

# SUBCONSULTANT PRE-QUALIFICATION QUESTIONNAIRE

Entities seeking to provide Architecture/Engineering and/or related services as a subconsultant and/or partner to ATANE must complete this form and submit it to ATANE Marketing Department (marketing@ATANEConsulting.com) for review on a biannual basis. The information provided on this form will be reviewed as part of the selection criteria. Please provide the requested information as completely as possible to facilitate review and evaluation of your qualifications.

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## SECTION 1: GENERAL COMPANY INFORMATION

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Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

FEIN:	DUNS:	Year of Formation:
Indicate type or organization: <input type="checkbox"/> Corporation <input type="checkbox"/> PC <input type="checkbox"/> DPC <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture	Specialty Services:	Contact Name:
		Work Number:
		Cell Number:
		Email:

Is this business affiliated or a subsidiary of any other company?  YES     NO

Name of Parent Company: \_\_\_\_\_  
*Provide list of any other affiliates and/or subsidiaries.*

Is the firm certified as:                     MBE     WBE     DBE     VBE     SDVOB     OTHER (attach)     N/A

*Attach current certifications per agency/city/state, etc.*

Has your firm had any certifications revoked or applications denied in the past five (5) years? *If yes, provide details.*  YES     NO

Number of Employees in your Organization:                    Domestic: \_\_\_\_\_                    International: \_\_\_\_\_

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## SECTION 2: COMMON OWNERSHIP

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List owner(s)	% Owned	List Officers of your Company

Within the last five (5) years, has any owner or officer been an owner of another firm? *If yes, provide details.*  YES     NO

Is any owner or officer related to an employee of a government agency? *If yes, provide details.*  YES     NO

Is any owner or officer related to a ATANE employee? *If yes, provide details.*  YES     NO

Within the last two (2) years, is or was any Close Relative of a Government Official an owner, director, officer, or employee of your company? *If yes, please identify the position held, the name of the person holding the position, and the person's relationship to the owner, director, officer, or employee of your company.*  YES     NO

Note: "Close Relative" means an individual's spouse, the individual's and the spouse's grandparents, parents, siblings, children, nieces, nephews, aunts, uncles and the spouse of any of these people, or anyone sharing the same household.

**SECTION 3: SAFETY**

Provide the following details: *\*Safety Plan may be required upon request.*

YEAR	Current Yr	Previous Yr	2 Yrs Prior
OSHA Recordable Incident Rate			
OSHA DART Rate			

Has your company received an OSHA citation(s) within the last five (5) years?  YES  NO

*If yes, provide copies of the citation(s) and any resolutions/corrective actions/settlements.*

**SECTION 4: CLAIMS AND LAWSUITS / NON-PERFORMANCE OF CONTRACT**

Please provide a list of all pending claims, arbitrations, proceedings, or suits and judgments entered for the last five (5) years.

Has your firm filed any lawsuits or requested arbitration with regard to your Contracts or Clients within the last five (5) years? *If yes, provide details.*  YES  NO

Has your firm ever been disbarred or removed from any Government Work? *If yes, provide details.*  YES  NO

Has your firm including it's owners, principals, officers or employees ever been the subject of an investigation? *If yes, provide details.*  YES  NO

Have you or any of your firm's principals or employees been convicted of a felony, including but not limited to bribery, kickbacks or collusive bidding? *If yes, provide details.*  YES  NO

Have you or any of your firm's principals or employees been subject to pending criminal charges or a plea bargain, deferred prosecution agreement, non-prosecution or consent decrees? *If yes, provide details.*  YES  NO

Has your firm been debarred, declared non-responsible, had a contract terminated, been suspended or barred from bidding within the last five (5) years? *If yes, please explain.*  YES  NO

Has your firm been subject to a monitoring agreement with any government entity? *If yes, please explain.*  YES  NO

Has your firm been cited by the Department of Labor for labor law violations? *If yes, provide details.*  YES  NO

**SECTION 5: ADDITIONAL INFORMATION**

Please attach the following:

- Financial Statements for the past 2 full years and any interim available
- Standard Form 330 (formerly Standard Form 254 / 255)
- Current Certificate of Insurance; *Some carriers require policy review. Third Party Action Over Exclusions not acceptable.*
- Certified EMR letter from broker for the past 3 years

*\*General Liability & Professional Liability loss history for the past 3 years may be required upon request*

**SECTION 6: CLIENT REFERENCES**

Provide at least three (3) individuals for whom you have provided services similar to those for which you are requesting prequalification

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

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**CERTIFICATION & AUTHORIZATION**

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*The undersigned hereby authorizes ATANE to contact its bank and references in support of this application. Applicant warrants and represents the data provided in this document and attachments is accurate in all respects. Applicant acknowledges its ongoing obligation to update its application annually and to provide updates of significant changes in a timely manner. Applicant acknowledges receipt and review of the ATANE Vendor Code of Ethics (Code) and agrees all officers and personnel who have communicated or may communicate with ATANE employees or clients during the course of doing business with ATANE will adhere to the Code. The undersigned is authorized to sign on behalf of the firm.*

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**Title:**

**Date:**

**ATANE will not discriminate on the grounds of race, religion, color, sex, national origin, age, disability or any other classification protected under the law in the selection and retention of Subconsultants/Partners/Vendors, including but not limited to procurements of materials and leases of equipment. ATANE will comply fully with all requirements relating to any business defined as disadvantaged pursuant to applicable law including but not limited to M/WBE, DBE/VBE/SDVOB, etc. and expects that its subconsultants, partners and vendors will do so as well. ATANE will not participate either directly or indirectly in any discrimination prohibited by applicable law.**