



Housing Authority of the City of Annapolis

New Supplier/Contractor Questionnaire

1. Submitted By (Business Name(s)), including d.b.a. or a.k.a.

Street Address County

City, State, Zip Location/Date Company Established

Principal Contact Title Telephone No.

2. Type of Firm (Circle one): Sole Proprietor Partnership Professional Association Corporation Public Private Other

3. State of Incorporation/Date Product line/Service Description Standard Industrial Classification (SIC) Number

4. Business License Number(s) License Number County/State

5. Federal Tax Number/Social Security Number State Sales Tax Number

6. Affiliated Companies (Provide complete names, addresses and indicate whether Parent (P) or Subsidiary (S))

Table with 2 columns: Name, Address

7. Business indicator Minority and Women's business Ownership (F = Female, M = Male) Sheltered Workshop Hispanic Asian/Pacific Non-Minority Female Small Business Black Indian/Alaskan Not Applicable Large Business

Company must be 51% owned, controlled, and operated by one of the above groups

8. Number of personnel in Organization: Administrative Office Engineering Shop Field

9. Are you capable of providing bar code labeling on your product packaging? Yes No

Table with 3 columns: Name, Address, Telephone Number



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11. Primary Bank(s)

Name Address Telephone No. Account No. & type

12. Contractor Information

Primary Service: General Contractor, Material Supplier, Consultant Services, Other: Electrical Contractor, Mechanical Contractor

Professional or Contractor License Number(s)

License number input line

13. Insurance Carrier

Name Address Telephone No.

14. Bonding Carrier

Name Address Telephone No.

15. Major Work Currently Under Contract:

Project Name & Location Owner/Rep. Name & Tel. No. Archit./Engr. Name & Tel No Contract \$

16. Typical Projects Completed in Last Three Years

Project Name & Location Owner/Rep. Name & Tel. No. Archit./Engr. Name & Tel No Contract \$



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17. Have any judgments, claims, suits, or charges been rendered against your firm in the last three years?

_____ Yes _____ No If yes, please provide case no., state, county or parish and a summary of case and status on a separate sheet.

18. Financial Data: (Please complete the following financial profile or attach a recent Audited Financial Statement or Annual Report)

Financial Statements:

Annual Sales/Revenues \$ _____ Current Assets \$ _____ Current Liabilities \$ _____
Expenses \$ _____ Other Assets \$ _____ Total Liabilities \$ _____
Net Income \$ (After Taxes) _____ Total Assets \$ _____ Net Worth \$ _____

Date of Latest Balance Sheet (To be available upon request) Prepared by (Certified Public Accountant)

D & B Financial Rating (Please enclose a copy of your D & B report if available) % of current business with HACA

19. Do you currently have relatives employed by the Annapolis Housing Authority? _____ Yes _____ No If yes, list the name(s) of any family relations:

20. Are you currently or have you formerly been employed by the Annapolis Housing Authority? _____ Yes _____ No If yes , list the dates of employment:

Date Of Hire: _____
Date Of Termination/Departure: _____

21. Release

The undersigned is submitting the information contained herein with the understanding that it will be used to assist in determining the qualifications of this organization to perform miscellaneous work for the Housing Authority of the City of Annapolis, (herein after HACA) and further guarantees the truth and accuracy of all statements made herein. HACA is authorized to make use of the statements and information furnished herein and otherwise made available from any source whatsoever. The undersigned will accept HACA's determination of qualifications without prejudice. Any bank, subcontractor, supplier or any other persons, firms corporations or agencies with whom the undersigned have done business or who have extended any credit to the undersigned are hereby authorized to furnish HACA with information that HACA requests concerning the undersigned's standing with any of them. The undersigned hereby releases HACA, and those providing information to HACA pursuant the this authorization, from all actions, claims and/or liabilities of any kind arising from provision or use of information about the undersigned and the undersigned hereby waives any rights the undersigned may have to pursue such actions and/or claims.

Complete Legal Name of Business

By (Authorized Signature) Title Date



Housing Authority of the City of Annapolis

Attested to by (Signature) Title Date

IMPORTANT!

Please return form to Main Office at: 1217 Madison St., Annapolis, MD 21403, c/o Modernization. Please also include a current copy of your Certificate of Insurance for review, if seeking to do work on HACA property.

You may also fax the information to FAX: (410-263-7383) or (410-267-8773) or email it to cmorgan@hacamd.org