

**Subcontractor Prequalification Questionnaire  
Project Data Sheet**

<b>Project Specifics/Technical Data:</b> <i>(project must have start/completion dates within the last 5 years.)</i>	
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 explain below)	Yes      No
<b>Project Owner Information:</b> <i>Current information required, references will be secured.</i>	
Owner:	Owner's Contact:
Address:	Contact Phone No.
City & State:	Contact E-Mail address:
<b>Project Team</b>	
<b>Architect/Engineer Firm:</b>	Project Architect/Engineer's Name:
Address:	Phone Number:
City & State:	Fax Number:
Email Address:	
<b>General Contractor Firm:</b>	
Address:	Phone Number:
City & State:	Fax Number:
Email Address:	
Name of Contractor's Senior Project Manager:	
Name of Contractor's Senior Project Superintendent:	
Name of Project Mechanical, Electrical, Plumbing (MEP) Coordinator:	
<b>Questionnaire:</b> <i>if "no" is the response to any of the following questions, this project does not meet the requirements and will no be considered.</i>	
Yes No	
Yes No	
Yes No	
Yes No	
Yes No	
<b>Additional comments and clarification of responses provided above</b>	
<i>Note: Contractor's failure to furnish complete, accurate, and truthful data may result in disqualification.</i>	