



**CONTRACTOR
PREQUALIFICATION
APPLICATION
FINANCIAL UPGRADE**

ATTACHMENTS TO APPLICATION

IN ORDER TO COMPLETE YOUR APPLICATION, IT IS VERY IMPORTANT THAT THE FOLLOWING ATTACHMENTS BE PROVIDED WHEN YOU SUBMIT YOUR PREQUALIFICATION APPLICATION.

- Affirmative Action Plan (If total number of employees is 50 OR MORE).
- Current Financial Statement (Balance Sheet) This must include Total Current Assets, Total Current Liabilities, Net Fixed Assets, and a cover letter from the accounting firm denoting the parameters of the statement (i.e. Audited, Compiled, Reviewed, or otherwise noted.)
- Articles of Incorporation or Copy of Board Minutes (if corporation)
- If applicable, submit copy of DBE Certification.

Please Submit Completed Application AND Attachments to:

| If Firm Name Starts with Letter A-M | If Firm Name Starts with Letter N-Z |
|--|---|
| <p style="text-align: center;">Carol Lyons, C.P.M., A.P.P. Buyer Procurement Services Louisville Water Company 550 South Third Street Louisville, KY 40202 502-569-3600 ext. 2239 clyons@lwcky.com</p> | <p style="text-align: center;">Greta Howard, MSM Buyer Procurement Services Louisville Water Company 550 South Third Street Louisville, KY 40202 502-569-3600 ext. 2256 ghoward@lwcky.com</p> |

LOUISVILLE WATER COMPANY

CONTRACTOR PREQUALIFICATION APPLICATION FORM

I. CONTRACTOR

Firm Name _____

Business Address _____

City, State, Zip _____

Business Phone Number _____ Business Fax Number _____

E-Mail Address _____ Fiscal Year End : _____

II. TYPE OF ORGANIZATION

Corporation Incorporated in the State of _____

Partnership In the Year _____

Sole Proprietorship Years under present management _____

A. PRINCIPAL OFFICERS

POSITION (President, V-President, Secretary, Treasurer)

CONTACT PERSON (NAME)

CONTACT PERSON (PHONE #)

CONTACT PERSON (Email Address) _____

PARENT COMPANY OR RELATED SUBSIDIARIES:

C. EMPLOYEES AND PERSONNEL

Business Size = Small < 10 employees; Medium 10-50 employees; Large > 50 employees

TOTAL NUMBER OF EMPLOYEES _____ # PERMANENT FIELD EMPLOYEES _____

PERMANENT OFFICE STAFF _____ # SEASONAL FIELD EMPLOYEES _____

CONSTRUCTION MANAGEMENT _____

Please give names and brief description of qualifications of your construction personnel (experience, certification, licenses) to perform the type of work you are interested in performing for the Louisville Water Company.

A) _____

B) _____

C) _____

(Attach a separate sheet if more space is needed.)

CLASSIFICATION: Check all that apply.

_____ **MINORITY**

A business that is at least 51% owned, controlled and operated by a minority group.

_____ **WOMEN**

A business that is at least 51% owned, controlled and operated by a woman or women.

_____ **HANDICAPPED**

A business that is at least 51% owned, controlled and operated by a handicapped person(s).

If you have been certified in one of the classifications above, please indicate the date and certifying agency in the spaces below.

DATE OF CERTIFICATION: _____

(Minority, Women, Handicapped Classification)

CERTIFICATION ON FILE WITH WHAT AGENCY?

- City of Louisville
- Metropolitan Sewer District
- Kentuckiana Minority Supplier Development Council
- Transit Authority of River City
- Other, Name _____

PLEASE ATTACH A CURRENT COPY OF YOUR CERTIFICATION.

FINANCIAL INFORMATION

A. ATTACH A COPY OF YOUR CURRENT AUDITED FINANCIAL STATEMENT. This must include Total Current Assets, Total Current Liabilities, Net Fixed Assets, and a cover letter from the accounting firm denoting the parameters of the statement (i.e. Audited, Compiled, Reviewed, or otherwise noted.)

B. BANKING INFORMATION

| <u>Name of Bank</u> | <u>Location/Branch</u> | <u>Contact/Phone Number</u> |
|---------------------|------------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

C. CREDIT REFERENCES

| <u>Name</u> | <u>Location</u> | <u>Contact/Phone Number</u> |
|-------------|-----------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

D. PAST PERFORMANCE

YES/NO

- Have you at any time failed to complete a contract? _____
- Are there any judgments, claims or suits pending outstanding against you? _____
- Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? _____
- Within the last five years, has any officer or partner of your organization been an officer or partner of another organization when it failed to complete a contract? _____
- Has your firm ever forfeited a Bid Bond, Performance Bond or Payment Bond? _____

E. BONDING CAPACITY

Total _____ Available _____

Bonding Company normally used _____

Bonding Agent: Name _____

Phone Number/Fax Number _____

Address _____

VII. SIGNATURE

The foregoing statements are true to the best of my knowledge.

Signed By: _____

Date _____

STATE OF]
]
COUNTY OF]

SS

I, the undersigned notary public within and for the state and county aforesaid, do hereby certify that the foregoing instrument of writing was this day produced to me in said state and county by _____, and was acknowledged and delivered by (him/her) to be (his/her) act and deed.

WITNESS by my hand this _____ day of _____ 20 _____.

My commission expires _____ 20 _____.

Notary Public

If a corporation, attach a certified copy of minutes authorizing signer to represent corporation.

SUBMITTED BY: _____ DATE: _____