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**GENERAL CONTRACTOR TECHNICAL QUALIFICATION QUESTIONNAIRE**

**INFORMATION TO BE FURNISHED BY A GENERAL CONTRACTOR**

(Notes: All questions on this questionnaire must be answered; do not leave blanks – where appropriate, state “None” or “Not Applicable” (N/A). If additional space is required to fully respond to any questions, please add sheets to this questionnaire and reference the questions/answers appropriately.) NYULH reserves the right to inquire further with respect to any matter in this Questionnaire or otherwise to determine the suitability of a GC to receive an award of a contract.

**GENERAL: PARTS I and II are general identification questions. PART III contains the categories of work and dollar limits for each construction project. In order to be considered for Master Contract award, GCs will be deemed qualified based on their responses to all questions. In PART III, GCs must specify the areas and dollar values for which they seek qualification and answer all questions in PART IV as they relate to the areas of work specified in PART III.**

**PART I. IDENTITY OF GENERAL CONTRACTOR:**

A. Contractor’s full legal name: \_\_\_\_\_

B. Tax ID Number (“TIN”), Employer Identification Number (“EIN”) and Social Security Number (“SSN”), as applicable: \_\_\_\_\_

Dun & Bradstreet DUNS (DUNS) # (unique nine digit number) \_\_\_\_\_

C. Contractor’s form of legal entity (corporation, joint venture, sole proprietorship, etc.): \_\_\_\_\_

If the Contractor is a Joint Venture, or Partnership, please list all partner firms and/or parties to the Joint Venture below. All partners and/or parties listed are also required to individually complete a separate Contractor Responsibility Questionnaire.

(1) Partner/Party Name \_\_\_\_\_

TIN, EIN, or SSN \_\_\_\_\_

DUNS # \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_

(2) Partner/Party Name: \_\_\_\_\_

TIN, EIN or SSN: \_\_\_\_\_

DUNS # \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

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**PART II. IDENTITY OF PERSON COMPLETING THIS QUESTIONNAIRE:**

A. Name: \_\_\_\_\_

B. Employer/Title: \_\_\_\_\_

C. Telephone number: \_\_\_\_\_ Fax number \_\_\_\_\_

D. Email address: \_\_\_\_\_ Mobile number \_\_\_\_\_

**PART III. TYPES OF CONSTRUCTION AND DOLLAR LIMITS:**

Please indicate on the chart below the type of construction and dollar limits for which you seek qualification:

Type of Construction	\$5M or less	\$5M - \$10M	\$10M - \$20M	\$20M - \$50M	\$50M+
Medical Research Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic & Treatment rooms (including medical equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute Patient Care (including overnight medicine, PACU, ICU, Bone marrow transplant, transplant, urgent care, and ED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Space (lecture halls and classrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Construction, including, but not limited to, institutional kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaza/landscape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**PART IV. CONSTRUCTION RELATED INFORMATION:**

GC is required to provide a list of contracts that clearly demonstrates the GC's ability to perform each type of construction and at the highest dollar value listed in Part III above for which it is seeking qualification. If GC is seeking qualification for different types of construction, GC will provide the information below for each type of construction, i.e., Medical Offices. For each of the contracts listed below, GC shall provide a brief description of the work performed, the contract number, the dollar amount at award and at completion, date completed, the name, telephone number, and email address of the owner's representative, and whether or not liquidated damages were assessed. Attach additional sheets as necessary.

List all contracts completed during the last three (3) years for each type of construction for which you seek qualification. Attach additional sheets as necessary. Where a specific project encompasses more than one type of construction, please note that information.

Type of Construction \_\_\_\_\_

A. Brief description of work performed: \_\_\_\_\_

\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_ Work performed as a contractor (C) or sub-contractor (S)? \_\_\_\_\_

Name/Telephone number/ email address of company and Owner's Representative:

\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

Were liquidated damages or penalty provisions assessed? GC is to provide an explanation of the circumstances (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

B. Brief description of work performed: \_\_\_\_\_

\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_ Work performed as a contractor (C) or sub-contractor (S)? \_\_\_\_\_

Name/Telephone number/ email address of company and Owner's Representative:

\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_

Were liquidated damages or penalty provisions assessed? GC is to provide an explanation of the circumstances (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

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C. Brief description of work performed: \_\_\_\_\_

\_\_\_\_\_

Contract number: \_\_\_\_\_

Dollar amount of award: \_\_\_\_\_

Date completed: \_\_\_\_\_ Work performed as a contractor (C) or sub-contractor (S)? \_\_\_\_\_

Name/Telephone number/ email address of company and Owner's Representative:

\_\_\_\_\_

Dollar Amount at completion: \_\_\_\_\_  
Were liquidated damages or penalty provisions assessed? GC is to provide an explanation of the  
circumstances (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

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**NYU LANGONE HEALTH  
GENERAL CONTRACTOR TECHNICAL QUALIFICATION QUESTIONNAIRE**

**AFFIDAVIT AND ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )  
 ) SS: \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_, before me personally came and appeared  
\_\_\_\_\_ by me known to be said person, who swore under oath as follows:

1. I am \_\_\_\_\_ of \_\_\_\_\_.  
(Print name and title) (Print name of firm)
2. I am duly authorized to sign this questionnaire on behalf of said firm and duly signed this document pursuant to said authorization.
3. The answers to the questions set forth in the NYU Langone Health General Contractor Technical Qualification Questionnaire are true, accurate and complete. I authorize NYU Langone Health to verify any such information and to conduct any background checks it deems appropriate.
4. I acknowledge and understand that the questionnaire includes provisions which are deemed included in the contract if awarded to the firm.

\_\_\_\_\_  
Signature

Sworn to and subscribed to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County  
My commission expires: \_\_\_\_\_