



PROVIDER QUALIFICATIONS QUESTIONNAIRE

INFORMATION REQUESTED MUST BE PROVIDED ON THIS FORM. THIS QUESTIONNAIRE'S CONTENTS ARE CONFIDENTIAL AND USED SOLELY TO DETERMINE THE APPLICANTS QUALIFICATIONS.

CONTACT INFORMATION

Company's Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person #1 _____

E-mail Address: _____ Telephone: _____

Contact Person #2 _____

E-mail Address: _____ Telephone: _____

PROVIDER SERVICES OFFERED

List services you plan on providing to MANTEC Clients.

Company Profile

Years performing services: _____ Years in business under present name: _____

Average volume of sales in the past year: _____ Average volume in past 3 years: _____

Is your company rated with Dun and Bradstreet? _____ If "Yes", please provide D&B Number: _____

In the past 5 years have you filed for bankruptcy? _____ If "Yes", please provide explanation.

Any pending claims or judgments against your company?: _____ If "Yes", please provide explanation.

CONTRACTOR LICENSING (If Applicable)

Last Name: _____ First Name: _____ Middle name or Initial: _____

License Board: _____ License Type: _____ License No.: _____

COMPANY'S PERSONNEL AND MANPOWER

List names of key personnel who will be working directly with MANTEC clients. Attach a resume or summary of experience for each person.

Last Name: _____ First Name: _____ Title: _____

Last Name: _____ First Name: _____ Title: _____

Last Name: _____ First Name: _____ Title: _____

Last Name: _____ First Name: _____ Title: _____

List names of key personnel who will be working directly with MANTEC staff.

Last Name: _____ First Name: _____ Title: _____

Last Name: _____ First Name: _____ Title: _____

Do you sub-contract any of your offered services to other providers? _____

If "Yes", please list Company and/or Provider name and contact information:

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Company: _____

Signature: _____ (Authorized Person or Company Official)

Print Name and Title: _____ **Date:** _____

Type of Firm: Corporation ____ Sole Proprietor ____ Partnership ____ LLC ____

FEIN or Social Security Number: _____

**EXHIBIT 1
CURRENT REFERENCES**

REFERENCE #1

Contact Name: _____ Title: _____

Company Name: _____ NAICS: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Description of Project: _____

Services Delivered: _____

REFERENCE #2

Contact Name: _____ Title: _____

Company Name: _____ NAICS: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Description of Project: _____

Services Delivered: _____

REFERENCE #1

Contact Name: _____ Title: _____

Company Name: _____ NAICS: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Description of Project: _____

Services Delivered: _____

**EXHIBIT 2
INSURANCE INFORMATION**

Name of Insurance Agency: _____ Contact Person: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Policy Number: _____

CURRENT COVERAGE AMOUNTS

General Liability: _____

Professional Liability: _____

Errors and Omissions: _____

Workers' Compensation: _____

Automobile: _____