Trade Contractor Prequalification Questionnaire Project Data Sheet

Project Specifics/Technical Data: (project must have start	t/completion dates within the last 5 years.)
Project Name:	Project Location:
Project Description:	
Project Start Date:	Actual Project Completion Date:
Project Completion per Notice to Proceed:	Total Project Construction Estimate:
Base Subcontract Value, without Change Orders:	Total Subcontract Value, with Change Orders:
Did the owner assess liquidated damages? Yes No	No. of Days: Value:
Were claims filed with this project? (if yes, attach explanation or expl	ain below) Yes No
Project Owner Information: Current information required, references will be secured.	
Owner:	Owner's Contact:
Address:	Contact Phone No.
City & State:	Contact E-Mail address:
Project Team	
Architect/Engineer Firm:	Project Architect/Engineer's Name:
Address:	Phone Number:
City & State:	Contact E-Mail Address:
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General Contractor Firm:	Principal's Name:
Address:	Phone Number:
City & State:	Contact E-Mail Address:
Name of Contractor's Senior Project Manager:	
Name of Contractor's Senior Project Superintendent:	
Name of Project Mechanical, Electrical, Plumbing (MEP) Coordinator	r:
Questionnaire: if "no" is the response to any of the following questions, the	is project does not meet the requirements and will no be considered.
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Yes	
No	
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Yes	
No	
Voc	
Yes	
No	
Yes	
No	
Yes	
No	
Additional comments and clarification of responses provided above	
Note: Contractor's failure to furnish complete, accur	rate, and truthful data may result in disqualification.