

SUBCONTRACTOR INFORMATION FORM INSTRUCTIONS



READ THIS DOCUMENT FIRST

Kirlin Builders, LLC (KB) offers a wide range of opportunities for construction trades, mechanical, environmental, and architectural/engineering firms [refer to “*What we Buy/Subcontract*”] at: <http://kirlinbuilders.com/subcontractors/>

The **Subcontractor Information Form** is a tool for your company to:

- Provide a general overview of company, key contacts, and core competencies.
- Provide evidence of company’s financial health, bonding capacity, licenses, certificates, and active insurance, demonstrating readiness to execute and sustain work.
- Receive a KB Vendor ID [new subcontractors, **only after notification of award** of new contract or purchase agreement; and bid bond must be submitted].
- Submit required annual update and mandatory financial, bonding, and insurance information in connection with active projects and/or, to remain in portfolio of prequalified bidders.
- Submit information in connection with a Sources Sought (SSN) or and ITB for RFP, RFQ or other competitive notice.

DISCLAIMER: The Subcontractor Information form *is not a guarantee of contract award, or work with Kirlin Builders, LLC, or its affiliates.* All construction opportunities with KB are competitively bid. Invitations to Bid (ITBs) are sent out through The Blue Book Network® and Blue Book’s OneTeam® (TheBlueBook.com).

SUBMISSION INSTRUCTIONS – READ CAREFULLY:

Complete every section of 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, or email VETME@kirlinbuilders.com for assistance.

EMAIL APPLICATION AND SUPPORTING DOCUMENTATION, INCLUDING LICENSES, CERTIFICATIONS, FINANCIAL, AND OTHER MANDATORY DOCUMENTATION IN .PDF FORMAT TO VETME@KIRLINBUILDERS.COM PER BELOW:

SUBMISSION TYPE	REASON	SUBJECT	INCLUDE IN SUBJECT	MANDATORY
A. Bid List Only	Prequalification to bid	“New Bidder”	“Company Name”	<ul style="list-style-type: none"> • All sections completed • All mandatory documentation including: <ul style="list-style-type: none"> • Bonding Capacity Letter from Surety • Most recent financials • Certificate of Insurance (COI)
B. Vendor ID Setup	Newly Awarded Subcontractor [No prior history of award with KB]	“New Viewpoint ID”	“Job Number ITB# Company Name”	All of requirements for “A” above, AND <ul style="list-style-type: none"> • ITB, RFQ, RFP Proposal • <u>Bid Bond in addition to Bond company information</u> • SB Subcontracting Plan (Large Business Only)
C. Vendor Renewal	Annual Update	“Annual Update”	“Company Name Vendor# Job Number(s)”	Bidders List only: All of requirements for “A” above Active Project only: All of requirements for “A” above, AND <ul style="list-style-type: none"> • Updated COI for each active Job • Updated Bond (if applicable) for each active Job where Subcontract Agreement has increased, due to change orders.
D. Competitive Bid	Response to ITB for <u>any</u> RFP, RFQ or another competitive requirement		Submit with your Bid Package	All of requirements for “A” above, AND <ul style="list-style-type: none"> • Price proposal, technical response and past performance • Bid Bond
D. Sources Sought or Competitive Bid	Response to Sources Sought Notices (SSN)	“Sources Sought”	“Company Name Sources Sought Notice Project”	All of requirements for “A” above, AND <ul style="list-style-type: none"> • Sources Sought Capabilities Response

SUBCONTRACTOR INFORMATION FORM INSTRUCTIONS



COMPLETING VENDOR INFORMATION FORM: Provide all company information, legal business address and general information / primary product / service category including:

1. Identify if company is registered in The Blue Book®
2. Identify if company is an Existing Vendor
 - NOTE:** Existing subcontractors *must provide* their **Vendor ID** and most recent awarded **Subcontract Number**. Contact KB's Contract and Small Business Administrator for assistance at VETME@KIRLINBUILDERS.COM, or call 301.315.7441.
3. Identify **Primary POC who will receive or make decisions about prequalification and bid notices**.
4. Provide company **Legal Business Name and Trade Name [dba]**, if applicable
5. Provide company 9-digit IRS EIN/Tax ID – if you do not have one go to: <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>
6. Provide company's 9-digit DUNS Number – if you do not have one, obtain one via:
7. Dun and Bradstreet (for Businesses wanting to do business with the Federal Government): <https://www.dnb.com/duns-number/duns-number-and-government.html>, Phone: (800) 424-2495 to ask a for assistance obtaining a **Government Contracting DUNS**.
8. Provide company's **primary and secondary NAICS Code(s)** – for information go to:
 - SBA Small Business Size Standard Table: Provides description and size based on number of employees or Sales value where applicable:
 - <https://www.sba.gov/document/support-table-size-standards>
 - North American Industry Classification System: keyword search at:
 - <http://www.census.gov/eos/www/naics/>
9. Evidence of bonding capacity, in addition to bonding company information, is mandatory.
 - Bonding capacity letter showing aggregate and single project amounts,
 - Bid bonds required in connection with competitive response and/or to receive new awards
 - If you need assistance with bonding firms can be identified at:
 - **Department of Treasury:** <https://fiscal.treasury.gov/surety-bonds/list-certified-companies.html>, or
 - **SBA or SCORE** office in your area, can provide additional resources for bonding: <https://www.score.org/>
1. Provide up to five **6-digit** CSI Construction Division Code(s) (XX XX XX format) the company **self-performs**.
2. Provide up to five **6-digit** NAICS Code(s) (XXXXXX format) the company **self-performs**. **Mandatory:** list **average 3-year revenues and average number of employees for 1-year, FOR EACH NAICS**.
 - a. Check boxes for *applicable* Socio-economic size category or combination thereof, *for each NAICS*
 - b. If company is certified through the Small Business Administration (SBA) 8(a) Business Development Program, and | or as a HUBZone firm – **MUST INCLUDE A COPY of the most recent SBA approval or recertification letter.**
 - c. If company 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.
3. **List and provide** all licenses and certifications (i.e.: business, certifications for heavy equipment operation, specialty construction, engineering or other relevant to core competency).
4. **ALL MANDATORY DOCUMENTATION** must be attached per **Section 8 of the Application**.
 - Bonding capacity letter, or bid bond, if applicable
 - Most recent audited or reviewed financial statement
 - Certificate of Insurance
 - Memorandum of Understanding from E-Verify Registration
 - SAM.GOV Registration is active and current
 - Business Licenses
 - Certifications for equipment operation or other business certification (as applicable)
 - Small Business and/or Minority Business Certifications (as applicable)
5. Read and respond to all questions, assertions and *leave no blank spaces*
6. Provide three (3) relevant past performance references, completed in the last three (3) years. If additional space is needed, attach separately, but indicate on the application the Past Performance is "attached."

NOTE: Some solicitation or invitations to bid (ITB) for competitive RFPs and RFQs, require projects performed within a 5-year period. **When completing a Subcontractor Qualification Form in connection with the respective solicitation vehicle, confirm with the assigned Estimator/Project Manager what the standard is – 3 or 5 Years, for that individual requirement.**

Thank you again for your interest.

Sincerely,

Lisa C. King
Administrator
Contracts and Small Business

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" (DBA) 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) NOTE: Cage Codes are required and issued through the IRS at: https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online
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 (https://sam.gov/SAM/)
1R	NEW SUB	Check if a <i>new subcontractor</i> applying for prequalification for the 1 st time
1S	EXISTING SUB	Check if company is an <i>existing KB subcontractor OR updating</i> your profile information
1T	COMPANY WEBSITE	Enter the URL address for the 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
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 <i>where you can self-perform</i> / work
1FF	LOCATION TYPE	Check whether Corporate Headquarters office or Branch Location

SUBCONTRACTOR INFORMATION FORM INSTRUCTIONS



PART 2. - BUSINESS TYPE		
ITEM	FIELD	ACTION
2A	ENTITY TYPE	Check one box to indicated if your business is one of the following: 1) Corporation; 5) Joint Venture, or 2) Partnership; 6) Other – If Other, please list the specific 3) Sole Proprietorship; type 4) A limited Liability Company (LLC);
2B	INDUSTRY	Check one box to indicate if your business primary industry is one of the following: 1) Manufacturer 5) Consultant, or 2) Distributor 6) Other – if Other, please indicate specific type 3) Retailer 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 everyone named as having ownership, or partnership in the business.															
3C	% OF OWNERSHIP PARTNERSHIP	Indicated the percentage of ownership or partnership in the business. Ownership totals should add up to 100% EXAMPLE: <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>50%</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> <tr> <td colspan="2" style="text-align: right;">TOTAL:</td> <td>100%</td> </tr> </tbody> </table>	NAME	TITLE	% OWNERSHIP	Jane Doe	CEO	50%	John Doe	Finance Manager	20%	James Doe	Vice President	30%	TOTAL:		100%
NAME	TITLE	% OWNERSHIP															
Jane Doe	CEO	50%															
John Doe	Finance Manager	20%															
James Doe	Vice President	30%															
TOTAL:		100%															

PART 4 - - SERVICES AND SMALL BUSINESS SIZE STANDARD		
ITEM	FIELD	ACTION
4A	CSI DIVISION	Enter up to six (6) 6-digit CSI Construction Trade Divisions in the XX-XX-XX format. Example: <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	Enter NAICS Code, Business Size and Socio-Economic Classifications of each
4B	NAICS	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. 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. If further assistance is needed contact the Contract and Small Business Administrator at VETME@KIRLINBUILDERS.COM or call 301.315.7441
4B	NAICS DESCRIPTION	Enter the NAICS Code Description here. Example – NAICS Code is 238220, the description is “Plumbing, Heating, and Air-Conditioning Contractors”

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PART 4 - - SERVICES AND SMALL BUSINESS SIZE STANDARD		
ITEM	FIELD	ACTION
4B	AVERAGE NUMBER OF EMPLOYEES	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: https://www.sba.gov/document/support--table-size-standards
4B	AVERAGE 3-YEAR REVENUES	Enter average 3-year revenues next to each NAICS code. Size standard may vary by NAICS so for help on determining revenues go to: https://www.sba.gov/document/support--table-size-standards
4B	SELF-PERFORMED	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".
4B	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> <ul style="list-style-type: none"> • LB – Large Business • SB – Small Business • SDB – Small Disadvantaged Business (Includes DBE, EDWOSB, ANC) • WOSB – Woman-Owned Small Business • HUBZ – Historically Underutilized Business Zone (SBA HUBZone) • VOSB – Veteran-Owned Small Business • SDVOSB – Service-Disabled Veteran-Owned Small Business (Counts both as VOSB and SDVOSB) • HBCU/MI – Historically Black College/University/Minority Institution • ANC – Alaskan Native Corporation (ANC) and Indian Tribes • JWOD – Javits Wagner O’Day; Ability One; National Industries for the Blind; Source America <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 • SBA 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. SBA’s <i>Office of Native American</i> Affairs can be contacted for further assistance.</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 https://www.nafeonation.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>

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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.

NOTE: New Vendor and/or Subcontract Agreement Setup after “Notification of Award” requires **Actual Bid Bond from price proposal**. All others must provide a **Bonding Capacity Letter** from their surety

PART 7 – BONDING COMPANY INFORMATION		
ITEM	FIELD	ACTION
7A	BONDING COMPANY NAME	Enter the name of firm’s Bonding Company
7B	ADDRESS	Enter the address of the Bonding Company
7C	TELEPHONE	Enter the telephone number of the Bonding Company
7D	POINT OF CONTACT	Enter the name of the POC for the 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’s 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 company’s 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 company is currently working on, that have yet to be completed.

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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
<ul style="list-style-type: none"> • Bonding <ul style="list-style-type: none"> a. Bonding Capacity Letter (Required for Bidders List, SSN, Annual renewal not in connection with active project) b. Bid Bond submitted with ITB response. Only subcontractors notified of award to receive Vendor ID and/or new Subcontract Agreement, or c. Updated Bond if Annual Renewal for project 	
<ul style="list-style-type: none"> • Certificate of Insurance (This is a COI to demonstrate company has current insurance. In the event company is awarded a subcontract based on an accepted bid, the company will be required to provide a project specific COI.) • If completing an annual review, provide project specific COI's for each active project, or g • NOTE: Though specific performance may have ended, COI'S must be kept on file through lifecycle of the project, including duration of the Warranty Period of each project. 	
• IRS W-9 Form, Completed and Signed	
• Audited or Reviewed Financials	
• 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	
• New Vendor ID: ITB Bid / Pricing Referencing ITB# and Project	
• SB Subcontracting Plan (Item 10) – Large Business Only	
• Annual Renewal: Updated Bonds and COIs for all active KB Subcontract / Jobs	

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, LLC will not accept bid offers OR execute subcontract agreements 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. For assistance or questions contact the Administrator of Contracts and Small Business at: VETME@KIRLINBUILDERS.COM or call 301.315.7441.

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 oversaw 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

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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 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.

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B. Vendor ID Setup	Newly Awarded Subcontractor <i>[No prior history of award with KB]</i>	"New Viewpoint ID"	"Job Number ITB# Company Name"	All of requirements for "A" above, AND <ul style="list-style-type: none"> ITB, RFQ, RFP Proposal Bid Bond in addition to Bond company information SB Subcontracting Plan (Large Business Only)
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D. Sources Sought or Competitive Bid	Response to Sources Sought Notices (SSN)	"Sources Sought"	"Company Name Sources Sought Notice Project"	All of requirements for "A" above, AND <ul style="list-style-type: none"> Sources Sought Capabilities Response