

Subcontractor Prequalification Questionnaire Project Data Sheet

Project Specifics/Technical Data: (project must have start	
Project Name:	Project Location:
Project Description:	
Project Start Date:	Actual Project Completion Date:
Project Completion per Notice to Proceed:	Total Project Construction Estimate:
Base Subcontract Value, without Change Orders:	Total Subcontract Value, with Change Orders:
Did the owner assess liquidated damages? Yes No	No. of Days: Value:
Were claims filed with this project? (if yes, attach explanation or explanation)	ain below) Yes No
Project Owner Information: Current information required, references will be secured.	
Owner:	Owner's Contact:
Address:	Contact Phone No.
City & State:	Contact E-Mail address:
Project Team	
Architect/Engineer Firm:	Project Architect/Engineer's Name:
Address:	Phone Number:
City & State:	Fax Number:
Email Address:	
General Contractor Firm:	
Address:	Phone Number:
City & State:	Fax Number:
Email Address:	
Name of Contractor's Senior Project Manager:	
Name of Contractor's Senior Project Superintendent:	
Name of Project Mechanical, Electrical, Plumbing (MEP) Coordinator:	
Questionnaire: if "no" is the response to any of the following questions, this project does not meet the requirements and will no be considered.	
Yes	
No	
Yes	
No	
110	
Yes	
No	
110	
Yes	
No	
110	
Yes	
No	
Additional comments and clarification of responses provided above	
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Note: Contractor's failure to furnish complete, accur	eate and truthful data may result in disqualification
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