



Subcontractor Statement of Qualification Form

All subcontractors are **required** to complete this form to be eligible to submit bids for the following project: **CPU CSD Improvements Phase 2 - Softball and Baseball Field Improvements**

Any subcontractor who is prequalified with the State of Iowa Department of Transportation pursuant to section 314.1 shall be considered to meet the prequalification criteria and shall be allowed to submit a bid for work related to parking lots, streets and site development.

Submit Completed form to prequal@iabuilder.com & nplecker@iabuilder.com

Qualifications Due Date and Time: March, 20th , 2026 @ 2:00 PM CST

Project: Center Point Urbana Community School District Middle School Secure Entrance & Primary School Secure Entrance.

[Red Bar]

Company Name: _____
Address: _____
Contact: _____
Email: _____
Phone: _____

Seeking Prequalification for Bid Package(s):

Bid Package #:	Description:
_____	_____
_____	_____
_____	_____

Safety

Safety Record:

Provide past three years experience modification rating and total recordables incident rate.

Year	EMR	TRIR

Check the following that your company implements for following safety protocols:

Written Safety Program Yes No
Implements Drug Screening Policy for all employees Yes No
Has your company received an OSHA citation within the past 3 years? (if yes, attached statement explaining) Yes No

Experience

Please list three completed projects of similar size and scope

Project Name	Contract Value	Date Completed	Reference (provide contact info)
1			
2			
3			

Compliance, Claims or Litigation

Please provide answers to the following past performance questions and attach explanations where necessary

Are there any judgements, claims, arbitrations, mediations, proceedings or suit pending/outstanding against your firm? Yes No
Has your firm ever filed for bankruptcy? Yes No
Has your firm ever failed to complete any work awarded within the last three years? Yes No

Key Personnel for Project

Superintendent/Foreman: _____ Years with Company: _____
Project Manager: _____ Years with Company: _____

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Authorized Signature: _____ Date: _____
Name & Title (Printed): _____