

ATTACHMENT C

Contractor Pre-Qualification Review #1

Name of Contractor: _____ Corporation Type: _____

Address: _____ Year Founded: _____

_____ Union Affiliation: _____

Owner: _____ Bonding Capacity: _____

Scope of Contracting Services:

Project Management Staff:

Field Superintendent Staff:

Last Three Years Net Revenue: \$ _____ \$ _____ \$ _____

References (three minimum):

Describe most recent prior experience of similar scope:

Reviewed by:

DTSB Staff: _____ Date: _____

DTSB Executive Director: _____ Date: _____

Façade Grant Committee Chair: _____ Date: _____

Observations and recommendations:

Contractor Pre-Qualification Review #2

Name of Contractor: _____ Corporation Type: _____

Address: _____ Year Founded: _____

_____ Union Affiliation: _____

Owner: _____ Bonding Capacity: _____

Scope of Contracting Services:

Project Management Staff:

Field Superintendent Staff:

Last Three Years Net Revenue: \$ _____ \$ _____ \$ _____

References (three minimum):

Describe most recent prior experience of similar scope:

Reviewed by:

DTSB Staff: _____ Date: _____

DTSB Executive Director: _____ Date: _____

Façade Grant Committee Chair: _____ Date: _____

Observations and recommendations:
