

Subcontractor / Vendor Qualification Questionnaire

The Walsh Group
929 West Adams Street, Chicago, Illinois 60607
Phone: 312.563.5400 Fax: 312.429.0651



Complete this form (adding attachments as needed) to provide a basis for evaluation of your firm's qualifications.

1. General Information: Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

Type Of Business (check all that apply): ☐ Architecture ☐ Engineering ☐ Consulting ☐ GC/CM
☐ Testing Agency ☐ Subcontractor ☐ Vendor/Supplier ☐ Other: _____

Type of Work Qualified to Self Perform: *Check all that apply from the list of Codes and Descriptions provided.*

Primary NAICS Code: _____ Geographic Area(s) Can Work: _____

Year Business Started: _____ State of Origin: _____ No. of Employees: _____ Union (Y/N): _____

Contractor's License State(s)/Number(s): State: _____ No.: _____ State: _____ No.: _____

Have you ever worked for The Walsh Group (Y/N)? _____ Project(s): _____

2. Business Classifications: *Check ALL that apply (provide proof of certification*). Refer to definitions provided.*

2a. Small Business Administration (SBA) Classifications: *(refer to www.sba.gov/size for size standards)*

☐ SB *(if you did not check "SB", then proceed to section 2b of this pre-qualification without checking the remaining options within section 2a)*
☐ VOSB ☐ SD-VOSB ☐ WOSB ☐ HUBZoneSB* ☐ SDB ☐ SDB8(a)*

2b. Other Business Classifications:

☐ ANC ☐ TO (Tribally Owned) *("ANC" & "TO" auto qualify as "SB" & "SDB", regardless of size. If you checked either "ANC" or "TO", verify you have also checked "SB" & "SDB" in section 2a above)*

☐ DBE* ☐ MBE* ☐ WBE* ☐ VOB ☐ DVBE ☐ HBCU/MI ☐ NHO

☐ AbilityOne ☐ Other: _____

3. Bonding & Insurance: Bondable (Y/N): _____ Proj Limit: \$ _____ Aggregate Limit: \$ _____

Bonding Co.: _____ Since: _____ A.M. Best Rating: _____

Surety Broker / Agent: _____ Phone: _____

Insurance Co.: _____ Since: _____ A.M. Best Rating: _____

Insurance Broker / Agent: _____ Phone: _____

4. Safety: OSHA Incident Rate: _____ Current: _____ Prior Yr: _____ 2 Yrs Prior: _____

Worker's Compensation EMR: _____ Current: _____ Prior Yr: _____ 2 Yrs Prior: _____

5. Financial: D&B Number: _____ Smallest/Largest Proj. Comfortable Handling: \$ _____ / \$ _____

6. Company's Gov. Clearances: FCL - Facility Clearance (Y/N): _____ PCL - Personal Clearances (Y/N - Qty): _____ / _____

FSO - Facility Security Officer: _____ (Name) _____ (E-Mail)

7. Additional Info (Attach): (a) Owner / Client references for recently completed projects (Company, Contact Name, Phone, Fax, E-Mail)
(b) Brief Capabilities Statement (optional, max 2 pages).

Undersigned certifies, under penalty of perjury, that the information contained herein is true and correct, and agrees to supplement this Pre-Qualification Questionnaire with additional information upon request:

(Print Name) _____ (Title) _____

(Signature) _____ See Page 4 of 4 For Signature _____ (Date) _____

Ambulatory Care Center & Dental Clinic at Joint Base Andrews (N40080-12-R-0153)

Subcontractor / Vendor Qualification Questionnaire



01 GENERAL CONDITIONS

☐ 0121 Mobile Trailers

☐ 0123 Temp Utilities

☐ 01.2343 Gas/Propane

☐ 01.2356 Rubbish Boxes

☐ 01.2356 Portable Toilets

☐ 0133 Cleaning / Janitorial Services

☐ 0135 Site Protection

☐ 01.3503 Rodent / Pest Control

☐ 01.3509 Security Services

☐ 0137 Safety

☐ 01.3700 Safety Consulting

☐ 01.3703 Safety Equip / Supplies

☐ 0139 QA/QC Consulting

☐ 0161 Office Supplies & Equip

☐ 01.6133 Messenger Services

☐ 01.6136 Office Furniture

☐ 0163 Printing / Doc Mgmt Services

☐ 0164 Photographic Services

☐ 0165 Architectural / Engineering / Consulting Services

☐ 01.6513 Surveying

☐ 01.6516 Scheduling

☐ 01.6519 Geotechnical

☐ 01.6543 Structural

☐ 01.6549 Testing

☐ 01.6553 Legal

☐ 01.6559 Architectural

☐ 01.6563 MEP

☐ 01.6566 Civil

☐ 01.65xx Specialty: _____

☐ 0170 Equipment Rentals

02 EXISTING CONDITIONS

☐ 0241 Demolition

☐ 026 Contam Site Mtl Removal (Special Waste or Contam Soils)

☐ 0262 Underground Storage Tank Removal

☐ 027 Water Remediation (Treatment or Decontamination)

☐ 028 Facility Remediation (Asbestos, Lead, Mold, etc.)

03 CONCRETE

☐ 033 Cast-In-Place Concrete

☐ 03.3713 Shotcrete

☐ 034 Precast Concrete

☐ 0341 Precast Structural Concrete

☐ 03.4113 Precast Conc Hollow Core Plank

☐ 03.4116 Precast Conc Slabs

☐ 03.4119 Precast Conc Tee's

☐ 03.4123 Precast Conc Stairs

☐ 03.4140 Precast Conc Girders

☐ 0345 Precast Architectural Concrete

☐ 0347 Site-Cast Concrete

☐ 03.4713 Tilt-Up Concrete

☐ 03.4716 Lift-Slab Concrete

☐ 0353 Concrete Toppings

☐ 038 Concrete Cutting & Boring

☐ **04 MASONRY**

05 METALS

☐ 051 Structural Metal Framing

☐ 052 Metal Joists

☐ 053 Metal Decking

☐ 054 Cold-Formed Metal Framing

☐ 055 Misc Metals

☐ 057 Decorative Metals

06 WOODS, PLASTICS, COMPOSITES

☐ 061 Rough Carpentry

☐ 062 Finish Carpentry

☐ 064 Arch Woodwork or Casework (Fab or Sales)

☐ 065 Structural Plastics (Fab or Sales)

☐ 066 Plastics (Fab or Sales)

☐ 067 Structural Composites (Fab or Sales)

☐ 068 Composites (Fab or Sales)

07 THERMAL & MOISTURE PROTECTION

☐ 071 Damproofing & Waterproofing

☐ 072 Thermal Protection & Weather Barriers

☐ 073 Steep Slope Roofing

☐ 074 Roofing & Siding Panels

☐ 075 Membrane Roofing

☐ 07.5100 Built-Up Bituminous Roofing

☐ 07.5200 Modified Bituminous Membrane Roofing

☐ 07.5300 Elastomeric Membrane Roofing

☐ 07.5400 Thermoplastic Membrane Roofing

☐ 07.5500 Protected Membrane Roofing

☐ 07.5600 Fluid-Applied Roofing

☐ 07.5700 Coated Foamed Roofing

☐ 07.5800 Rool Roofing

☐ 078 Fire & Smoke Protection

☐ 07.8100 Applied Fireproofing

☐ 07.8400 Firestopping

☐ 07.8600 Smoke Seals

☐ 079 Joint Protection

☐ 07.9100 Preformed Joint Seals

☐ 07.9200 Joint Sealants

☐ 07.9500 Expansion Control

08 OPENINGS

☐ 081 Doors & Frames

☐ 08.1100 Metal Doors & Frames

☐ 08.1400 Wood Doors

☐ 083 Specialty Doors & Frames

☐ 08.3100 Access Doors & Panels

☐ 08.3200 Sliding Glass Doors

☐ 08.3300 Coiling Doors & Grilles

☐ 08.3400 Specialty Function Doors

☐ 08.3500 Folding Doors & Grilles

☐ 08.3600 Panel Doors

☐ 08.3800 Traffic Doors

☐ 08.3900 Pressure Resistant Doors

Ambulatory Care Center & Dental Clinic at Joint Base Andrews (N40080-12-R-0153)

Undersigned certifies, under penalty of perjury, that the information contained herein is true and correct, and agrees to supplement this Pre-Qualification Questionnaire with additional information upon request:

(Print Name)

(Title)

See Page 4 of 4 For Signature

(Signature)

(Date)

Please e-mail your pre-qualification directly to:

sbdevelopment@walshgroup.com

Subcontractor / Vendor Qualification Questionnaire



- ☐ 084 Entrances, Storefronts, & Curtain Walls
- ☐ 08.4100 Entrances & Storefronts
- ☐ 08.4400 Curtain Wall & Glazed Assemblies
- ☐ 085 Windows
- ☐ 08.5100 Metal Windows
- ☐ 08.5200 Wood Windows
- ☐ 08.5400 Composite Windows
- ☐ 08.5500 Pressure-Resistant Windows
- ☐ 08.5600 Special Function Windows
- ☐ 086 Roof Windows & Skylights
- ☐ 087 Hardware
- ☐ 088 Glazing
- ☐ 089 Louvers & Vents

09 FINISHES

- ☐ 092 Plaster & Gypsum Board Assemblies
- ☐ 09.2113 Plaster Assemblies
- ☐ 09.2116 Gypsum Board Assemblies
- ☐ 093 Tiling
- ☐ 095 Ceilings
- ☐ 09.5100 Acoustical Ceilings
- ☐ 09.5300 Acoustical Ceiling Suspension Assemblies
- ☐ 09.5400 Specialty Ceilings
- ☐ 09.5600 Textured Ceilings
- ☐ 09.5700 Specialty Function Ceilings
- ☐ 096 Flooring
- ☐ 09.6300 Masonry Flooring
- ☐ 09.6400 Wood Flooring
- ☐ 09.6500 Resilient Flooring
- ☐ 09.6600 Terrazzo Flooring
- ☐ 09.6700 Fluid-Applied Flooring
- ☐ 09.6800 Carpeting
- ☐ 09.6900 Access Flooring
- ☐ 097 Wall Finishes
- ☐ 09.7200 Wall Coverings
- ☐ 09.7300 Wall Carpeting
- ☐ 09.7400 Flexible Wood Sheets
- ☐ 09.7500 Stone Facing
- ☐ 09.7600 Plastic Blocks
- ☐ 09.7700 Special Wall Surfacing
- ☐ 098 Acoustic Treatment
- ☐ 09.8100 Acoustic Insulation
- ☐ 09.8300 Acoustic Finishes
- ☐ 09.8400 Acoustic Room Components & Panels
- ☐ 099 Painting & Coating

10 SPECIALTIES

- ☐ 101 Information Specialties
- ☐ 10.1100 Visual Display Surfaces
- ☐ 10.1200 Display Cases
- ☐ 10.1300 Directories
- ☐ 10.1400 Signage
- ☐ 10.1700 Telephone Specialties
- ☐ 10.1800 Information Kiosks

- ☐ 102 Interior Specialties
- ☐ 10.2113 Toilet Compartments
- ☐ 10.2116 Shower & Dressing Compartments
- ☐ 10.2123 Cubicles
- ☐ 10.2200 Partitions
- ☐ 10.2500 Service Walls
- ☐ 10.2600 Wall & Door Protection
- ☐ 10.2800 Toilet, Bath, & Laundry Accessories

103 Fireplaces & Stoves**104 Safety Specialties**

- ☐ 10.2800 Emergency Access & Info Cabinets
- ☐ 10.2800 Emergency Aid Specialties
- ☐ 10.2800 Fire Protection Specialties

105 Storage Specialties

- ☐ 10.5100 Lockers
- ☐ 10.5500 Postal Specialties
- ☐ 10.5600 Storage Assemblies
- ☐ 10.5700 Wardrobe & Closet Specialties

107 Exterior Specialties

- ☐ 10.7100 Exterior Protection (Sun Control or Storm Panels)
- ☐ 10.7300 Protective Covers, Awnings, & Canopies
- ☐ 10.7400 Manufact Ext Specialties (Ext Clocks, Cupolas, Spires, Steeples, Weathervanes, & Window Wells)
- ☐ 10.7500 Flagpoles

108 Other Specialties

- ☐ 10.8000 Other: _____

11 EQUIPMENT:

- ☐ 1112 Parking Control Equipment
- ☐ 1113 Loading Dock Equipment
- ☐ 1116 Vault Equipment
- ☐ 1119 Detention Equipment
- ☐ 1123 Commercial Laundry & Dry Cleaning Equipment
- ☐ 1131 Residential Appliances
- ☐ 1133 Retractable Stairs
- ☐ 1140 Foodservice Equipment
- ☐ 1152 Audio-Visual Equipment
- ☐ 1153 Laboratory Equipment
- ☐ 1161 Theater & Stage Equipment
- ☐ 1166 Athletic Equipment
- ☐ 1168 Play Field Equip & Structures
- ☐ 1182 Solid Waste Handling Equipment
- ☐ 1190 Other Equip: _____

12 FURNISHINGS

- ☐ 122 Window Treatments
- ☐ 123 Casework & Countertops
- ☐ 12.3000 Casework
- ☐ 12.3600 Countertops
- ☐ 12.3653 Laboratory Countertops

Undersigned certifies, under penalty of perjury, that the information contained herein is true and correct, and agrees to supplement this Pre-Qualification Questionnaire with additional information upon request:

(Print Name)

(Title)

See Page 4 of 4 For Signature

(Signature)

(Date)

Please e-mail your pre-qualification directly to:

sbdevelopment@walshgroup.com

Ambulatory Care Center & Dental Clinic at Joint Base Andrews (N40080-12-R-0153)

Subcontractor / Vendor Qualification Questionnaire



<input type="checkbox"/>	124	Furnishings & Accessories
<input type="checkbox"/>	12.4633	Waste Receptacles
<input type="checkbox"/>	12.4643	Monitor Support Systems
<input type="checkbox"/>	12.4813	Entrance Floor Mats & Frames
<input type="checkbox"/>	12.4819	Entrance Floor Grilles
<input type="checkbox"/>	126	Multiple Seating
<input type="checkbox"/>	12.6100	Fixed Audience Seating
<input type="checkbox"/>	12.6313	Stadium & Arena Bench Seating
<input type="checkbox"/>	12.6613	Telescoping Bleachers
<input type="checkbox"/>	12.6700	Pews & Benches
<input type="checkbox"/>	129	Other Furnishings
<input type="checkbox"/>	12.9200	Interior Planters & Plantings
<input type="checkbox"/>	12.9300	Site Furnishings
<input type="checkbox"/>	13	SPECIAL CONSTRUCTION
<input type="checkbox"/>	1311	Swimming Pools
<input type="checkbox"/>	1312	Fountains
<input type="checkbox"/>	1313	Aquariums
<input type="checkbox"/>	1318	Ice Rinks
<input type="checkbox"/>	1321	Controlled Environment Rooms
<input type="checkbox"/>	1327	Vaults
<input type="checkbox"/>	1331	Fabric Structures
<input type="checkbox"/>	1332	Space Frames
<input type="checkbox"/>	1333	Geodesic Structures
<input type="checkbox"/>	14	CONVEYING SYSTEMS
<input type="checkbox"/>	141	Dumbwaiters
<input type="checkbox"/>	142	Elevators
<input type="checkbox"/>	143	Escalators & Moving Walks
<input type="checkbox"/>	144	Lifts
<input type="checkbox"/>	147	Turntables
<input type="checkbox"/>	148	Scaffolding
<input type="checkbox"/>	149	Other Conveying Equipment
<input type="checkbox"/>	1491	Facility Chutes
<input type="checkbox"/>	1492	Pneumatic Tube Systems
<input type="checkbox"/>	21	FIRE SUPPRESSION
<input type="checkbox"/>	22	PLUMBING
<input type="checkbox"/>	23	HVAC
<input type="checkbox"/>	25	INTEGRATED AUTOMATION
<input type="checkbox"/>	26	ELECTRICAL
<input type="checkbox"/>	27	COMMUNICATION
<input type="checkbox"/>	28	ELECTRONIC SAFETY & SECURITY
<input type="checkbox"/>	31	EARTHWORK
<input type="checkbox"/>	31.2319	Dewatering
<input type="checkbox"/>	31.2336	Trucking
<input type="checkbox"/>	31.2513	Silt Fencing
<input type="checkbox"/>	31.3200	Soil Stabilization
<input type="checkbox"/>	31.6200	Driven Piles
<input type="checkbox"/>	31.6300	Bored / Drilled Piles & Caissons
<input type="checkbox"/>	31.7300	Tunneling

<input type="checkbox"/>	32	Exterior Improvements
<input type="checkbox"/>	32.1216	Asphalt Paving
<input type="checkbox"/>	32.1313	Concrete Paving
<input type="checkbox"/>	32.1400	Unit Paving
<input type="checkbox"/>	32.1613	Concrete Curbs & Gutters
<input type="checkbox"/>	32.1800	Athletic & Recreational Surfacing
<input type="checkbox"/>	32.3100	Fences & Gates
<input type="checkbox"/>	32.3200	Retaining Walls
<input type="checkbox"/>	32.8400	Landscape Irrigation
<input type="checkbox"/>	32.9000	Landscaping, Exterior
<input type="checkbox"/>	33	UTILITIES
<input type="checkbox"/>	34	TRANSPORTATION
<input type="checkbox"/>	35	WATERWAY & MARINE CONSTRUCTION
<input type="checkbox"/>	40	PROCESS INTEGRATION
<input type="checkbox"/>	41	MATERIAL PROCESSING & HANDLING EQUIPMENT
<input type="checkbox"/>	42	PROCESS HEATING, COOLING, & DRYING EQUIPMENT
<input type="checkbox"/>	43	PROCESS GAS & LIQUID HANDLING, PURIFICATION & STORAGE EQUIP
<input type="checkbox"/>	44	POLLUTION CONTROL EQUIPMENT
<input type="checkbox"/>	45	INDUSTRY SPECIFIC MANUFACTURING EQUIPMENT
<input type="checkbox"/>	48	ELECTRICAL POWER GENERATION

Ambulatory Care Center & Dental Clinic at Joint Base Andrews (N40080-12-R-0153)

Undersigned certifies, under penalty of perjury, that the information contained herein is true and correct, and agrees to supplement this Pre-Qualification Questionnaire with additional information upon request:	
_____ (Print Name)	_____ (Title)
_____ (Signature)	_____ (Date)
Please e-mail your pre-qualification directly to: sbdevelopment@walshgroup.com	

Subcontractor / Vendor Qualification Questionnaire



Business Classifications: Descriptions and Definitions

Business classifications indicated on the Subcontractor Pre-Qualification Questionnaire shall be based on the Primary NAICS Code indicated and the definitions herewith. For companies that use more than one NAICS code, the Primary NAICS code shall represent the scope of work most often provided. The definitions provided herewith are not guaranteed and shall not waive the certifying company's responsibility to review and understand the definitions pursuant to the Federal Acquisition Regulation (FAR) part 19.7 or 52.219-8 (www.arnet.gov/far). Where the below definitions conflict with those provided in the FAR, the FAR definition shall govern. If you have difficulty ascertaining your size status, refer to SBA's website at www.sba.gov/size or contact your local SBA office.

Small Business Administration (SBA) Classifications:

- Refer to definitions provided on The **Walsh** Group Small Business Self-Certification Form for the following SBA classifications: SB, VOSB, SD-VOSB, WOSB, HUBZoneSB, SDB, and SDB8(a).

Other Business Classifications:

- **ANC:** "Alaskan Native Corporation". Refer to definition provided on The **Walsh** Group Small Business Self-Certification Form.
- **TO:** "Tribally Owned". Refer to definition provided on The **Walsh** Group Small Business Self-Certification Form.
- **DBE:** "Disadvantaged Business Enterprise" is a broader business classification, which generally includes MBE's, WBE's, and Small Businesses. Referenced mostly by transportation authorities, DBE certification is controlled by varying agencies across the United States and certification requirements may vary between agencies.
- **MBE:** "Minority Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, whereby the individual minority applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. MBE certification is controlled by varying agencies across the United States and certification requirements vary between agencies. To obtain MBE certification, most agencies dictate caps on personal net worth for each minority applicant as well as size standards for the business.
- **WBE:** "Women's Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, where the individual women applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. WBE certification is controlled by varying agencies across the United States and certification requirements vary between agencies. Typically, there are no size standards.

Subcontractor / Vendor Qualification Questionnaire



- **VOB:** "Veteran Owned Business" is similar to "Veteran Owned Small Business" (VOSB), except there is no size standard.
- **DVBE:** "Disabled Veteran Business Enterprise" (also referred to as SDVBE – Service Disabled Veteran Business Enterprise) is similar to "Service-Disabled Veteran-Owned Small Business" (SD-VOSB), except there is no size standard. A DVBE automatically qualifies as a VOB.
- **HBCU/MI:** Means "Historically Black Colleges and Universities/Minority Institution". Refer to definition provided on The **Walsh** Group Small Business Self-Certification Form.
- **NHO:** "Native Hawaiian Organizations" means any community service organization serving Native Hawaiians in the State of Hawaii which is a not-for-profit organization chartered by the State of Hawaii, is controlled by Native Hawaiians, and whose business activities will principally benefit such Native Hawaiians.
- **AbilityOne:** Refer to definition provided on The **Walsh** Group Small Business Self-Certification Form.

Ambulatory Care Center & Dental Clinic at Joint Base Andrews (N40080-12-R-0153)