**Pursuant to Section 11-35-1810 of the SC Code of Laws, as amended**

Before posting a Notice of Intent to Award a Contract, the Agency Procurement Officer must be satisfied that the prospective Contractor is responsible. Responsibility of the Contractor shall be ascertained for each Contract let by the State based upon full disclosure to the Agency Procurement Officer concerning the prospective contractor’s capacity to meet the terms of the Contract and based upon past record of performance for similar contracts.

If a Bidder who otherwise would have been awarded a Contract is found non-responsible, a written determination of non-responsibility setting forth the basis of the finding shall be prepared by the Agency Procurement Officer. A copy of the determination shall be sent promptly to the non-responsible Contractor and to the Office of State Engineer. The final determination shall be made part of the Agency’s procurement file and shall not be disclosed outside of the offices of the State Fiscal Accountability Authority, Attorney General, or Agency without the prior written consent of the Contractor.

**PROJECT NAME:**      

**PROJECT NUMBER:**      

**PROJECT LOCATION:**      

**AGENCY NAME:**      

**NAME OF AGENCY CONTACT:**      

**AGENCY CONTACT EMAIL:**       **PHONE NUMBER:**      

**AGENCY MAILING ADDRESS:**

**INSTRUCTIONS TO CONTRACTOR:**

This questionnaire, accompanied by any other information requested by the Agency, must be completed fully and returned to the Agency within **SEVEN (7) DAYS** from date of receipt by the Contractor by registered mail. The Form SE-350 must be received by the Agency no later than the close of business on the seventh day. Incorrect or misleading statements in this questionnaire or failure to supply complete and accurate information as requested by the Agency with respect to the Agency’s determination of your responsibility as a potential Contractor to the State of South Carolina may be grounds for a determination of non-responsibility with respect to said Contractor.

**INFORMATION REQUIRED:**

1. Contractor’s Name:
2. Contractor’s Mailing Address and Telephone Number:

     

     

     

1. Contractor’s Designated Project Manager and/or Project Superintendent:

     

     

* 1. Name of Person to Contact Regarding Questions:
  2. What is the name and license number of the designated employee registered with the SC Contractor’s Licensing Board? (*Indicate the name and license number of the organization’s Qualifier*.)

     

* 1. List the name(s) of any organizations for which the designated employee registered with the SC Contactor’s Licensing Board (the Qualifier) has been the Qualifier in the last 5 years.

* 1. Is your organization registered as a Corporation with the SC Secretary of State?

If yes, provide the following information:

Date of Incorporation:       State of Incorporation:      

OFFICERS NAME YEARS IN POSITION

President            

Vice President            

Secretary            

Treasurer            

* 1. Is your organization registered as a Partnership with the SC Secretary of State?

If yes, provide the following information (*attach additional sheets if required)*:

Date Organized:       Type of Partnership:      

NAME OF GENERAL PARTNERS TELEPHONE NUMBER YEARS AS GENERAL PARTNER

               

               

               

               

* 1. Is your organization registered as a Sole Proprietorship with the SC Secretary of State?

If yes, how many years have you been in business?      

* 1. Has your organization ever operated under other name(s)?

If yes, provide previous name(s), number of years the company operated under the previous name(s) and the previous State license number(s).

     

     

**11**. Furnish copies of your most recent certified financial statements. (*If you do not have certified financial statements, a statement of condition from your CPA showing verifiable payables and receivables must be provided.)*

1. Give the name, address and phone number of your certified public accountant:

     

     

     

1. Give the name, address and phone number of your insurance company, including the agent’s name:

     

     

     

1. Give the name, address and phone number of your surety company:

     

     

     

1. Give the name, address and phone number of your surety company’s Representative (Attorney-in-fact):

     

     

     

* 1. What is your total bonding capacity?

What amount of your bonding capacity has been used as of the date of this bid?      

* 1. List any other surety companies used in the last three (3) years with the name and phone number of the Representative:

     

     

     

* 1. How many applications for performance and payment bonds have you made in the last three (3) years?

How many of these applications were not approved?      

Provide the reasons for the denials, if any. (*Attach additional sheets if required)*

     

     

**19.** Have any claims been filed against you to any of your surety bond companies in the last five (5) years?      

If yes, describe the nature of the claims and give the names of the surety companies, dates of each claim, identifying numbers of each claim, amounts of each claim, and the status of each claim.  *(Attach additional sheets if required).*

     

     

**20.** Has your organization ever been terminated on a contract for cause?       If yes, provide the name of the Owner, the date of the contract termination and describe the circumstances of the termination. *(Attach additional sheets if required).*

     

     

**21.** Is your organization or any officer, director, partner, owner or qualifier currently suspended or debarred from doing federal, state or local government work for any reason?       If yes, name the individual and the reason for suspension or debarment. *(Attach additional sheets if required).*

     

     

**22.** Provide the following information for **ALL** projects done by your firm **FOR THE STATE OF SOUTH CAROLINA** in the past five (5) years. *(Attach additional sheets if required).*

1. Name and Address of Agency:

     

     

1. Name and Location of Project:

     

     

1. State Project Number:
2. Name, Address and Phone Number of A/E Firm:

     

     

1. Name of A/E’s Project Manager:
2. Name of your Job Superintendent:

**g.** Contract Award Date:       Date of Final Completion:      

**h.** Project reached Substantial Completion on time: Yes  No

If no, number of days late:       Explain:      

**i.** Project reached Final Completion on time: Yes  No

If no, number of days late:       Explain:      

**j**. Contract dispute or failure to complete contract to agency satisfaction Yes  No  If yes, explain:      

**k.** Amount of Initial Award:       Final Contract Value:      

Explain Difference, if any:      

1. Provide the following information on projects done by your firm within the previous five (5) years for **Public Agencies or the Federal Government** which demonstrate your firm’s expertise and the expertise of your proposed Project Manager and/or Project Superintendent in the work required by this contract. *(Attach additional sheets if required)*.
2. Name, Address and Telephone Number of Owner:

     

     

     

1. Name and Location of Project:

     

     

     

1. Name, Address and Telephone Number of A/E Firm:

     

     

     

1. Name of A/E’s Project Manager:
2. Name of your Job Superintendent:

**g.** Contract Award Date:       Date of Final Completion:      

**h.** Project reached Substantial Completion on time: Yes  No

If no, number of days late:       Explain:      

**i.** Project reached Final Completion on time: Yes  No

If no, number of days late:       Explain:      

**j**. Contract dispute or failure to complete contract to agency satisfaction Yes  No  If yes, explain:

     

**k.** Amount of Initial Award:       Final Contract Value:      

Explain Difference, if any:      

I, the undersigned, do hereby declare that the foregoing statements are true and correct, as of the date indicated, and that those examining this document and any other information submitted in response to the request of the Agency have my permission to contact any or all of those parties listed in this questionnaire. I understand that this information is requested in furtherance of the Agency’s obligations, under the South Carolina Consolidated Procurement Code, to evaluate and reach a determination of my responsibility as a prospective Contractor to the State of South Carolina. I hereby agree to waive any claim I have or may have against the State, the Agency, the A/E and their respective employees, and any individual named in the information submitted by me, arising out of or in connection with the administration, evaluation or recommendation of any bid.

**CONTRACTOR’S INFORMATION**

     

***(Print Name of Contractor)***

     

***(Print Contractor’s Address)***

           

***(Print City, State and Zip Code) (Phone Number)***

           

***(Print Name) (Title)***

     

***(Signature) (Date)***

**CONTRACTOR’S LICENSE CLASSIFICATONS**

**AND SUBCLASSIFICATIONS WITH LIMITATIONS**

     

***(S.C. Contractor’s License Number)***

               

***(Classifications) (Subclassifications) (Limitations)***