Trade Contractor Prequalification Questionnaire Project Data Sheet

| Project Specifics/Technical Data: (project must have sta | ort/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 | |
| Were claims filed with this project? (if yes, attach explanation or ex | |
| Project Owner Information: Current information require | · · |
| 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: |
| | |
| General Contractor Firm: | Principal's Name: |
| Address: | Phone Number: |
| City & State: | Contact E-Mail Address: |
| N. CG | |
| Name of Contractor's Senior Project Manager: | |
| Name of Contractor's Senior Project Superintendent: Name of Project Mechanical, Electrical, Plumbing (MEP) Coordina | 40 |
| | |
| Questionnaire: if "no" is the response to any of the following questions, | this project does not meet the requirements and will no be considered. |
| Yes | |
| No | |
| | |
| Yes | |
| No | |
| | |
| Yes | |
| No | |
| | |
| Yes | |
| No | |
| V | |
| Yes | |
| No | |
| Additional comments and clarification of responses pro | ovided above |
| | |
| | |
| | |
| | |
| | |
| Note: Contractor's failure to furnish complete, acc | curate, and truthful data may result in disqualification. |
| | - |