

**Kramer and Feldman Inc.**

7636 Production Drive, Cincinnati, Ohio 45237 Phone: (513) 821-7444 Fax: (513) 821-2271  
Application for Contractor Qualifications to Bid on Kramer and Feldman, Inc. Projects

**CONTRACTOR QUALIFICATIONS**

For KFI Office Use Only	status: <input type="checkbox"/> pending <input type="checkbox"/> verified <input type="checkbox"/> approved <input type="checkbox"/> declined
	Date Reviewed: ___/___/___ Reviewed By: _____

**Firm Name** \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address) (City, State, Zip Code)

\_\_\_\_\_  
(Phone Number) (Fax Number) (E-mail )

**Construction Capabilities: (List all that apply / work capability by division)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark the one that best describes job sizes your company has worked.

**Size of Jobs Worked:**  \$5k-\$20k  \$20k-\$50k  \$50k-\$200k  \$200k +

**For Corporations Only:**

Federal ID Number: \_\_\_\_\_

Name of State(s) in which incorporated: \_\_\_\_\_

Date(s) of incorporation: \_\_\_\_\_

\_\_\_\_\_  
(President's Name) (Vice-President's Name)

\_\_\_\_\_  
(Secretary's Name) (Treasurer's Name)

**For Partnerships Only:** Date of Organization: \_\_\_\_\_

Type of Partnership:  General  Limited  Association

Names and Addresses of all partners: (Use additional sheet if necessary)

1) \_\_\_\_\_  
(Name) (Address) (City, State, Zip Code)

2) \_\_\_\_\_  
(Name) (Address) (City, State, Zip Code)

**General Information:**

**Point of Contact:** \_\_\_\_\_  
(Name of person completing form)

\_\_\_\_\_  
(Office Phone Number) (Mobile Phone Number) (E-mail Address)

Federal ID Number: \_\_\_\_\_  
Percent of work done by Contractor: \_\_\_\_\_ Number of Permanent Employees: \_\_\_\_\_  
Number of years in business: \_\_\_\_\_ Size range of project(s): \_\_\_\_\_  
Geographical limits of operation: (what mile radius do you work within?) \_\_\_\_\_

For proper consideration and approval to bid on Kramer and Feldman, Inc. Projects complete and submit this form to by e-mail to: info@kficontractors.com or by fax to: 513-821-2271.

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\_\_\_\_\_  
If you have done business under a different name, please give name, timeframe and location: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Has firm ever failed to complete a project or defaulted on a contract?(circle which applies) Yes or No  
If so, state where and why: \_\_\_\_\_  
\_\_\_\_\_

Types of Certifications: (current and former)

Place an "X" and fill in the date next to all those that apply.

\_\_\_ Encouraging Diversity, Growth & Equity (EDGE) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ Woman-Owned Business Enterprise (WBE) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ Minority Business Enterprise (MBE) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ Service-Disabled Veteran-Owned Small Business (SDVOSB) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ Small Business Enterprise (SBE) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ Disadvantaged Business Enterprise (DBE) \_\_\_/\_\_\_/\_\_\_\_\_

\_\_\_ OTHER: (List any not indicated above with dates): \_\_\_\_\_  
\_\_\_\_\_

References/projects worked on:

1) \_\_\_\_\_  
(Reference Name/Project Name) (Point of Contact)

2) \_\_\_\_\_  
(Reference Name/Project Name)

3) \_\_\_\_\_  
(Reference Name/Project Name)

4) \_\_\_\_\_  
(Reference Name/Project Name)

**DATE:** Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month) (year)

**Signatures:**

\_\_\_ Individual \_\_\_ Partnership \_\_\_ Joint Venture \_\_\_ Corporation

\_\_\_\_\_  
(Signature of Representative Completing this form)

\_\_\_\_\_  
(Typed or Printed Name of Signor)

**Kramer & Feldman Inc. is an Equal Opportunity Employer**

For proper consideration and approval to bid on Kramer and Feldman, Inc. Projects complete and submit this form  
to by e-mail to: [info@kficontractors.com](mailto:info@kficontractors.com) or by fax to: 513-821-2271.