



**CAPABILITY STATEMENT
WORKSHEET**

COMPANY INFORMATION	
Name	
'DBA'	
Address 1	
Address 2	
City/State/Zip	
Phone 1	
Phone 2	
Fax	
E-Mail	

OWNER(S)
Primary Point of Contact

Name _____

Title _____

Cell _____

E-Mail _____

Secondary Point of Contact

Name _____

Title _____

Cell _____

E-Mail _____

Use the additional space on page 4 to complete your answers if necessary.

COMPANY IDENTIFICATION	
Years in Business	
Geographic Service Area	
Federal EIN	
DUNS Number	
Cage Code	

EMPLOYEES/TEAM	
Full-Time Employees	
Part-Time Employees	
Seasonal Employees	
Consultants	
Total	

INSURANCE/BONDING	
General Liability	\$ _____
Surety Bonding	\$ _____

TOTAL VALUE OF WORK IN PROGRESS OR UNDER CONTRACT
\$ _____

BUSINESS CODES (Type/Number/Description)		

LICENSES & CERTIFICATIONS (License #/Description or Certification/Certifying Agency)

COMPANY BACKGROUND

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CORE COMPETENCIES

(Bullet points describing the products and/or services your company can provide a client)

KEY DIFFERENTIATORS

(Why should potential clients do business with or hire your company?)

PAST PERFORMANCE ON A PROJECT (1)	
Client	
Scope of Work	
Contract Amount	
Date Completed	

PAST PERFORMANCE ON A PROJECT (2)	
Client	
Scope of Work	
Contract Amount	
Date Completed	

PAST PERFORMANCE ON A PROJECT (3)	
Client	
Scope of Work	
Contract Amount	
Date Completed	

Additional Space