

Prequalification Questionnaire

Vendor / Contractor/ Consultant

Instructions: Please complete this form in detail. Insert "N/A" if a field does not apply to you. Standard catalogs/brochures may be submitted as supplemental information. All information submitted will be held in confidence.

1. Complete Legal Name of Company

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Mailing Address (if different than above)

| | |
|----------------------------|----------------------|
| Area Code/Telephone Number | Area Code/Fax Number |
|----------------------------|----------------------|

Web Address

| | |
|--------------|------------------------------------|
| Contact Name | Contact Area Code/Telephone Number |
|--------------|------------------------------------|

Contact Email Address

2. Business Classification

- A. Type of Organization _____
Corporation, Partnership, LLC, Sole Proprietor, Joint Venture, etc.
- B. Principal Officers _____
President, Vice President, Owner, etc.
- C. State in which Incorporated _____ Year _____
- D. Parent Company (If applicable) _____
- E. Address to which inquiries and bid invitations are to be sent _____
-

3. Financial Data

- A. _____
Dunn & Bradstreet No.
- B.. Reference – Banking _____ Contact Name Telephone Number _____
- C. Bonding Capability _____ Bonding Capability _____

4. **Commodity or Services:** List specifically the commodities or services that your firm would like to provide:

5. **Geographical Location:** Indicate the geographical area that you are willing to perform your service.
(Example: N. Ft. Myers, Marco Island, Cape Coral, Lehigh Acres, Immokalee, Sanibel / Captiva)

6. **Contractor's Licenses**

Indicate the License(s) currently held:

A. Description

License Number and Expiration Date

| A. Description | License Number and Expiration Date |
|----------------|------------------------------------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
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7. **Classes of workmen**

A. List all classes of workmen which you employ

8. **Work/Service**

A. List the type of work your firm sub-contracts

9. **Safety**

A. Do you have a documented safety program? Yes _____ No _____

B. Current year safety EMR? _____

C. Previous 2 years EMR ? _____

D. Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?
Yes ___ No ___ (If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

10. **Tax Information**

A. Please provide your Social Security or Tax Identification Number. This information is required in accordance with the Form 1099-Reportable Tax Law.
Tax I.D. Number _____

B. Are you incorporated? Yes _____ No _____

C. Is your firm exempt from reportable payments? Yes _____ No _____

D. Please include a completed W-9 with your submission

11. Legal Considerations

Have you at any time failed to complete a contract? Yes _____ No _____

Are there any judgments, claims, or suits pending or outstanding against you? Yes _____ No _____

Does your firm have any judgments, claims, or suits pending or outstanding against Company? Yes _____ No _____

Are you now or have you ever been involved in bankruptcy or reorganization proceedings? Yes _____ No _____

If the answer to the above questions are "Yes", explain below.

12. Additional Information: Attach any additional information concerning your company, such as approvals, certificates by recognized authorized agencies.

13. References / Work History: Provide three references / relevant projects completed within the last two (2) years of types of work/service listed in Item 4 above:

| | |
|---------------------|--|
| Company | |
| Contact Name | |
| Address | |
| Phone Number | |
| Email Address | |
| Project Description | |
| Project Location | |
| Estimated Value | |

| | |
|---------------------|--|
| Company | |
| Contact Name | |
| Address | |
| Phone Number | |
| Email Address | |
| Project Description | |
| Project Location | |
| Estimated Value | |

| | |
|---------------------|--|
| Company | |
| Contact Name | |
| Address | |
| Phone Number | |
| Email Address | |
| Project Description | |
| Project Location | |
| Estimated Value | |

Vendor Conflict of Interest Disclosure

All vendors interested in conducting business with LCEC must complete the Vendor Conflict of Interest Disclosure Form.

If a vendor has a relationship with an LCEC employee or an immediate family member of an LCEC employee, the vendor shall disclose the information required below.

_____ I have no conflict of interest to report.

_____ Disclosure
Please note any exceptions below:

Name of LCEC employees or immediate family members with whom there may be a potential conflict of interest :

() Relationship to employee _____

() Interest in vendor's company _____

() Other _____

I certify that the information provided is true and correct by my signature below:

Signature of Vendor Authorized Representative: _____

Printed Name of Vendor Authorized Representative: _____

Title: _____

Date: _____

Vendor Self-Identification Form

Lee County Electric Cooperative, Inc., supports the concept of Affirmative Action and, as such, encourages its vendors to adopt the principles associated with Equal Opportunity Employment and Affirmative Action. In line with our obligations, we invite you to self identify in the following areas:

This company is:

1. **Female owned** Yes _____ No _____
2. **Minority owned** Yes _____ No _____

If minority owned, please specify:

___ **Black** (not of Hispanic origin) – all persons having origins of any of the black racial groups of Africa.

___ **Hispanic** – all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

___ **Asian or Pacific Islander** – all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

___ **American Indian or Alaskan Native** – all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Please identify with which tribe you are affiliated. _____

3. **Owner(s) is/are a Vietnam Era Veteran** (person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964, to May 7, 1975, and was discharged/released with other than a dishonorable discharge or was discharged/released from active duty for a service-connected disability) Yes _____ No _____

Owner(s) is/are a Disabled Vietnam Era Veteran (person entitled to disability compensation under law administered by Veterans' Administration for disability rated 30% or more OR persons discharged/released from active duty for disability incurred or aggravated in line of duty)

Yes _____ No _____

4. **Owner(s) is/are a disabled person** (person who (1) has a physical or mental impairment which substantially limits one or more major life activity, or (2) has a record of such impairment, or (3) is regarded as having such impairment) Yes _____ No _____

Vendor Certification of Compliance

The undersigned contractor certifies, unless otherwise exempt, that during the period one year following the date hereunder, it will comply with all executive orders and regulations issued thereunder by the Office of Federal Contract Compliance Programs which are applicable to federal government contractors and subcontractors. The following provisions will automatically become part of each nonexempt order submitted to you for goods and services that individually or cumulatively, during a one-year period, will exceed the dollar amounts specified in each provision.

1. Certification of Non-segregated Facilities: (transactions of \$10,000 or more) The contractor certifies that it does not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained. Further, it will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it will not permit its employees to perform their services at any location under its control, where segregated facilities are maintained. The contractor agrees that a breach of this certification is a violation of the Equal Opportunity clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, time clocks, locker rooms, and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are, in fact, segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or otherwise. It further agrees that it will obtain identical certifications from proposed subcontractors prior to subcontractors exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause, that it will retain such certifications in its files, and that it will forward this entire notice to such proposed subcontractors.

2. Certification of Equal Opportunity Clause: (transactions of \$10,000 or more) The contractor certifies that it complies with the Equal Opportunity clause set forth in 41 CFR 60-1.4.

3. Certification of Affirmative Action Programs: (transactions of \$50,000 or more and involving 50 or more employees) The contractor certifies that it has developed and maintains affirmative action programs at each of its establishments as required by 41 CFR 60-2, 41 CFR 60-250, and 41 CFR 60-741.

4. Certification of Filing Standard Form 100 (EEO-1): (transactions of \$50,000 or more and involving 50 or more employees) The contractor certifies that it files Standard Form 100, Employer Information Report EEO-1, with the Joint Reporting Committee, Equal Employment Opportunity Commission as required by 41 CFR 60-1.7.

5. Certification of Filing Federal Contractor Veteran's Employment Report (VET-100): (transactions of \$10,000 or more) The contractor certifies that it files Federal Contractor Veteran's Employment Report VET-100, with the U.S. Department of Labor, Office of Veterans Employment and Training as required by 41 CFR 60-250.

6. Certification of Vietnam Era and Disabled Veterans Employment: (transactions of \$10,000 or more) The contractor certifies that it complies with the Vietnam Era Veteran's Readjustment Assistance Act of 1974 as implemented by 41 CFR 60-250.3.

7. Certification of Employment of Individuals with Disabilities: (transactions of \$10,000 or more) The contractor certifies that it complies with Section 503 of the Rehabilitation Act of 1973, as amended, as required by

Equal Employment Opportunity

We are _____ are not _____ a covered employer.

Nonsegregated Facilities

We are _____ are not _____ a covered employer.

Affirmative Action Programs

We are _____ are not _____ a covered employer.

EEO-1 and Vet-100 Forms

We have _____ have not _____ filed.

Firm Name

Completed By

Address

Title

Date

**Please return via email to :
Procurement@lcec.net**

Mailing Address

Lee County Electric Cooperative, Inc.
P.O. Box 3455
North Fort Myers, FL 33918-3455
Attention: Purchasing Department

Street Address:

141 East Mariana Avenue
North Fort Myers, FL 33917-3984