



Street Address:
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Subcontractor Questionnaire – Bid Opportunities

Thank you for your interest in working with Korsmo Construction. We encourage small businesses to complete this form to be added to our database. This will assist our project teams to better serve our minority- and woman-owned business (MWBE) and small business enterprise (SBE) outreach efforts.

General Information:

Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Contact Information (for Estimating Only):

Name: _____
Title: _____
Phone: _____ Fax: _____
Cell Phone: _____
Email: _____

Standard CSI Codes for Your Scope of Work:

CSI Code: _____ Description: _____
CSI Code: _____ Description: _____

Certifications (State and Federal): (Please check all that apply)

Small Business: <input type="checkbox"/>	Minority-owned: <input type="checkbox"/>
Woman-owned: <input type="checkbox"/>	Disadvantaged: <input type="checkbox"/>
HUBZone: <input type="checkbox"/>	Veteran-owned: <input type="checkbox"/>
Service-disabled: <input type="checkbox"/>	MWBE: <input type="checkbox"/>
Native American: <input type="checkbox"/>	8(A): <input type="checkbox"/>
(Tribal Affiliation): _____	
Self-certifications: _____	
Other: _____	

Miscellaneous:

Non-union ☐
Union ☐
Trade: _____
Trade: _____
Bonding Capacity: _____ Aggregate
Per project

Diversity/Outreach, Preconstruction, and Estimating Team:

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