



D/M/WBE AND SDVOB VETTING QUESTIONNAIRE

Upon review and approval by the Diversity Coordinator, this questionnaire will expire on the three (3) year anniversary date of approval. Each year, after approval, a Certificate of No Change (CNC) is required to be submitted. Any major change in ownership and/or certification status must be immediately reported and a new/revised questionnaire may be required.

Complete and return questionnaire to:

Mitchelle Thompson-Strickland
 Tutor Perini Corporation
 1000 Main Street
 New Rochelle, NY 10801

If additional space is required in response to any question, attach separate sheet(s) as needed. All questions should be submitted to Mitchell Thompson-Strickland via email at: mthompson@perini.com

GENERAL INFORMATION:

1. Tax ID # (or SSN) _____
 Business Entity Name (the "Company") _____
 Company Street Address _____
 City/State/Zip _____
 Company Mailing Address (if different) _____
 City/State/Zip _____
 Phone Number _____ Fax Number _____
 Email Address _____ Website _____
 Name & Title of Person Completing this form: _____ Date _____
 (Person completing **MUST** be an officer of the Company who has authority to bind the organization to agreements)

2. Provide a copy of your most current organizational chart.

3. Project(s) bidding and/or working on: _____

4. Name of the minority, female, disadvantaged, or service disabled veteran owner. _____

5. Do any individuals or entities have any minority ownership (less than 50%) in the Company?
 YES (list below) _____ NO _____

Name of Individual / Entity	Tax ID # (or SSN)	Amount of Minority Ownership

6. Type of Entity: Corporation Partnership Sole Proprietorship Joint Venture **
 Limited Liability Company Other (Specify) _____

** If the Company is a Joint Venture, please provide a list of all partner firms and/or parties to the Joint Venture below.

Partner / Party Name	Tax ID # (or SSN)	% of Ownership

7. Does the Company have one or more affiliates and/or is it related to any other entity?
 YES (list below) _____ NO _____

Name of Affiliate / Related Entity	Tax ID # (or SSN)	Amount of Minority Ownership

8. Is the Company a subsidiary and/or controlled by any other entity?
 YES (list below) _____ NO _____

Name of Parent / Controlling Entity	Tax ID # (or SSN)	Description / Percentage of Ownership or Control

FINANCIAL:

Tutor Perini Corporation will treat all financial information (“Information”) you provide to us as “confidential”. Access to the Information shall be restricted to those Tutor Perini employees who need access to this Information and will not disclose any of the Information given by the applicant now or hereafter received or obtained to any third party, except as required by law, without the prior written consent of the applicant.

Please provide a copy of your most recent interim financial statement in a sealed envelope marked **“CONFIDENTIAL & PRIVILEGED”**

9. Surety Information:
 Name of Surety _____
 Contact Person _____ Phone # _____

10. What is your Bonding Capacity?
 Single: _____ Aggregate: _____

11. Is the Company:
 Union Non-Union Both

12. If Company is Union, list unions that you're signatory to:

13. Has the Company ever participated in a partnership, joint venture or other teaming arrangement with another entity?

YES (list below) _____ NO _____

Name of Other Entity in Partnership / JV / Teaming Arrangement	Type of Arrangement (Partnership, JV, Teaming)	Work Performed by Partnership, JV or Teaming Agreement	Date Partnership / JV / Teaming Arrangement Ended

14. Has any owner, officer, director or other firm representative that has the authority to bind the organization to agreements held or currently hold a position in any other business?

YES (list below) _____ NO _____

Name & Title / Position of Individual	Name of Other Business Position Held	Work Performed by Other Business	Is the other business a MBE, WBE or DBE? If So, indicate which

15. Does the company currently employ any former Tutor Perini Corporation employees?

YES (list below) _____ NO _____

Name & Title / Position of Individual in Company	Date Hired	Work Performed by Individual	Formerly Employed by TPC?

16. List up to five (5) recent projects or contracts that your Company has **completed**.

Owner / Contract #	Contract Value	Completion Date

17. List any **active** projects or contracts that your Company currently has.

Owner / Contract #	Contract Value	% Complete	Anticipated Completion Date (Month / Year)

EXPERIENCE:

18. Has your company ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract awarded to you?

YES _____ NO _____

If yes, please provide details.

19. Has your firm ever failed to complete an awarded contract?

YES _____ NO _____

If yes, please provide details.

20. Has your company ever been disbarred or precluded from public work or ever been found to be non-responsive by a public agency?

YES _____ NO _____

If yes, please provide details.

21. Has the company (under its current or any former names), or any of the company's current or past owners, officers or managerial employees, ever been investigated or indicted by any government agency, including but not limited to" federal, state and local agencies or authorities?

YES _____ NO _____

If yes, please provide details.

22. Has any entity ever made a claim against your Company for defective, improper or non-conforming work, or for failing to comply with warranty obligations?

YES _____ NO _____

If yes, please provide details.

23. Has your company been involved with any claims within the last 5 years?

YES _____ NO _____

If yes, please provide details.

24. Are there any outstanding or unsatisfied judgments or claims against your Company that have resulted from litigation or any alternative dispute resolution (ADR) process?

YES _____ NO _____

If yes, please provide details.

25. Has any entity made a claim against your Company for failing to make payments to that or any other entity?

YES _____ NO _____

If yes, please provide details.

26. Have any of the owners, officers, or major stakeholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

YES _____ NO _____

If yes, please provide details.

DIVERSITY:

27. How many persons does your company presently employ?

Corporate	
Field Supervisory	
Trades People	
Other	

28. Does the Company own, rent or lease any of its office facilities?

YES (list below) _____ NO _____

Owner Name	Address	Phone Number

29. Does the Company share any office space, staff or equipment (including telephone exchanges) with any other business or organization?

YES (list below) _____ NO _____

Firm Name	Tax ID# (or SSN)	Description of Share

30. List each certification that your Company currently possesses (DBE, MBE, WBE, SBE, LBE, EBE etc.) and provide the details requested below.

Certification Name	Expiration Date	Certifying Agency	Certification Number

31. For each certification listed above, please list the specific work that you are certified to perform and the corresponding work code(s).

Certification Name	Description of Work	Identify Applicable Work Codes (NAICS, SIC, NIGP, NYSDOT)

Attach a copy of each D/M/W/S/L/EBE etc. certification letter from the corresponding certifying agency.

32. Does the Company currently have **any application(s) pending** for any certification programs with any government agency? (ie. DBE, MBE, WBE, SBE, LBE, EBE etc.)

YES (list below) _____ NO _____

Certification Name	Date Application Submitted	Certifying Agency

33. Has your company ever been denied, decertified or graduated out of any D/M/W/S/L/EBE certification program?

YES _____ NO _____

If yes, please provide details.

34. What type of work or trades does the Company usually perform or what type of materials, supplies or equipment does the Company usually furnish?

35. List all licenses you currently have pertaining to the scopes of work you are certified to perform.

License	Scopes of Work Covered	Expiration Date

36. If the Company is a **Subcontractor**:

a. Are you Union affiliated?

YES _____ NO _____

If YES, list the locals? _____

b. Does the Company employ its own field labor?

YES _____ NO _____

If YES, how many onsite workers does the Company employ? _____

c. Will the company provide its own onsite full-time Foreman and/or Superintendent to actively manage the work?

YES _____ NO _____

If YES, how many Foremen and/or Superintendents will the Company provide?

d. Is there any equipment that the Company does not own and that the Company needs to perform the work?

YES (list below) _____ NO _____

Type of Equipment Needed	How will the Company Obtain Equipment**	Reason Why the Company Needs the Equipment

** If equipment is leased, provide copy of lease agreement.

- e. Will the Company subcontract any of the work to another firm?
 YES (list below)** _____ NO _____

Scope of Work to be Subcontracted	Reason for Subcontracting the Work	Anticipated % of Contract Value to be Subcontracted

*** If Subcontracting to another D/M/W/S/LBE/SDVOB, Company must obtain a completed Vetting Questionnaire for each D/M/W/S/LBE/SDVOB 2nd tier Subcontractor. Whether or not the subcontracted firm is a minority or non-minority, a fully executed copy of the agreement must be provided to TPC.*

- f. Does or will the Company prepare its own Certified Payroll reports?
 YES _____ NO _____

If NO, please identify who will prepare the Certified Payroll reports for your Company and explain why the Company does not prepare the Certified Payrolls itself

37. If the Company is certified as a **Supplier, Regular Dealer, Broker, Manufacturer** or otherwise provides goods, materials, supplies or equipment but does not provide any labor on the project site

- a. For the procurement of the goods, materials, supplies or equipment, check all that apply:

- Company will negotiate price and terms with manufacturers
- Manage the orders
- Warehouse the orders
- Ship from manufacturer to Company warehouse or storage facility
- Ship from warehouse to jobsite
- Drop-ship from manufacturer to jobsite **
- Pay for goods, materials, supplies or equipment out of Company's own funds

*** If drop-shipped from manufacturer to jobsite, the Company must accept delivery for such goods, materials, supplies or equipment and maintain copies of all signed receiving tickets for audit purposes.*

- b. For purposes of the work for this contract, Company is a (check all that apply):

- Supplier
- Regular Dealer
- Broker
- Manufacturer's Exclusive Representative
- Manufacturer's Non-Exclusive Representative
- Manufacturer
- Packager
- Other, please explain: _____

c. If the Company has a warehouse, please provide the address

d. Does the Company employ its own employees?

YES _____ NO _____

If YES, how many employees does the Company employ? _____

e. Does the Company own its own trucks?

YES _____ NO _____

If YES, how many trucks does the Company own? _____

What name are the trucks registered and insured under? _____

f. If the Company owns its own trucks, will the Company ship the material using its own trucks?

YES _____ NO _____

If NO, please explain _____

g. If the Company plans to drop-ship or truck the material using a manufacturer's trucks or another company's trucks, please explain why and identify the specific circumstances under which the Company would drop-ship.

38. If the Company is a **Trucking Company** and will provide trucking services for the project

a. Will the Company be responsible for the management and supervision of the entire trucking operation?

YES _____ NO _____

b. Company owns _____ of the trucks that the Company will use for the project.

YES _____ SOME _____ (# of trucks) NONE _____

c. Upon award, can the Company furnish proof of title and registration for all trucks owned and used for the project.?

YES _____ NO _____

d. What name(s) are the trucks registered and insured under? _____

e. If some of the trucks are leased, the Company needs to provide a copy of the long-term lease agreement, inclusive of minority has exclusive rights to the identified truck(s), whether manned or unmanned, rate (daily, hourly or other), description of each truck with title and registration, list of drivers and all delivery tickets.

f. Does the Company employ its own drivers?
YES* _____ NO _____
If YES, how many drivers does the Company employ? _____
**Upon Award, provide a seniority list of all teamsters along with copies of their driver licenses.*

g. Will the Company subcontract any portion of the work?
YES _____ NO _____
If YES, explain what amount and type of work, to what company and reason for subcontracting the work.

39. If the Company is a **Technical Services, Consultant or Professional Services** company:

a. Company provides:
 Scheduling Services Logistics Surveying Engineering
 Reproduction Expediting Consulting Energy Consulting
 Safety Consulting Environmental Consulting
 Other Services (please describe) _____

b. Will the Company use their own labor to provide the service?
YES _____ NO _____

c. How many employees does the Company employ? _____

d. Will Company subcontract any portion of the work?
YES _____ NO _____
If YES, explain what amount of the work, to what company and reason for subcontracting the work.

Officer Signature: _____
Name (Printed): _____
Title: _____
Email: _____
Cell Phone: _____
Date: _____

AFFIDAVIT OF NO CHANGE

STATE OF _____)

) SS.:

COUNTY OF _____)

On this _____ day of _____, 20_____, before me personally came and appeared _____, by me known to be said person, who swore under oath as follows:
(Name)

1. I am the _____ of _____.
(Title) (Company Name)
2. I am duly authorized to sign this Affidavit of No Change on behalf of said firm and signed this document pursuant to said authorization.
3. I hereby certify that there has been no material change in the information specified on the previously submitted D/M/WBE SDVOB Vetting Questionnaire (dated: _____), except as follows: _____

Signature

Printed Name & Title

Date

SWORN and SUBSCRIBED to before me this _____ day of _____, 20_____

Notary Public

SEAL