

**Technical Prequalification Questionnaire
Project Data Sheet**

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| Project Specifics/Technical Data: (project must have start/completion dates within the last 5 years.) | |
| Project Name: | Project Location: |
| Project Description: | |
| Project Start Date: | Actual Project Completion Date: |
| Project Completion per Notice to Proceed: | Delivery Method: |
| Base Construction Contract Value: | Total Value of 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 explain below) | Yes No |
| Project Owner Information: Current information required, references will be secured. | |
| Owner: | Owner's Contact: |
| Address: | Contact Phone No. |
| City & State: | Email Address: |
| Project Team | |
| Architect/Engineer Firm: | Project Architect/Engineer's Name: |
| Address: | Phone Number: |
| City & State: | Email Address: |
| Email Address: | |
| Name of Contractor's Senior Project Manager: | |
| Name of Contractor's Senior Project Superintendent: | |
| Name of Project Mechanical, Electrical, Plumbing (MEP) Coordinator: | |
| Major Subcontractors on Project: (list name of firms and % of total GC contract) | |
| Mechanical: | % |
| Electrical: | % |
| Plumbing: | % |
| Structural: | % |
| Other (specify trade): | % |
| Other (specify trade): | % |
| Questionnaire: if "no" is the response to any of the following questions, this project does not meet the requirements and will not be considered. | |
| Yes No | |
| Yes No | |
| Yes No | |
| Yes No | |
| Yes No | |
| Additional comments and clarification of responses provided above if necessary. | |
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| Note: Contractor's failure to furnish complete, accurate, and truthful data may result in disqualification. | |