



VENDOR PROFILE AND CONSTRUCTION PREQUALIFICATION FORM

TO: INQUIRING VENDORS

RE: VENDOR PROFILE AND PREQUALIFICATION FORM

Thank you for your interest into business opportunities with Henry Ford Health System. The attached Vendor Profile and Pre-Qualification form is a tool for inquires into business opportunities within Henry Ford Health System. Please provide the information request on the form and any additional information regarding the product or services you provide to the healthcare industry. Please note that parts of the form are for general construction (trades), construction related services, or for other healthcare related businesses inquiries: only submit those parts of the forms that are related to your business type. Also note: Due to the quantity of the information required for General Construction Pre-Qualification Forms, we ask that you submit them by U.S. Postal Mail.

HFHS maintains a Vendor Database as a means of identifying qualified vendors for potential inclusion in business opportunities a various RFP or Bids for construction arise within the System. This form is used for registration and pre-qualification purposes only and **does not provide any guarantee of business within HFHS**. All profiles received will be evaluated for potential opportunities and a response will be given to all applicants.

If you have any questions, please contact Sylvia Daniels in Vendor Compliance & Management at 313-874-6483.

ATTACHMENTS



Thank you for your interest in Henry Ford Health System. In order to develop a more complete knowledge of your company and better match future company opportunities to your company's capabilities please complete this form and return to:

Henry Ford Health System
SCM-Vendor Compliance & Management
1 Ford Place
Detroit, MI 48202
Attention: Sylvia Daniels
Phone: 313-874-6483
Fax: 313-874-6117

Non-Construction Related Vendors: Fill out Pages (1 and 3)

Construction Related Service Providers: Fill out Pages (1, 2, and 15)

General Construction Companies/Tradesmen: Fill Out Pages (1 and 4 -15)

Date of Submission: _____

VENDOR PROFILE AND PRE-QUALIFICATION FORM

Name of Company: _____

Street Address: _____

(city) (state) (zip)

Billing Address: _____

(city) (state) (zip)

Customer Service Phone Number: _____ Fax: _____

Contact : _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Is your company minority-owned? (Circle one) **YES NO**

If yes, circle all that apply: African-American, Hispanic-American, Native-American, Asian-Pacific American, Asian-Indian American, Other: _____

If a minority-owned business, are you registered with a Minority Business Organization, Government Municipality or Agency? (Circle One) **YES NO**

If yes, what is the name of the entity? _____

Are you certified by MMBDC/NMSDC/CEED or another certifying organization (Circle one) **YES NO**

If yes, what is name of the entity? _____

If yes, what is the certification expiration date? _____

(If yes, please provide a copy of your certification(s))

If no, are you in the process of certification? (Circle one) **YES NO**

Is your business Women-owned? (Circle one) **YES NO** If "yes", please indicate percentage of ownership? _____%

If a women-owned business, are you registered with the Majority Business Initiative (MBI)? (Circle one) **YES NO**

PLEASE ATTACH LEGIBLE COPIES OF ALL CERTIFICATIONS AND MBI REGISTRATION (If applicable).

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship

State of Incorporation: _____ Date of Incorporation: _____

State Sales Tax Registration Number: _____

Federal ID Number _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:

Main Office _____ Salespersons _____

Complete the Relevant Work History Form (Exhibit C) giving a description of project, location of the project, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

We have attempted to answer all questions in a full and complete manner.

Dated at _____ this ____ day of Two Thousand and _____

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____, 20____

Notary Public: _____

My commission Expires: _____

Type of Business (Circle all that apply)

- Service
- Manufacturing
- Distributor
- Broker
- Specific Trade
- Wholesaler/Retailer (circle one)
- Professional Services (type)
- Other (specify) _____

If you are a manufacturer, please list the names of your distributors. _____

Please provide a brief description of services and/or products offered: _____

Please list three customer references, including contact addresses and telephone numbers.

1).

2)

3)

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Year Company Started: _____ Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:
Home Office _____ Field Supervisory _____ Tradespeople _____

How many people did your Company employ on average for the last 3 years?
Home Office _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No
If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes _____ No
If yes, please explain: _____

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? _____ Yes _____ No
If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No
If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please explain: _____

Does your Company have any outstanding judgements or claims against it? _____ Yes _____ No
If yes, please explain: _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work : _____

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	_____	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	_____	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	_____	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		_____

Check all building types on which your Company has worked:

- | | | | |
|------------------------------|-------|-------------------------------|-------|
| A. High rise Office Building | _____ | F. Sports/Entertainment | _____ |
| B. Mid rise Office Building | _____ | G. Industrial Bldg. | _____ |
| C. Hotels/Motels | _____ | H. High Tech/Laboratories | _____ |
| D. Hospital | _____ | I. Correctional Facilities | _____ |
| E. Residential | _____ | J. Design Build/Design Assist | _____ |

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has completed?
Amount: _____ Year: _____ Project name and scope: _____
Indicate your company's gross of the largest project. Gross \$ _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____
Yr./Vol. _____ Yr./Vol. _____

MBE/WBE Participation in work which you subcontract (average participation for last 3 years) MBE _____ % WBE _____ %
Minority/Female workforce participation (average percentage utilization for last 3 years) MIN _____ % FEM _____ %

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Complete the Relevant Work History Form (Exhibit C) giving a description of project, location of the project, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach a Statement of Qualifications which will include your company's overview, healthcare expertise and representative projects.

Attach a copy of your latest audited and/or reviewed financial statement. (Your financial statement is strictly for Henry Ford Health System's use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

UCC Filing? Yes _____ No _____ How is credit secured: _____

What is Company's Dunn & Bradstreet Number: _____
D&B Rating: _____ Pay Record: _____ Date of Rating: _____

Remarks: _____

Bonding Company:

A. Name of Surety _____ Key Contact Person/Phone _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Amount: \$ _____
Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

List three of your major suppliers:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three contractors that you do business with:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

Trade Association Memberships: _____

List local or national accredited training programs in which you participate (craft or management training): _____

List key office personnel and field supervisors (attach resumes):

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Henry Ford Health System will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this ____ day of Two Thousand and _____ ()

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____, 2_____

Notary Public: _____

My commission Expires: _____

Exhibit A
SUBCONTRACTOR Pre-Qualification Form
Safety Prequalification Form

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

_____/_____/_____

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____

Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for Henry Ford Health System's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on Henry Ford Health System's Approved Contractor List. In this case it is the sole discretion of Henry Ford to approve or disapprove a SUBCONTRACTOR.

2. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

Year	_____	_____	_____
No. of fatalities (Column G from 300) or (Columns 1 + 8 from 200)	_____	_____	_____
No. of lost & restricted workday cases (Column H + I) or (Columns 2 + 9)	_____	_____	_____
No. of medical treatment cases (Column J) or (Columns 6 + 13)	_____	_____	_____
No. of lost workday cases (Column H) or (Columns 3 + 10)	_____	_____	_____
Employee Hours Worked	_____	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: --Items in parenthesis come from your OSHA 300/200 Log
 --Recordable Incidence Rate = [G, H, I, & J] or [1,2,6,8,9,13] x 200,000 / Employee Hours Worked
 --Lost Workday Incidence Rate = [H] or [3 + 10] x 200,000 / Employee Hours Worked
 --Employee Hours Worked = total number of hours worked during the year by all employees

3. How many OSHA violation(s) has your Company received in the last three years?
 (Yr. = # violations)

_____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations: _____ Yes _____ No

Please give a brief description of the violation(s); use additional paper if necessary

Any employee deaths in the past 3 years? _____ Yes _____ No
 If yes, please give a brief description of the circumstances: _____

Safety Prequalification Form (Continued)

4. Do you have a qualified person responsible for safety within your Company: Yes No
 Please describe his/her qualifications: _____

5. Does this person do safety inspections on all of your projects: Yes No Frequency _____

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: Yes No

7. Does your Company have a substance abuse policy: Yes No
 If Yes, please check which are included in the policy:

Pre-hire/Initial Employment	_____	
Cause	_____	
Post Accident/Incident	_____	
Random	_____	
Periodic	_____	

8. Do you have a return to work/light duty program? Yes No
 If yes, please describe: _____

9. Have you ever implemented 100% fall protection Yes No
 If requested can you provide us with a site-specific program addressing the fall hazards in your work? Yes No

10. Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors:	_____ Yes	_____ No	Frequency	_____
New Hires:	_____ Yes	_____ No	Frequency	_____
Employees:	_____ Yes	_____ No	Frequency	_____
SUBCONTRACTOR/VENDORS	_____ Yes	_____ No	Frequency	_____

11. Does your Company provide safety training for all employees: Yes No
 If yes, please list training provided.

(Henry Ford Health System will require that at least one full time on-site person must have completed the 30 hour OSHA training)

11a Does your company provide yearly Asbestos Awareness Training Yes No

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety: Yes No Frequency _____

13. Does your Company set annual safety goals? Yes No

If yes, please list training provided.

14. Does your Company have a program recognizing your employees for safety performance excellence? Yes No

Safety Prequalification Form (Continued)

15. Does your Company have a disciplinary program in place for safety violations? ___ Yes ___ No

16. Does your Company review the safety management systems of your sub-subcontractors ? ___ Yes ___ No

17. Does your Company conduct accident/incident investigations? ___ Yes ___ No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name	OSHA 30 Hour Date of Certification
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The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: _____
Prepared By: _____
Signature: _____
Title: _____
Date: _____

D. Automobile Liability

Insurance Carrier:

1.	Policy Form	Policy Number	From	Policy Period To	
			Current		Max Obtainable
2.	Combined Single Limit		\$ _____		\$ _____
3.	Bodily Injury (per person)		\$ _____		\$ _____
4.	Bodily Injury (per accident)		\$ _____		\$ _____
5.	Property Damage		\$ _____		\$ _____

E. Professional Liability Insurance

Insurance Carrier:

1.	Policy Form	Policy Number	From	Policy Period To	
2.	Office Policy Limit:		\$ _____	Deductible:	\$ _____
3.	Project Specific Limit available:		\$ _____	Extended Reporting Period (tail)	_____ yrs.
				Prior Acts:	Yes _____ No _____

**Exhibit C
HENRY FORD HEALTH SYSTEM
RELEVANT WORK HISTORY FORM**

Company	Contract Person (Owner, Architect, General Contractor)	Phone Number	Contract Amount	Location of the project	Description of the project