



Bid Qualification Form

Instructions: Form may be printed or completed in Adobe. You must respond to all questions, sign the form, and submit it to Rochester Institute of Technology Procurement Services Office, 124 Lomb Memorial Drive, Rochester, NY 14623 or fax to 585-475-7171

If your answer is "same," "not applicable," or "none," please write this to indicate no questions have been overlooked. It is your responsibility to notify the RIT Procurement Services Office in writing if the information in this application changes. Failure to notify the RIT Procurement Services Office of changes may result in elimination of consideration for Request for Proposals (RFPs) or cancellation of existing contracts.

Section A

Today's Date: _____ This application is: Initial Application Revision of a previously submitted application

1. Legal name/address to which solicitations are to be mailed:	2. Address to which purchase orders are to be mailed, if different:
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3. Address to which payment is to be mailed, if different:	4. Contact Person: _____ Title: _____ Phone Number: _____ Fax Number: _____ E-mail: _____
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5. If your business is a division of a corporation, show name and address of parent company: State of Incorporation: _____ Duns#: _____	6. Years in Business: _____ U.S. owned business? <input type="radio"/> Yes <input type="radio"/> No
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7. Legal and tax status. I certify, under penalty of perjury, that I/we do business as a: <input type="radio"/> Individual <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Not-for-Profit Corporation	Please indicate your organization's tax status: <input type="radio"/> 501(c)(3) <input type="radio"/> 501(c)(4) <input type="radio"/> 501(c)(6) <input type="radio"/> 501(c)(7) <input type="radio"/> 501(c)(8) <input type="radio"/> Not Tax Exempt <input type="radio"/> Other _____
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8. Is your firm authorized to do business in the State of New York, as well as locally, with all necessary business licenses?
 Yes No If no, please explain: _____

9. Are you affiliated with the AFL/CIO or any other union representation?
 No Yes If yes, other than AFL/CIO, please indicate the union name: _____

10. Bank reference (name and address): _____

11. Business Size and Classification:

Please check either Large or Small to indicate the business size. Then check any relevant classifications of the business

Large
 Small

- Disadvantaged Woman-Owned Veteran-Owned
 HUB Zone Minority Owned Svc Disabled Veteran

For Minority-Owned Businesses Only:

- African American Native American Veteran
 Latin American Disabled Veteran Asian
 Other (Specify): _____

12. If applicant is a corporation, please complete both columns:

Names of Corporate Officers	Names of Corporate Directors

13. Licenses and/or Professional Registration - List names of each key person of the firm. If a requested service requires a licensed/registered practitioner, you may be required to provide a copy of such license/registration to RIT Procurement Services before an award can be made or work can begin.

Name	Capacity (Owner, Partner, Etc.)	Current Licenses/Registrations (Include Certificate # if applicable)	License/Registration Expiration Date

14. Conflict of Interest - A conflict of interest may exist where an RIT employee or close relative/family member has a connection to your business, and a third party may consider that this relationship may compromise the competitive process. Does any RIT employee have a possible conflict of interest with the above business? Yes No If yes, please specify the following:

RIT Employee Name: _____ Phone Number: _____ Employee's Relationship: _____

15. Work Experience - List contract for similar services or materials that have been completed within the last five years:

Project	Location	Type of Service	Total Amount of Contract	State/Completion Date	Name/Phone of Owner or Other References

16. Insurance- Please indicate your acceptance of RIT's insurance and indemnification requirements that can be found at:

<http://finweb.rit.edu/purchasing/docs/indemnification.pdf> I accept I do not accept

Attach your certificate of insurance showing Rochester Institute of Technology additionally insured.

17. Check all commodities and services your organization provides. If your organization is owned by a corporation, check all commodities and services provided by the entire corporation.

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|---|---|---|
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Entertainment/Acts/Bands | <input type="checkbox"/> Parking and Campus Transportation |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> MRO Supplies and Parts | <input type="checkbox"/> Photography and Imaging Science |
| <input type="checkbox"/> Appliances/Matresses/Misc Housing | <input type="checkbox"/> Furniture and Furnishings | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Grounds | <input type="checkbox"/> Postage |
| <input type="checkbox"/> Audio & Visual | <input type="checkbox"/> HVAC | <input type="checkbox"/> Print Management |
| <input type="checkbox"/> Banking Services | <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Safety/Security/Fire |
| <input type="checkbox"/> Catering/Food Services | <input type="checkbox"/> Investment Services | <input type="checkbox"/> Scientific Equipment/Gases and Fuels |
| <input type="checkbox"/> Chemicals (non-janitorial) | <input type="checkbox"/> Janitorial/Housekeeping Supplies and Services | <input type="checkbox"/> Shipping Services/Customs |
| <input type="checkbox"/> Computers (Hardware) | <input type="checkbox"/> Laundry Services and Equipment | <input type="checkbox"/> Software |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> Consultant Services (non-construction) | <input type="checkbox"/> Marketing/Promotional | <input type="checkbox"/> Travel: Transportation and Lodging |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Medical Supplies/First Aid | <input type="checkbox"/> Uniforms/ Apparel (not Athletics) |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> MRO Services (Pest Control, Inspections, Elevator Maintenance, etc.) | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Energy and Utilities | <input type="checkbox"/> Office Supplies and Equipment | <input type="checkbox"/> Waste Disposal |
| <input type="checkbox"/> Engineering Services | | <input type="checkbox"/> Web Services and Design |

Section B

1. Net worth of business:	2. Total sales and receipts (include amounts for all affiliated businesses) for most recent fiscal year:	
3. How many full-time employees work for your organization?		
4. With respect to hourly employees (excluding office personnel), please provide the following information regarding the listed benefits:		
Type of Benefit	Offered? (Yes or No)	Indicate Premium % (or Match %) Paid by Your Firm
Wages : Rochester Area Living Wage or higher		
Health Insurance		
Dental Insurance		
Life Insurance		
Reimbursement for Tuition/Educational Expenses		
Reimbursement for Uniforms or Tools		
Retirement (401(k) plan or equivalent or defined benefit/pension plan)		
5. Do you have a safety policy/manual and compliance history pertaining to all environmental health and safety regulations for the past three years?		
<input type="radio"/> Yes <input type="radio"/> No		

6. Has your organization ever performed work for RIT? Yes No If yes, please explain:

7. Resumes of Key Personnel - Provide the requested information for key personnel who would be assigned to work on contracts awarded or who would, at a minimum, supervise such work.

Name and Title	Primary Responsibilities	Years Experience (This firm/ other firms)	Education (Institutions, Years, Degrees, Certificates)	Other Relevant Experience and/or Qualifications

8. Judgements and Claims - Are there any judgements, claims, or suits pending or outstanding against you or your organization? Yes No If yes, please explain:

9. Disputes Regarding Liens - Has any owner or higher-tier contractor with whom your business has had a contract ever disputed a claim of lien filed by you or your organization? Yes No If yes, please explain:

10. Receivership - Have you or your organization filed for bankruptcy, receivership, or reorganization within the last five years? Yes No If yes, please explain:

11. Legal Infractions - Have you or your organization been cited and/or fined for failure to comply with federal or state regulations and/or statues in the past two years? Yes No If yes, please explain:

12. Are you listed on the State or Federal Debarred List? Yes No

13. Equal Opportunity - Have you or your organization been notified of EEOC complaints in the past two years? Yes No If yes, please explain:

14. Do you have an affirmative action plan? Yes No

15. Do you anticipate that your organization will be acquired or change ownership within the next two years? Yes No If yes, please explain:

16. Bonding - Attach a letter from your surety company or its agent licensed to do business in New York verifying your organization's capacity to provide adequate performance and payment bonds.

Have any funds been expended by a surety company on your behalf? Yes No If yes, please explain:

List all of the surety companies that have provided bonds for your company for the past ten years:

What is your current bonding capacity with regard to your current total worth of work in progress and under contract?

Section C

I understand that:

Information provided in this application may be audited by RIT or verified by other means.

Provision of information in this application does not relieve me from providing the same or additional information as requested in a response to a Request for Proposal.

Submittal of this application does not guarantee qualification. Qualification will be given only if my organization meets all statutory, regulatory or University requirements, including those not listed in this application. Qualification does not guarantee my company any business.

I must update significant information changes in writing within 30 days. Significant changes include, but are not limited to: change of legal status, TIN, ownership, name, address, as well as loss of licensure or registration, filing of bankruptcy, or suspension or debarment by any federal, state, or local government agency.

Failure to provide accurate and reliable information required by this form may, in accordance with any and all applicable laws, result in penalties including, but not limited to, suspension or debarment from doing business with RIT and termination of contracts.

I swear or affirm that:

The information provided in this application is true and correct as the time of signing. I, along with the other officers and employees, have not been convicted of bribery or attempted bribery, nor have made an admission of guilt as to such conduct that is a matter of records.

I am an equal opportunity employer and in compliance with the equal opportunity requirements of applicable state and federal laws.

Signature: _____

Name (type or print) _____

Date: _____

Title _____

Please attach copies of the past two fiscal years' balance sheets or a statement of financial summary and explanation of why balance sheets cannot be included.