

READ THIS FIRST: The Kirlin Group (Kirlin) offers a wide range of opportunities for material suppliers, construction trades, and engineering consultants. The Subcontractor Information Form provides general information about your firm, **it does not prequalify you to receive Invitations to Bid, or to work with Kirlin, or its affiliates.** If your firm's core competencies are a match to our products and services, you may be asked to prequalify in Avetta as a subcontractor. To learn more about **prequalifying with Avetta, go to <http://pages.avaxta.com/Kirlin>.**

Complete every field on the Subcontractor Information Form. If you have a question or are uncertain about how to answer a requested category of information, contact the Administrator of Contracts and Small Business at 301.315.7441. Submit your completed application via email to VetMe@KirlinGroup.com.

COMPLETING THIS FORM:

1. Identify your firm's primary product / service category.
2. Identify if you are an Avetta Vendor
3. Provide a **Primary POC who will receive or make decisions about prequalification and bid notices.**
4. Provide your **Legal Business Name and Trade Name [dba]**, if applicable
5. Provide your 9-digit DUNS Number – if you do not have one, obtain one via:
 - a. DNB iUpdate (for Businesses wanting to do business with the Federal Government): <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>
 - b. Phone: (866) 705-5711 to ask a representative 8:00 AM – 6:00 PM 7-Days per week.
To apply for a D-U-N-S number, you need to provide the following:
 - The name, address, and founding year of your company
 - The name of its owner
 - Its legal structure (partnership, LLC, sole proprietorship, and so on)
 - A basic description of its business activity
 - Total employee count (full- and part-time)
6. Provide your firm's **primary and secondary NAICS Code(s)** – if you do not know them, look them up NAICS at:
 - SBA Small Business Size Standard Table: Provides description and size based on number of employees or Sales value where applicable and can be download at https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf
 - North American Industry Classification System: keyword search at <http://www.census.gov/eos/www/naics/>
7. Check the box | boxes under the “Services and Small Business Size Standard” **for EACH Small Business Size category** your business is applicable for – example, if you are Small AND Veteran-Owned, you must check both boxes. If you are a large business, you can only check the LARGE box only. **YOU MUST INCLUDE average 3-year revenues and average number of employees for 1-year, FOR EACH NAICS.**
8. Enter the 6-digit CSI Construction Division Codes (XX XX XX format) under which you perform work.
9. If your firm is certified through the Small Business Administration (SBA) 8(a) Business Development Program, and | or as a HUBZone firm – **YOU MUST INCLUDE A COPY of your most recent approval or recertification letter.**

10. If your firm is certified through a State or other Federal Agency (Example: Department of Transportation), list the certification number state, agency and date of expiration for the additional agency.
11. Provide bonding company information. If you do not have a bonding company, firms can be identified at: https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/surety_home.htm or <https://www.sba.gov/funding-programs/surety-bonds>
12. Make sure ALL **MANDATORY DOCUMENTATION** is attached per Section
13. **Make sure you have answered all questions, assertions and left no blank spaces**
14. Provide three (3) relevant past performance references, completed in the last three (3) years. If you need more room, you can submit additional pages, but indicate on your application the Past Performance is "attached." **NOTE:** Some Invitations for Bid (IFB's) allow for projects performed within a 5-year period. **If you are completing a Subcontractor Qualification Form in connection with an IFB, confirm with your Estimator what the standard is – 3 or 5 Years for that individual requirement.**

Thank you again for your interest.

Sincerely,

A handwritten signature in blue ink that reads "Lisa C. King". The signature is fluid and cursive.

Lisa C. King
Administrator
Contracts and Small Business
Kirlin Builders, LLC – A Kirlin Group Company

SUBCONTRACTOR INFORMATION FORM INSTRUCTIONS



PART 1. GENERAL INFORMATION		
ITEM	FIELD	ACTION
1A	BUSINESS NAME	Enter Business Legal Name
1B	DBA IF APPLICABLE	Enter Business Trade Name Doing Business As Name
1C	TODAY'S DATE	Date of Application
1D	STREET ADDRESS	Enter Street Address
1E	BUILDING, SUITE, FLOOR	Enter Building, Suite or Floor Number
1F	CITY	Enter City where business is located
1G	STATE	Enter State where business is located
1H	ZIP	Enter Zip Code
1I	STATE OF INCORPORATION FORMATION	Enter the State Name where business established, legally filed with state
1J	DATE (INCORPORATION FORMATION)	Enter the date your company was started; registered with the State.
1K	PHONE NUMBER	Enter Business Phone Number
1L	FAX NUMBER	Enter Business Fax Number
1M	PAYMENT ADDRESS	Enter payment address if it is different from street address
1N	PURCHASE ADDRESS	Enter address for submitting orders if different from street address
1O	EIN FEDERAL TAX ID	Enter the 9-digit Employer Identification or Federal Tax ID Number for Business
1P	DUNS NUMBER	Enter the Business Dun and Bradstreet Number (less than 9-digits is not acceptable)
1Q	CAGE CODE	Enter the Company Cage Code NOTE: Cage Codes are required and issued through DLA (Defense Logistics Agency) when you register in the System for Award Management (WWW.SAM.GOV) – formerly the Central Contractors Registration (CCR www.ccr.gov)
1R	NEW SUB	Check if you are a new subcontractor applying for prequalification for the 1 st time
1S	EXISTING SUB	Check if you are an previously qualified subcontractor updating your profile information
1T	COMPANY WEBSITE	Enter the URL address for your company's website: http://www._____
1U	TOTAL NUMBER OF EMPLOYEES	Enter the total number of employees including any employees that are part of separately maintained divisions, affiliates, subsidiaries and parent company if applicable
1V	CURRENT EMR SAFETY RATING	Obtain this from company's insurance carrier. The Experience Modifier Rate, or EMR, is a numeric representation of a business's claims history and safety record as compared to other businesses in the same industry, within the same state.
1W	PRIMARY POC NAME	Enter Primary "Point of Contact" (POC) who will be responsible for receiving all information in connection with Invitations to Bid (IFB's), inquiries and requests in connection with your contract or company
1X	PRIMARY POC TITLE	Enter the title of the Primary POC
1Y	PRIMARY POC EMAIL	Enter the Email Address for the Primary POC; or that is to be used to receive IFB's, Inquiries and/or Requests
1Z	PRIMARY POC CELL	Enter the cell phone number for the Primary POC who receives bids
1AA	UNION AFFILIATION	Enter any Union Membership / Affiliation

SUBCONTRACTOR INFORMATION FORM INSTRUCTIONS



1BB	TRADE ASSOCIATION	Enter any Trade Association Membership
1CC	PARENT COMPANY NAME ADDRESS	Enter the name of the parent company and their address (Street, City, State, and Zip) if applicable
1DD	PARENT COMPANY ASSOCIATION	Check one box to indicate associated type with Parent Company or if the business is Independently Owned and Operated
1EE	PERFORM WORK	List each state / location where you can self-perform / work
1FF	LOCATION TYPE	Check whether Corporate Headquarters office or Branch Location

PART 2. - BUSINESS TYPE										
ITEM	FIELD	ACTION								
2A	ENTITY TYPE	<p>Check one box to indicated if your business is one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1) Corporation;</td> <td style="width: 50%;">5) Joint Venture ,or</td> </tr> <tr> <td>2) Partnership;</td> <td>6) Other – If Other, please list the specific type</td> </tr> <tr> <td>3) Sole Proprietorship;</td> <td></td> </tr> <tr> <td>4) A limited Liability Company (LLC);</td> <td></td> </tr> </table>	1) Corporation;	5) Joint Venture ,or	2) Partnership;	6) Other – If Other, please list the specific type	3) Sole Proprietorship;		4) A limited Liability Company (LLC);	
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2) Partnership;	6) Other – If Other, please list the specific type									
3) Sole Proprietorship;										
4) A limited Liability Company (LLC);										
2B	INDUSTRY	<p>Check one box to indicate if your business primary industry is one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1) Manufacturer</td> <td style="width: 50%;">5) Consultant, or</td> </tr> <tr> <td>2) Distributor</td> <td>6) Other – if Other, please indicate specific type</td> </tr> <tr> <td>3) Retailer</td> <td></td> </tr> <tr> <td>4) Construction</td> <td></td> </tr> </table>	1) Manufacturer	5) Consultant, or	2) Distributor	6) Other – if Other, please indicate specific type	3) Retailer		4) Construction	
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4) Construction										

PART 3. - CORPORATE OFFICERS PARTNERS PROPRIETORSHIP														
ITEM	FIELD	ACTION												
3A	NAME	Indicate the name of each owner, or partner in the business												
3B	TITLE	Indicate the title (i.e., CEO, President, Secretary, or Finance Manager) of each individual named as having ownership, or partnership in the business.												
3C	% OF OWNERSHIP PARTNERSHIP	<p>Indicated the percentage of ownership or partnership in the business. Ownership totals should add up to 100%</p> <p>EXAMPLE:</p> <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>NAME</th> <th>TITLE</th> <th>% OWNERSHIP</th> </tr> </thead> <tbody> <tr> <td>Jane Doe</td> <td>CEO</td> <td>51%</td> </tr> <tr> <td>John Doe</td> <td>Finance Manager</td> <td>20%</td> </tr> <tr> <td>James Doe</td> <td>Vice President</td> <td>30%</td> </tr> </tbody> </table>	NAME	TITLE	% OWNERSHIP	Jane Doe	CEO	51%	John Doe	Finance Manager	20%	James Doe	Vice President	30%
NAME	TITLE	% OWNERSHIP												
Jane Doe	CEO	51%												
John Doe	Finance Manager	20%												
James Doe	Vice President	30%												

PART 4 - - SERVICES AND SMALL BUSINESS SIZE STANDARD		
ITEM	FIELD	ACTION
4A	CSI DIVISION	<p>Enter up to six (6) 6-digit CSI Construction Trade Divisions in the XX-XX-XX format. Example:</p> <ul style="list-style-type: none"> • 02 00 00 – Existing Conditions • 02 50 00 – Site Remediation • 05 10 00 – Structural Metal Framing
4B	BUSINESS SIZE CERTIFICATION	<p>Enter NAICS Code, Business Size and Socio-Economic Classifications of each</p>
	NAICS	<p>Enter the Primary, Secondary, and Other NAICS Codes (5 total) (North American Industry Classification Code) for the business based on the primary trade your firm will bid on or perform.</p> <p>NOTE: If the Business does not know their NAICS Codes or how to identify it or their applicable Business Size Standard, they can go to: http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf (U. S. Small Business Administration Table of Small Business Size Standards Matched to North American Industry Classification Codes) to look up this information.</p> <p>If further assistance is needed contact the Contract and Small Business Administrator at PREQUAL@JKLLC.COM or call 301.315.7441</p>
	NAICS DESCRIPTION	<p>Enter the NAICS Code Description here. Example – NAICS Code is 238220, the description is “Plumbing, Heating, and Air-Conditioning Contractors”</p>
	AVERAGE NUMBER OF EMPLOYEES	<p>Enter the average number of employees for a 12-month period. Enter this next to each NAICS code. For information on how SBA determines number of employees go to: 1) https://www.sba.gov/contracting/getting-started-contractor/make-sure-you-meet-sba-size-standards/guide-size-standards Or 2) https://www.sba.gov/tools/size-standards-tool?ms=nid4060</p>
	AVERAGE 3-YEAR REVENUES	<p>Enter average 3-year revenues next to each NAICS code. Size standard may vary by NAICS so for help on determining revenues go to: 1) https://www.sba.gov/contracting/getting-started-contractor/make-sure-you-meet-sba-size-standards/guide-size-standards Or 2) https://www.sba.gov/tools/size-standards-tool?ms=nid4060</p>
	SELF-PERFORMED	<p>Check “Yes” or “No” to indicate if the work associated with the NAICS Code listed is self-performed. If the Business outsources this service, they should enter “No”.</p>

PART 4 -- SERVICES AND SMALL BUSINESS SIZE STANDARD		
ITEM	FIELD	ACTION
	BUSINESS SIZE CATEGORY	<p>Large Business - If the Business Size is Large, then only the “Large” Box should be checked.</p> <p>Small Business - If the Business Size is Small, then the Small Business and each applicable additional Small Business Size for which they can self-certify or have been certified as through the U. S. Small Business Administration should be checked. See below for Self-Certifiable Small Business Categories:</p> <p>LB – Large Business HUBZ – Historically Underutilized Business Zone (HUBZone) HBCU/MI – Historically Black College/University/Minority Institution SB – Small Business VOSB – Veteran-Owned Small Business ANC – Alaskan Native Corporation (ANC) and Indian Tribes SDB – Small Disadvantaged Business SDVOSB – Service Disabled Veteran-Owned Small Business JWOD – Javits Wagner O’Day; Ability One; National Industries for the Blind; Source America WOSB – Woman-Owned Small Business</p> <p>SBA Certified Small Business Categories – These categories can only be certified through the Small Business Administration:</p> <ul style="list-style-type: none"> • 8(a) Certification • HUBZone <p>Alaskan Native Corporations and Indian Tribes (ANC’s) - While the SBA doesn’t certify Native-owned small businesses, it does certify small businesses considered to be socially and economically disadvantaged under the nine-year 8(a) Business Development Program. Native-owned businesses are presumed to be socially and economically disadvantaged. Moreover, the federal government does not require certification as a Native-owned small business.</p> <p>SBA’s Office of Native American Affairs can help ensure Native-owned small businesses have full access to the business development and expansion tools that are available through the SBA’s procurement programs.</p> <p>Historically Black Universities and Minority Institutions (HBCU/MI’s) - The SBA does not certify these programs; however to find out more, go to www.nafeo.org, the National Association for Equal Opportunity in Higher Education, a professional association that represents the nation’s HBUCs.</p> <p>JWOD – Javits Wagner O’Day; Ability One; National Industries for the Blind; Source America - Through the Javits Wagner O’Day Act, The AbilityOne Program provides employment opportunities for people who are blind or have significant disabilities through services and the provision of products. For more information, go to: http://www.abilityone.gov/index.html</p>

PART 5 – SMALL BUSINESS ADMINISTRATION AND OTHER CERTIFICATIONS		
ITEM	FIELD	ACTION
5A	8(a) ENTRANCE DATE	Enter the Date the Business was first accepted into the Small Business Administration’s 8(a) Program.
5B	NEXT REVIEW DATE	Enter the Date of the next Annual Review for 8(a) Recertification
5C	SBA 8(a) CERTIFICATION LETTER	Attach a copy of the Businesses’ latest SBA Certification Letter for the firms 8(a) Status
5D	HUBZONE ENTRANCE DATE	Enter the Date the Business was first accepted into the Small Business Administration’s HUBZone Program – Occurs every year.
5E	NEXT REVIEW DATE	Enter the Date of the next Review for HUBZone Recertification – Occurs every three (3) years.
5F	SBA HUBZONE CERTIFICATION LETTER	Attach a copy of the Businesses’ latest SBA Certification Letter for the firms HUBZone status.

PART 6 - OTHER CERTIFICATION		
ITEM	FIELD	ACTION
6A	CERTIFICATION	List the "other" type of certification, example – Department of Transportation; MBE Certification; Airport Authority, etc.
6B	AGENCY	Enter the name of the agency or corporation the other certification is through – Example, Maryland Department of Transportation (MDOT); DC Government; NY Port Authority, etc.
6C	FEDERAL, STATE, COUNTY OR OTHER	Indicate if the certification is through the Federal, State, County Government or other – Other being a corporate or non-government entity
6D	CERTIFICATION #	If your certification through another entity has a number, indicate the number here.
6E	EXPIRES	Indicate the date the other certification expires.

PART 7 – BONDING COMPANY INFORMATION		
ITEM	FIELD	ACTION
7A	BONDING COMPANY NAME	Enter the name of your firm’s Bonding Company
7B	ADDRESS	Enter the address of your Bonding Company
7C	TELEPHONE	Enter the telephone number of your Bonding Company
7D	POINT OF CONTACT	Enter the name of the POC for your Bonding Company
7E	POC TITLE	Enter the Bonding Company POC Title
7F	POC EMAIL	Enter the Bonding Company POC Email Address
7G	BONDING CAPACITY PER JOB	Enter your company bonding capacity per job
7H	BONDING CAPACITY AGGREGATE	Enter your company’s aggregate (overall) bonding capacity
7I	AVERAGE ANNUAL SALES VOLUME	Enter the amount of your average annual sales volume
7J	LARGEST BONDED JOB	Enter the amount of the largest bonded job completed by your firm
7K	DATE OF LARGEST BONDED JOB	Enter date of the largest bonded job completed by your firm
7L	LARGEST UN-BONDED	Enter the amount of the largest un-bonded job completed by your firm
7M	DATE OF LARGES UN-BONDED JOB	Enter the date of the largest un-bonded job completed by your firm
7N	CURRENT AMOUNT OF WORK ON BACK LOG	Enter the value of the total number of contracts you are currently working, that have yet to be completed.

PART 8 – DOCUMENT CHECKLIST: Check the box to confirm you have attached each mandatory item. NOTE: missing items may result in the rejection of your application.	
MANDATORY FORM(S) / DOCUMENTS	ATTACHED
• Certificate of Insurance (This is a COI to demonstrate you have insurance, in the event you are awarded a subcontract based on an accepted bid, you will be required to provide a project specific COI.)	
• IRS W-9 Form, Completed and Signed	
• All applicable Business Licenses / Certifications	
• Evidence of company and/or individual enrollment in E-Verify	
• All Small Business Certification Letters and/or Certificates	
• Past Performance – Section 10 (Include extra type written pages if necessary)	
• Electronic Capabilities Brochure (Adobe or Fox-It in .PDF format).	
• Written Explanation of any assertions per Section 9, where applicable	

PART 9 – CERTIFICATION REGARDING RESPONSIBILITY MATTERS: Leave no questions unanswered. Answer truthfully “Yes” or “No” as indicated. NOTE: Affirmative answers to Questions 1 – 10, including items 2a; 2b, and 2c, requires the contractor provide a written explanation as to the cause and current status. Question 9 must be answered and frequency/occurrence of testing checked.

Item (10) SUBCONTRACTING PLANS – Large (LB) and Other than Small Business (OTSB): This is a mandatory response for large and firms who are not classified as small. Kirlin Builders will not accept bid offers without a subcontracting plan, where the requirements of FAR 52.219-8 *Small Business Participation* and 52.219-9 *Small Business Subcontracting Plans* for our Government Contracts are applicable.

PART 10 – PAST PERFORMANCE – Complete this for 3 Projects completed in last 3 years		
ITEM	FIELD	ACTION
10A	AGENCY COMPANY WORK PERFORMED FOR	Enter the name of the Customer company or agency who the work was completed for
10B	PROJECT TITLE LOCATION	Enter the name of the Project and the Location (State or Country) where the work was performed
10C	START DATE	Enter the date the work started
10D	FINISH DATE	Enter the date the project was completed
10E	POINT OF CONTACT	Enter the name of the Customer POC at the company or agency who was in charge of the project.
10F	TITLE	Enter the title of the Customer POC at the company or agency
10G	POC E-MAIL ADDRESS	Enter the email address of the Customer POC at the company or agency
10H	POC PHONE EXT.	Enter the phone number of the Customer POC at the company or agency and Extension, if applicable
10I	POC ADDRESS	Enter the Street Address, City, State and Zip of the Customer POC
10J	DETAILED DESCRIPTION OF WORK PERFORMED	Give a detailed description of the work – use additional pages if needed
10K	\$\$ VALUE OF YOUR CONTRACT	Provide the total dollar value of the work your firm completed for the project

PART 11 – SIGNATURE BY PRINCIPAL OWNER		
ITEM	FIELD	ACTION
11A	PRINTED NAME	Print the name of the principal owner / officer authorized to certify that all of the information contained within the application is true.
11B	TITLE	Print the Title of Signer
11B	SIGNATURE	Requires the actual signature of the principal owner listed in 11A – blue ink.
11C	DATE	Enter date application signed.

NOTE: APPLICATIONS AND SUPPORTING DOCUMENTATION, INCLUDING LICENESES AND CERTIFICATIONS CAN BE SCANNED TO .PDF FORMAT AND EMAILED TO: VETME@KIRLINGROUP.COM
INDICATE: YOUR COMPANY’S NAME – SUBCONTRACTOR INFORMATION.