



CONTRACTOR'S QUESTIONNAIRE

1) Contractor _____
(name as it is filed with Secretary of State or IRS)

2) Primary Address

Street City State Zip

3) Phone (_____) Website _____

4) Contact Name _____ Cell (_____) _____

5) Other Office Locations _____

6) Designations

- 8(a) Alaskan Native Hawaiian Native
- HUBZone VOSB Tribally Owned
- SDVOSB WOSB _____

7) What is your average project size?

- < \$250K < \$500K < \$1M
- \$1M-\$3M \$3M-\$5M \$5M-\$8M
- \$8M-\$12M \$12M-\$20M \$20M +

8) What is your preferred project size?

- < \$250K < \$500K < \$1M
- \$1M-\$3M \$3M-\$5M \$5M-\$8M
- \$8M-\$12M \$12M-\$20M \$20M +

9) What federal agencies do you have experience with? (ex. NIH, Navy, Norfolk District, etc.)

10) Do you have a JV, Teaming Partner or All Small Mentor-Protégé? Yes No

If yes, please list _____

11) What is your preferred geographic area(s) (ex: Florida and South Carolina only, East Coast North of South Carolina, or Nationwide)?

12) What jobs are you targeting? If location applies please indicate:

13) Do you have medical project experience? Yes No

If yes, please explain _____

