

Subcontractor Qualification Questionnaire

SECTION 1 - COMPANY INFORMATION

Legal Company Name:

DBA (if applicable):

Company Address:

City / State / Zip:

Company Website:

Primary Contact Name & Title:

Phone Number:

Email Address:

Estimating Contact (if different):

Years in Business:

SECTION 2 - FEDERAL REGISTRATION INFORMATION

Unique Entity Identifier (UEI):

CAGE Code:

SAM Registration Status:

Active Inactive Pending Renewal

SAM Expiration Date:

Tax ID Number (TIN):

Business Classification:

Small Business Large Business

Socioeconomic Certifications (check all applicable):

HUBZone Service-Disabled Veteran-Owned Small Business (SDVOSB) Veteran-Owned Small Business (VOSB)

Women-Owned Small Business (WOSB) Economically Disadvantaged Women-Owned Small Business (EDWOSB)

8(a) Small Business None Other: _____

Primary NAICS Code:

Additional NAICS Codes:

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SECTION 3 - CAPABILITIES & EXPERIENCE

Primary CSI Divisions / Trades Performed

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Doors/Hardware | <input type="checkbox"/> Finishes | <input type="checkbox"/> Specialties |
| <input type="checkbox"/> Mechanical/HVAC | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Civil/Sitework | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Earthwork | | |

Other: _____

Geographic Areas Served

- | | | | |
|--------------------------------------|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia | <input type="checkbox"/> Louisiana |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> Nationwide | | |

Other: _____

Typical Project Size

- | | | | | |
|----------------------------------|--|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> <\$100K | <input type="checkbox"/> \$100K - \$500K | <input type="checkbox"/> \$500K - \$1M | <input type="checkbox"/> \$1M - \$5M | <input type="checkbox"/> \$5M+ |
|----------------------------------|--|--|--------------------------------------|--------------------------------|

Federal Project Experience

- | | | | | |
|--------------------------------|------------------------------------|---------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> USACE | <input type="checkbox"/> Air Force | <input type="checkbox"/> NAVFAC | <input type="checkbox"/> Army | <input type="checkbox"/> DHS |
| <input type="checkbox"/> ANG | <input type="checkbox"/> GSA | <input type="checkbox"/> VA | <input type="checkbox"/> DoD Other | <input type="checkbox"/> None |

Approximate Self-Perform Percentage: _____

Design-Build Experience:

- Yes No

Optional Attachment - Capability Statement

- Included Not Included

SECTION 4 - COMPLIANCE & CYBERSECURITY

Safety & Compliance

EMR Rating (if applicable): _____

OSHA Violations within the Last 3 Years?

Yes No

If yes, please explain briefly:

Bonding & Insurance Capability

Able to Obtain Required Project Insurance?

Yes No

Able to Provide Bonding if Required?

Yes No

Certified Payroll / Workforce

Does your company have experience performing work requiring Davis-Bacon prevailing wages and certified payroll reporting?

Yes No

Does your company primarily utilize W-2 employees, or independent contractors (1099)?

Primarily W-2 Employees

Primarily Independent Contractors (1099)

SECTION 4 - COMPLIANCE & CYBERSECURITY (continued)

Cybersecurity / CMMC

DFARS 252.204-7025 DFARS 252.204-7021

(MANDATORY REQUIREMENT)

Does your company process, store, transmit, or have access to:
Federal Contract Information (FCI) and/or Controlled Unclassified Information (CUI)?

- Yes No

Current CMMC Status

- In Progress:

Anticipated Completion Date: _____

- Level 1 (Self) Level 2 (Self) Level 2 (C3PAO) Level 3 (DIBCAC)

SPRS/CMMC Unique Identifier (UID) **(MANDATORY)**:

SPRS/CMMC UID Expiration Date **(MANDATORY)**:

Required Attachment – SPRC/CMMC UID Documentation **(MANDATORY)**:

- Attached

SECTION 5 - CERTIFICATION

The undersigned certifies that the information provided herein is accurate and complete to the best of their knowledge. Southeast Cherokee Construction, Inc. reserves the right to request additional supporting documentation prior to subcontract award, contract execution, or project participation.

Completion of this questionnaire does not guarantee inclusion on bidder lists, award of work, or future contracting opportunities.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Please email the completed Questionnaire and the required attachment to the following contact for review and processing:

Alex Carter, Proposal Manager
Southeast Cherokee Construction, Inc.
acarter@secherokeeconstruction.com

