



Sub-Contractor Prequalification Questionnaire

INSTRUCTIONS:

1. Fill out all the pages of this document.
2. Gather any additional documents needed.
3. Email all documents to MGE Accounts Payable team at AP@mgeunderground.com.

Questions:

You can call our main office at 805-238-3510 and ask for our Compliance/ Subcontract Management Team or Accounts Payable Team.



Subcontractor Onboarding Prequalification Form

GENERAL COMPANY INFORMATION	
Legal Business Name:	Date of Response:
DBA:	Website:
Street Address:	City, State ZIP:
Main Phone:	Fax:
MAIN CONTACT INFORMATION	
Primary Contact:	Secondary Contact:
Title:	Title:
Email:	Email:
Phone:	Phone:
Authorized signer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized signer? <input type="checkbox"/> Yes <input type="checkbox"/> No
FINANCIAL INFORMATION	
Is your company currently in bankruptcy proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your company is not currently in bankruptcy proceedings, has your company filed for bankruptcy in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current claims against your company or claims your business has against others that may adversely affect your company's financial position or the ability to meet your financial obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SCOPE OF WORK	
Emergency Work: Can you commit to dispatching a crew within one hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter all SIC and NAICS codes below for the types of work you perform. For reference: https://www.naics.com/sic-codes-industry-drilldown/	
SIC	NAICS

QUALITY ASSURANCE	
Does your company have a Quality Assurance Manual? (If Yes, attach a copy for review)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company ISO 9001 Certified? (If Yes, attach a copy of your QMS for review)	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH & SAFETY			
Safety/Health Professional:			
Email:		Phone:	
Do you have a Safety Program? (If Yes, please attach a copy for review)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an Injury & Illness Prevention Program (IIPP)? (If Yes, please attach a copy for review)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Injury/Illness Information	Last Year	1 st Prior Year	2 nd Prior Year
Experience Modification Rate (EMR)			

Subcontractor Onboarding Prequalification Form

DIVERSITY

Select all certifications your company currently holds:

- | | | |
|--|---|---|
| <input type="checkbox"/> Disabled Veteran BusinessEnterprise(DVBE) | <input type="checkbox"/> Small Business Micro Business (SB-MB) | <input type="checkbox"/> Non-Profit Recognition (NP) |
| <input type="checkbox"/> LGBT Business Enterprise (LGBTBE) | <input type="checkbox"/> Small Business (SB) | <input type="checkbox"/> 8(a) Certified or 8(a) Joint Venture |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Small Business for the Purpose of Public Works (SB-PW) | <input type="checkbox"/> Small Disadvantaged Business |
| <input type="checkbox"/> Small Business Administration (8(a)) | <input type="checkbox"/> Women- | <input type="checkbox"/> HUBZone Certification |
| <input type="checkbox"/> Women Business Enterprise (WBE) | | <input type="checkbox"/> Non-Profit Veteran Service Agency (NVSA) |

Add any additional certifications:

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Please attach copies of all certifications.*

ADDITIONAL REGISTRATIONS & CERTIFICATIONS

Select all registrations your company currently holds. If selected, please attach relevant documentation:

- | | |
|---|--------------------------|
| <input type="checkbox"/> ISNetworld | Add additional: |
| <input type="checkbox"/> Veriforce | <input type="checkbox"/> |
| <input type="checkbox"/> Gold Shovel | <input type="checkbox"/> |
| <input type="checkbox"/> DIR | <input type="checkbox"/> |
| <input type="checkbox"/> SAM.gov | <input type="checkbox"/> |
| <input type="checkbox"/> SAP Fieldglass | <input type="checkbox"/> |

ENVIRONMENTAL & SUSTAINABILITY

Does your company have any sustainability or green initiatives in place? *(If Yes, attach for review)* Yes No

Does your company have an EMS (Environmental Management System) or Policy? *(If Yes, attach for review)* Yes No

COMPLIANCE

Has your company had any "serious", "willful", or "repeated" Cal/OSHA violations in last three years? Yes No

Has your company had any Federal OSHA cited and assessed penalties in last three years? Yes No

Has your company had any EPA, Air Quality Management District, or Regional Water Control Board cited and penalties in last three years? Yes No

Do you hold documented safety meetings for construction employees and field supervisors? E.g. JHA/JSA Yes No

In the last three years, was there any occasion(s) which your company was required to pay back wages or penalties due to failure to comply with prevailing wage laws? If yes, explain on separate pages. Yes No

In the last three years, was there any occasion which your company was required to pay back wages or penalties for failure to comply with Davis-Bacon requirements? If yes, explain on separate pages. Yes No

List all instances in the past 10 years where a finding of discrimination was made against your firm or any of its persons in a legal or administrative proceeding alleging that the firm discriminated against its employees, subcontractors, vendors, or suppliers, and a description of the status or resolution of that complaint, including remedial action taken.

Subcontractor Onboarding Prequalification Form

SERVICING AREAS

MGE Underground Service Areas

Counties in which subcontracted labor or services can be performed:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Placer |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Plumas |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Riverside |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> San Benito |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> San Bernardino |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> San Joaquin |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Inyo | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Kern | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Kings | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Lake | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Lassen | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Solano |
| <input type="checkbox"/> Madera | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Marin | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Mariposa | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Mendocino | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Merced | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Modoc | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Mono | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Monterey | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Napa | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Yuba |



List any city or county exceptions:

CAPABILITIES

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Contractor (Furnish & Install) | <input type="checkbox"/> Contractor (Install Only) | <input type="checkbox"/> Professional |
|---|--|---------------------------------------|

Describe the nature of your business and the type of work you do:

Percent of work performed in-house:	Percent of work subcontracted:
-------------------------------------	--------------------------------

Number of construction personnel currently employed by your company:

Union affiliations:

Have you performed Federal work? Yes No

If Yes, list all agencies:

Are you willing to do prevailing wage projects? Yes No

If Yes, are you familiar with or do you have any problems submitting Certified payroll reports on a weekly basis? Yes No

Subcontractor Onboarding Prequalification Form

ATTACHMENTS

(Please title individual attachments and save the documents in separate PDF files)

Please provide copies of the following documents:

- | | |
|--|--|
| <input type="checkbox"/> ISN Certificate | <input type="checkbox"/> Injury & Illness Prevention Program (IIPP) |
| <input type="checkbox"/> EMR documentation | <input type="checkbox"/> Safety Program/Safety Manual |
| <input type="checkbox"/> OSHA 300 & 300A Logs for past three years | <input type="checkbox"/> Quality Management Manual |
| <input type="checkbox"/> Copies of Diversity Certifications | <input type="checkbox"/> Environmental Management System (EMS) or Policy |
| <input type="checkbox"/> Sustainability or green initiatives | |

FOR OFFICE USE ONLY

Company Review: Approved: Yes No Date:

Safety Review: Approved: Yes No Date:

Accounts Payable: Approved: Yes No Date:
 Entered in VP

Other: Approved: Yes No Date:

Comments: