

INDEX OF FORMS IN THIS SECTION

<u>Form Title</u>	<u>Section</u>
Request for Capital Project Expenditure New Construction, Renovation, Addition.....	5-1
Capital Project Report (Quarterly).....	5-2
Request for Capital Repairs & Maintenance	5-3
Project Cost Estimate Worksheet.....	5-4
Cash Flow Projection.....	5-5
Permission to Conduct Fund-Raising Campaign Permission for Exemption from Cathedral Tax	5-6
Request for Loan from IPLF.....	5-7
Request for Withdrawal from IPLF	5-8
Building Assessment.....	5-9
Supplemental Contractor Qualification Questionnaire.....	5-10
Owner-Contractor Agreement	5-11



**ARCHDIOCESE OF BALTIMORE
REQUEST FOR CAPITAL PROJECT EXPENDITURE
NEW CONSTRUCTION, RENOVATION, ADDITION**

FACILITIES PROJECT

Parish/School: _____ Parish/School Code: _____ Phone: (____) _____
 Fax: (____) _____
 E-Mail: _____

Address: _____
 Emergency
 Non-Emergency

Estimated Cost: Less than \$30,000 \$30,000 to \$300,000 Greater than \$300,000

Request Made By: _____ Phone: (____) _____

Location of Capital Project Work: _____

Type of Work: _____

Does any of the work involve: If so, please explain:

Roof Work Liturgical Space/Changes _____
 Asbestos Underground Storage Tanks _____
 Lead Paint Boilers _____
 Structural Other Environmental: _____
 Changes _____

Quote(s) Obtained? Yes No (If yes, please attach copies.)

Possible Consultant(s): _____ _____	Possible Contractor(s): _____ _____	Anticipated Project Budget (attach copy) Consultants \$ _____ Capital Construction _____ Other Misc. Costs _____
---	---	---

PROBABLE SOURCES OF FUNDS:	Currently Available	To Be Requested/Obtained	Total
Funds in Hand (Cash)	\$ _____	\$ _____	\$ _____
Cash Expended to Date for Project			
Funds on Deposit in IPLF			
Loan from IPLF			
Capital Campaign Request			
Foundations Grants: _____			
Lenten Appeal			
Other: _____			
TOTALS			

REVIEWED BY:	Signature	Date	REVIEWED BY:	Signature	Date
Pastor / PLD			Lay - Corporator		
Principal / President			Vicar Bishop		
Pastoral Council President			Exec. Dir./CFO		
Finance Committee Chair			Director of Facilities		
Lay - Corporator					

Authorization given to: _____ By: _____
 _____ Date: _____



**ARCHDIOCESE OF BALTIMORE
CAPITAL PROJECT REPORT
FOR QUARTER ENDED _____**

PROJECT REPORT

Parish: _____ Parish Code: _____ Phone: (____) _____
 Fax: (____) _____
 E-Mail: _____

Address: _____ Estimated Total Project Cost:
 \$ _____

Report Prepared by: _____ Phone: _____

Brief Description of Project: _____

Project Type: New Restoration Renovation Expansion
 Building Type: Church Multipurpose Center Parish Center School

Does any of the work involve: Roof Work Liturgical Space/Changes
 Asbestos Underground Storage Tanks
 Lead Paint Other Environmental:
 Structural Changes _____
 If so, please explain: _____

PROJECT COST DETAILS:	Last Report	Change Orders	Total Project Cost This Report	Total Paid To Date	Future Payments
Construction Start Date					
Estimated Completion Date					
Estimated Costs:					
Planning					
Design					
Construction					
Other:					
Other:					
TOTAL COSTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PROBABLE SOURCES OF FUNDS:	Total Collected/Received to Date	To be Requested/Obtained	Total Sources of Funds	Present Balances	To be Requested/Obtained PLUS Present Balances
Heritage of Hope					\$0.00
Funds on Deposit in IPLF					\$0.00
Loan from IPLF					\$0.00
Parish Savings					\$0.00
Foundation Grant:					\$0.00
New Campaign					\$0.00
Other:					\$0.00
TOTAL RESOURCES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

To calculate the "Cash Cushion (Shortfall)", subtract "Total Costs" from "Total Resources." **CASH CUSHION/(SHORTFALL)** \$0.00

Approved by Pastor: _____ Signature: _____ Date: _____



**ARCHDIOCESE OF BALTIMORE
REQUEST FOR CAPITAL REPAIRS & MAINTENANCE**

FACILITIES PROJECT

Parish/School:

Parish/School
Code:

Phone: () _____

Fax: () _____

E-Mail: _____

Address:

Emergency

Non-Emergency

Estimated Cost:

Less than \$30,000

\$30,000 to \$300,000

Greater than \$300,000

Request Made By:

Phone:

() _____

Location of Repair/Maintenance Work:

Type of Work:

Does any of the work involve:

If so, please explain:

Roof Work

Liturgical Space/Changes

Asbestos

Underground Storage Tanks

Lead Paint

Boilers

Structural

Other Environmental:

Changes _____

Quote(s) Obtained?

Yes

No

(If yes, please attach copies.)

Possible Vendor(s):

Amount

\$ _____

PROBABLE SOURCES OF FUNDS:

Currently Available

To Be Requested/Obtained

Total

Funds in Hand: _____

\$ _____

\$ _____

\$ _____

Funds on Deposit in IPLF

Loan from IPLF

Loan from Bank

Capital Campaign Request

Foundations: _____

Lenten Appeal

Other: _____

TOTAL

REVIEWED BY:

Signature

Date

REVIEWED BY:

Signature

Date

Pastor /PLD

Lay Corporator

Principal /President

Vicar Bishop

Pastoral Council President

Exec. Dir./CFO

Finance Committee Chair

Director/Facilities

Lay Corporator

Authorization given to: _____

By: _____

Date: _____

PHASE

Schematic _____
Design Devel. _____
Construction _____
Close Out _____

Original Date _____
Revision Date _____
Revision No. _____

PROJECT COST ESTIMATE WORKSHEET

Parish: _____
Project: _____
Square Footage: _____

SECTION 1: CONSTRUCTION
COST

1. Site Work:

Demolition _____
Site Grading _____
Storm Water Management _____
Site Utilities _____
Roads & Parking Lots _____
Off Site Improvements _____
Landscaping _____
Other _____

TOTAL SITE WORK COST \$ _____ -

2. Building:

Building
(Architectural/Structural) _____
Interior Construction _____
Mechanical _____
Electrical _____
Fire Protection _____
Elevator _____
Special _____
Other _____
Contractor's Overhead/Profit _____

TOTAL BUILDING COST \$ _____ -
TOTAL CONSTRUCTION COST \$ _____ -

SECTION 2: FEES

Construction Manager _____
Architects/Engineers _____
Consultants _____
Reimbursables Design Exp. _____
Other _____

TOTAL FEE EXPENSE \$ _____ -

SECTION 3: EQUIPMENT

Furnishings/Draperies _____
Liturgical Appointments _____
Kitchen Equipment _____
Special Equipment _____
Other _____

TOTAL EQUIPMENT COST \$ _____ -

SECTION 4: RELATED EXPENSES

Soil Borings _____
Testing & Inspection _____
Surveys _____
Permits _____
Jurisdictional Fees _____
Telephone System _____
Security System _____
Hazardous Substance Removal _____
Builder's Risk Insurance _____
Bonds _____
Relocation Cost _____
Moving & Storage _____
Financing _____
Other _____

TOTAL RELATED EXPENSES \$ _____ -

SECTION 5: ADMINISTRATION

Owner's Direct Expenses _____
Other _____

TOTAL ADMINISTRATION COST \$ _____ -

SECTION 6: PROJECT CONTINGENCY

Contingency _____

TOTAL CONTINGENCY \$ _____ -

SECTION 7: ESCALATION

2001 _____
2002 _____
2003 _____
2004 _____
2005 _____

TOTAL ESCALATION \$ _____ -
TOTAL ESTIMATED PROJECT COST \$ _____ -

Comments:

Prepared by: _____

Embracing the Future
ARCHDIOCESE OF BALTIMORE
REQUEST FORM

Parish: _____ Parish Number: _____

Address: _____

PERMISSION TO CONDUCT A FUND-RAISING CAMPAIGN

1. Purpose of the fund-raising campaign. *Please explain specifically, e.g., renovate school, etc.*

2. Total cost of project being planned. *Please attach copies of any estimates.* \$ _____
3. Total dollar amount of the campaign goal. *Include costs of campaign in total goal, but indicate cost amount separately.*
Goal: \$ _____ Fund-Raising Cost: \$ _____
4. Does the parish have on hand any funds which would be applied to the goal?
No _____ Yes _____ *(If yes, indicate amount to be applied: \$ _____.)*
5. Will the parish need a loan?
No _____ Yes _____ *(If yes, indicate loan amount needed: \$ _____.)*
6. Who will be responsible for conducting the campaign? List name(s) of individual(s) chairing the effort as well as name and address of professional consultant.

7. Time period for the campaign. *Please indicate month and year for both dates.*
Begin: _____ End: _____

Method(s) to be used in raising the desired amount (e.g., personal visitation.) Please be specific and complete, including when each activity will begin and end, and, if more than one method will be used, in what order each will occur (e.g., 1st: personal visits for major gifts; 2nd: mailings; 3rd: in-church solicitation).

PERMISSION FOR EXEMPTION FROM CATHEDRATICUM TAX

9. Does the parish wish to have any or all funds raised exempted from the Cathedraticum Tax?
Yes _____ No _____ *(If yes, indicate amount to be exempted: \$ _____.)*

Pastor's Signature: _____ Date: _____



ARCHDIOCESE OF BALTIMORE
REQUEST FOR LOAN FROM IPLF

To: EXECUTIVE DIRECTOR, MANAGEMENT SERVICES		From:	
		Title:	
Parish:	Parish Code:	Phone: () _____	
		Fax: () _____	
		E-Mail: _____	
Address:			
Amount of Loan Requested:		Date Needed:	
Purpose of Loan:			
Prepared by:			Date:
Pastor Signature:			
APPROVAL:	<i>Signature</i>		<i>Date</i>
Exec Director Mgmt. Services			
CFO			
<i>For Fiscal Services Use: Please complete this section and file a copy of this form in the parish IPLF file.</i>	Check #:	Issue Date:	Disposition:



ARCHDIOCESE OF BALTIMORE
REQUEST FOR WITHDRAWAL FROM IPLF

To: EXECUTIVE DIRECTOR, MANAGEMENT SERVICES		From:	
		Title:	
Parish:	Parish Code:	Phone: () _____	
		Fax: () _____	
		E-Mail: _____	
Address:			
Amount of Withdrawal:		Date Needed:	
Purpose of Withdrawal:			
Prepared by:			Date:
Pastor Signature:			
APPROVAL:	<i>Signature</i>		<i>Date</i>
Exec Director Mgmt. Services			
CFO			
<i>For Fiscal Services Use: Please complete this section and file a copy of this form in the parish IPLF file.</i>	Check #:	Issue Date:	Disposition:

BUILDING ASSESSMENT

Parish/School: _____ No: _____ Date: _____

Address: _____

I. GENERAL INFORMATION

Year Constructed _____ Overall Condition: G ___ F ___ P ___

Overall Building Size: Length _____ Width _____ # of Floors _____

Basement: Full ___ Partial ___ Finished ___ Unfinished ___

II. BUILDING EXTERIOR

A. SITE

Paving: G ___ F ___ P ___ Walks & Steps: G ___ F ___ P ___

Fences: G ___ F ___ P ___ Walls: G ___ F ___ P ___

Handicapped Provisions: G ___ F ___ P ___

Site Lighting: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

B. ROOF

Age (Last replaced:) _____ Condition: G ___ F ___ P ___

Slope: High ___ Low ___ Flat ___

Structure: Wood ___ Steel ___ Concrete ___

Cover: Shingles ___ Slate ___ Tile ___ Tar (chip) ___ Metal ___

Gutters & Downspouts: Aluminum ___ Copper ___ Galvanized ___

Concealed: Yes ___ No ___ Condition: G ___ F ___ P ___

Lightning Protection: Yes ___ No ___

Condition: G ___ F ___ P ___ Needs Repair _____

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

C. WALLS

(Indicate %) Brick ___ Stone ___ Wood ___ Metal ___

Condition: G ___ F ___ P ___

Painting: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

D. DOORS

Condition: G ___ F ___ P ___ Weathertight: Yes ___ No ___

Hardware: G ___ F ___ P ___ Panic Devices: Yes ___ No ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

E. WINDOWS

Ordinary Glass ___ Stained ___ Protective ___ Storm ___

Thermal ___ Screens ___ Glazing: G ___ F ___ P ___

Condition: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

F. PAINTING

Condition: G ___ F ___ P ___

Work Needed

Timing: ASAP ___ Years ___

Cost: \$ _____

III. BUILDING INTERIOR

A. FLOOR STRUCTURE

	Steel	Wood	Concrete	Condition		
				G	F	P
Basement						
First						
Second						
Third						
Fourth						

Work Needed

Timing: ASAP ___ Years ___

Cost: \$ _____

B. Finishes

	Floors			Ceilings			Walls			Painting-Interior		
	G	F	P	G	F	P	G	F	P	G	F	P
Basement												
First												
Second												
Third												
Fourth												

Work Needed

Timing: ASAP ___ Years ___

Cost: \$ _____

C. DOORS

Condition: G ___ F ___ P ___ Proper Rating: Yes ___ No ___

Transoms or Louvers: Yes ___ No ___

Hardware Condition: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

D. PLUMBING

Water Piping: Copper ___ Galvanized ___ PVC ___

Condition: G ___ F ___ P ___ Water Tested for Lead? Yes ___ No ___

Restrooms:

Level	Basins	Showers	Toilets	Urinals	Overall Condition			Handicapped Access
					G	F	P	
Basement								

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

E. KITCHEN/FOOD SERVICE

Cooking Equipment: Electric ___ Gas ___ Condition: G ___ F ___ P ___

Hood: Yes ___ No ___ Condition: G ___ F ___ P ___

Auto. Exiting Sys.: Yes ___ No ___ Condition: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

F. HVAC

Age: Years _____

Heat: Steam ___ Hot Water ___ Hot Air ___ Fuel ___

Fuel: Oil ___ Gas ___ Electric ___

Equipment located in this building: Yes ___ No ___ (if not, where _____)

Service Contract: Yes ___ No ___ Last Serviced: _____

Oil Tank: Size (gallons) _____ Underground: Yes ___ No ___

Hot Water Heater: Size (gallons) _____ Gas ___ Electric ___ Steam ___

Air Conditioning: Central ___ Window ___ (# of units _____)

Service Contract: Yes ___ No ___

Ceiling Fans: Yes ___ No ___

Locations: _____

Restroom Ventilation: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

G. ELECTRICAL

Lighting: G ___ F ___ P ___ Energy Efficient: Yes ___ No ___

Wiring/Circuits: G ___ F ___ P ___ Fuses: Yes ___ No ___

Overload Problems: Yes ___ No ___ Grounded: Yes ___ No ___

Service Size: _____

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

H. SAFETY SECURITY

Automatic Sprinklers (% of Building) _____ Service Contract: Yes ___ No ___

Smoke Detectors: Yes ___ No ___ # _____

Fire Alarm: Yes ___ No ___

Rings on Building: _____ Rings to Fire Department: Yes ___ No ___

Last Tested: _____ Pull Stations Adequate: Yes ___ No ___

Fire Extinguishers: Yes ___ No ___ Last Serviced _____

Burglar Alarm: Yes ___ No ___

Sounds Where? _____

Stairways Enclosed: Yes ___ No ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

I. ENVIRONMENTAL

Asbestos: G ___ F ___ P ___ Randon Test: Yes ___ No ___

Lead Paint: Yes ___ No ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

J. MISCELLANEOUS

Elevator: Yes ___ No ___ Condition: G ___ F ___ P ___

Handicapped Access: Yes ___ No ___ Condition: G ___ F ___ P ___

Work Needed:

Timing: ASAP ___ Years ___

Cost: \$ _____

SUMMARY

Total Estimated Cost: \$ _____

SUPPLEMENTAL CONTRACTOR QUALIFICATION QUESTIONNAIRE

1. General Information

- 1.1 Name of individual completing this questionnaire and company position/title:

Name: _____

Title: _____

Phone Number: _____

- 1.2 Have other names been used to represent substantially the same personnel, resources, or ownership that comprise this company? ____
Yes ____ No. If yes, please provide names and explain:

- 1.3 Does this company or those controlling it own or control another general contractor firm or masonry, roofing, mechanical, plumbing, or electrical subcontracting firm? ____ Yes ____ No. If yes, please provide names and explain:

- 1.4 List memberships in any trade organizations/associates; (e.g., ABC, AGC, Building & Congress Exchange, Building Trades Council, etc.) Include years of membership.

2. Company Organization

2.1 Provide a brief narrative as to company organization, size and structure:

2.2. Identify all locations of operations (offices, shops, yards) in addition to principal address.

2.3 Total number of employees currently employed by your company:

_____ Full time _____ Part time

Are any of these people "Contract Employees" ____ Yes ____ No

Describe their number and role in the Company Operations:

2.4 Total number of minority employees currently employed by your company:

_____ Full time _____ Part time

2.5 Is the Company a Certified MBE/WBE? ____ Yes ____ No

State of Maryland MBE/WBE ____ City of Baltimore MBE/WBE ____

2.6 Identify the three (3) highest positions held by minority employees in your company.

2.7 Has any equal employment opportunity claim been brought against your company in the last three (3) years? ____ Yes ____ No. If yes, explain.

2.8 Equal Employment Opportunity Certification

The undersigned hereby certifies that this company does not and will not discriminate against any employee or applicant because of their race, creed, color, or national origin in connection with their employment promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation and selection for training.

3. Financial

3.1 Bonding Company: _____

Bonding Capacity: _____

3.2 Has any bonding company refused to write a bond on any part of your construction projects? ____ Yes ____ No. If yes, explain.

3.3 Has your firm ever been delinquent (in excess of 120 days late) in payments to subcontractors and/or supplier? ____ Yes ____ No. If yes, explain.

3.4 Property/Casualty Insurance

A. General Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

B. Automobile Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

C. Excess Liability

Current Carrier _____ Policy # _____
Coverage Limits _____
Occurance _____ Aggregate _____
Effective Date _____ Expiration Date _____

D. Workers Compensation

Current Carrier _____ Policy # _____
Coverage Limits _____ Each Accident _____
Disease Policy Limit _____
Disease Each Employee _____

4. Personnel/Benefits

4.1 Identify specific classification of personnel with current workforce.

Employee Classification (Trades)	No. of Employees	Turnover Rate	Average Years Employed with Company

4.2 Do you have an educational/training program available for your employees or do you participate in programs by trade organizations?
 Yes No. If yes, briefly describe. Identify any cost borne by the employee.

4.3 Do you provide health insurance coverage for your employees?
 Yes No. If no, go to question 4.4.

4.3.1 Briefly describe your requirements to be eligible for health insurance coverage (i.e., position, number of hours worked per week, etc.)

4.3.2 Name of your health insurance company or companies.

4.3.3 Briefly describe the type of health plan(s) you offer, including deductibles and level of coverage after deductible (i.e, 80%, co-payments, etc.)

4.3.4 List the employee cost for the health insurance coverage.
(Use the space for multiple plans if applicable).

	Plan A	Plan B	Plan C	Plan D
Individual Coverage	_____	_____	_____	_____
Family Coverage	_____	_____	_____	_____

4.4 Do you provide sick leave and/or short term disability? ____ Yes ____
No. If no, go to 4.5.

4.4.1 Briefly describe your requirements to be eligible for sick leave and/or short term disability, (i.e. position, number of hours worked per week, etc.)

4.4.2 Briefly describe your sick leave and/or short term disability plan(s).

4.5 Do you provide retirement benefits? ____ Yes ____ No. If no, go to 4.6.

4.5.1 Briefly describe your requirements to be eligible for retirement benefits, (i.e., position, number of hours worked per week, years employed, years before vested, etc.)

4.5.2 Briefly describe your retirement plan(s).

4.6 Do you provide vacation benefits? ____ Yes ____ No. If no, go to 4.7.

4.6.1 Briefly describe your requirements to be eligible for vacation benefits, (i.e., position, number of years with company, number of hours worked per week, etc.)

4.6.2 Briefly describe your vacation plan(s).

4.7 Briefly describe any other benefits provided to your employees.

5. Safety/Security

5.1 Do you have a drug and alcohol prevention and/or treatment program in place for all workers? ____ Yes ____ No. If yes, briefly describe.

5.2 List your firm's "Worker's Compensation Experience Modification Rate" for the current and past 2 years.

20__ __% 20__ __% 19__ __%

5.3 Please use your last year's OSHA No. 200 Log to fill in:

5.3.1 Number of lost workday cases _____

5.3.2 Number of restricted workday cases _____

5.3.3 Number of cases with medical attention only _____

5.3.4 Number of fatalities _____

5.3.5 Employee hours worked last _____ (do not include any non work time, even though paid).

5.4 Do you have a written Safety Program for field operations? ____ Yes
____ No.

5.4.1 Do you conduct Project Safety Inspections? ____ Yes
____ No. If yes, who from the site staff conducts these inspections? Title: _____

How often? _____

5.4.2 Do you have a home office safety representative who visits and inspects the job? ____ Yes ____ No. If yes,
Name _____ Title _____

How often will the representative visit the site? _____

Who does the representative report to?

Name _____ Title _____

5.4.3 Do you hold site Safety Meetings of Supervisors? ____ Yes
____ No. If yes, how often? _____
Who conducts these meetings? _____

5.4.4 Do you hold craft "toolbox meetings? ____ Yes ____ No. If
yes, how often? _____
Who conducts these meetings? Title _____

5.4.5 Please list any OSHA/MOSHA violation citations which you have received over the last three (3) years.

5.5 Do you have a License issued by the Maryland Department of the Environment to remove and/or encapsulate asbestos? Yes No. If yes, License No. _____ Expiration Date _____. Attach a project list for the last 2 years and description including value.

5.6 Do you maintain a chemical information list and Material Safety Data Sheets for all hazardous chemicals used, as specified in the Maryland "Right-to-Know" Law? Yes No.

The undersigned warrants and represents that based on personal knowledge and review of the company's books and records, the data provided above is accurate in every respect. The Archdiocese of Baltimore reserves the right to disqualify any company which has provided incorrect information or has made an untrue representation in connection with the completion of AIA A305 and this supplementary questionnaire.

By: _____

Title: _____

Phone Number: _____

Date: _____

ADDITIONAL INFORMATION REQUESTED FOR COMPLETION OF AIA A305:

3.4, 3.5 For general contractors, construction managers, include for each project the names and addresses of the masonry, roofing, mechanical, plumbing, and electrical subcontractors. If work was performed by your own forces on a particular project, please so indicate.

3.6 Include all principal members and project field superintendents of your organization with construction experience, identifying position, years experience, years with this company, projects worked on in past 3 years and capacity if different from present.

(See Attachment "A")

ATTACHMENT "A"

Personnel Experience

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served

Name: _____ Title/Position _____

Years construction experience _____ With company _____

List projects worked on in past 3 years and capacity served