a copy of your company's complete safety program with this application.**

Who is responsible for the health and safety standards of your company? (name(s) / title(s))



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How are the health and safety standards communicated within your company?

What is the frequency of your safety training? (only for new hires, annually, etc...)

I, the undersigned, certify and declare that I have read all the foregoing answers to this prequalification form and know the content provided. The matters stated in my answers are true of my own knowledge and belief.

Print Name and Title: _____

Signature: _____ Date: _____

**** Please return completed form and attachments to the following address:**

ATTN: Allen Meier
Simon Teaming and Mentoring Program
Simon Roofing and Sheet Metal Corp.
70 Karago Avenue
Youngstown, OH 44512

Send electronically to:
ameier@simonroofing.com

Fax:
(330) 629-7399