



**WESTCHESTER**  
 84 Calvert St  
 Suite 2E  
 Harrison, NY 10528  
 (914) 835-3500

**NYC**  
 445 Park Ave,  
 9<sup>th</sup> Floor  
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 (212) 627-0969

**GREENWICH**  
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**ATLANTA**  
 3500 Lenox Rd,  
 Suite 1500  
 Atlanta, GA 30326  
 (404) 815-8900

**www.DawkinsDevelopmentGroup.com**  
**info@dawkinsdevelopmentgroup.com**

**SUBCONTRACTOR PRE-QUALIFICATION FORM**

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PRIMARY CONTACT PHONE #:** \_\_\_\_\_

**ACCOUNTING CONTACT PHONE #:** \_\_\_\_\_

**ESTIMATING CONTACT (for Bid Invitations)**      **Name/Title:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**TAX ID #:** \_\_\_\_\_      **State of Registration:** \_\_\_\_\_      **Years in Business:** \_\_\_\_\_

**Dun & Bradstreet #:** \_\_\_\_\_      **Rating:** \_\_\_\_\_

**Trade Licensing State:** \_\_\_\_\_      **License #:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Trade Licensing State:** \_\_\_\_\_      **License #:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Trade Licensing State:** \_\_\_\_\_      **License #:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_

**Lead Base License:**  Yes  No      **EPA Certificates:**  Yes  No

**LIST COMPANY OFFICERS**

TITLE	NAME	YEARS OF SERVICE

**TRADE(S) PERFORMED:** \_\_\_\_\_

**GEOGRAPHIC REGION(S) SERVICED:** \_\_\_\_\_

**STRUCTURE TYPE(S) PREFERRED:**

- Commercial     Residential     Industrial     Government     Transportation     Religious  
 Hospitality     Education     Retail     Military     Healthcare     Utilities  
 Other(s): \_\_\_\_\_

**WORK TYPE(S) PREFERRED:**     New     Alterations/Rehabilitations     Interior Fit-Ups

**TYPICAL PROJECT \$ SIZE:** \_\_\_\_\_      **ANNUAL \$ VOLUME OF WORK:** \_\_\_\_\_

**# OF EMPLOYEES:** \_\_\_\_\_      **LABOR AFFILIATION:**  Union     Non-Union     Prevailing Wage  
 Other: \_\_\_\_\_





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**BUSINESS CERTIFICATIONS:**

(Attach documentation from any local, state, or federal agency that has certified your company.)

- Minority Business Enterprise (MBE)
- Woman Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Other: \_\_\_\_\_
- Disadvantaged Business Enterprise (DBE)
- Local Business Enterprise (LBE)
- Veterans Business Enterprise (VBE)

**SURETY**

Bondable:  Yes  No      Has bonding ever been used to complete a project:  Yes  No

Bonding Company: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Total Bonding Capacity: \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_ Maximum Single Project Bonding Capacity: \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

**ANNUAL DOLLAR VOLUME FOR THE PAST THREE (3) YEARS**

20\_\_ \$ \_\_\_\_\_      20\_\_ \$ \_\_\_\_\_      20\_\_ \$ \_\_\_\_\_

Largest job during the last three (3) years: \$ \_\_\_\_\_

**TOTAL WORK IN PROGRESS**

Current Work Load: \$ \_\_\_\_\_ (Attach list of current work)

	<b>Bank References</b>		
<b>Bank Name</b>	<b>Bank Address</b>	<b>Contact Person</b>	<b>Phone #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Amount of Bank Line of Credit: \$ \_\_\_\_\_      Secured:  Yes  No

<b>TRADE REFERENCES</b>			
<b>Company Name</b>	<b>Address</b>	<b>Contact Person</b>	<b>Phone #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





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**INSURANCE INFORMATION**

INSURANCE REQUIREMENTS	MINIMUM	ACTUAL
Commercial General Liability	\$2M Aggregate /	\$ ___M Aggregate /

Commercial General Liability Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Workers' Compensation	\$1M per Accident	\$ ___M per Accident
-----------------------	-------------------	----------------------

Workers' Compensation Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Commercial Automobile Liability	\$100,000 Bodily Injury \$300,000 per Accident \$100,000 Property Damage per Accident or Combined \$100,000	\$ _____ Bodily Injury \$ _____ per Accident \$ _____ per Accident
---------------------------------	--	--

Commercial General Liability Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Professional Liability (Engineers & Consultants)	\$1M Aggregate \$1M per Claim	\$ ___M Aggregate \$ ___M per Claim
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Professional Liability Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- ❖ Dawkins Development Group Inc. must be the Certificate Holder with the Corporate Address: 84 Calvert St, Suite 2E, Harrison, NY 10528
- ❖ Dawkins Development Group Inc. must be named as Additional Insured
- ❖ Option 1: "Certificate Holder is named as Additional Insured as per written contract with respect to the General Liability policy described above and subject to provisions and limitations of the policy"
- ❖ Option 2: An attached schedule or endorsement naming Dawkins Development Group Inc. (or certificate holder) as Additional Insured.





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SAFETY POLICIES, PROCEDURES, AND TRAINING		
Do you have a documented safety policy program? (Attach a copy of the safety program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Safety Officer/Department in your company?  Name: _____ Phone Number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you employ a full time Safety Supervisor on all job sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Personal Protective Equipment (PPE), Policy or Program? (i.e. mandatory hard hats, gloves, safety glasses, etc.)  If "Yes," what does it cover: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your Safety Program address all OSHA Standards as they apply to contractors and all of the requirements associated with these standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a Substance Abuse Program designed to provide a drug free workplace?  Pre-Employment Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No For Cause Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Random Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require on-site Supervisor/Foreman to have completed the OSHA 30-Hour training course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of safety orientation do you provide for new hires?  <input type="checkbox"/> Film <input type="checkbox"/> Slides <input type="checkbox"/> Handbook <input type="checkbox"/> Verbal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require your subcontractors to meet the same safety standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LEGAL ISSUES**

Are you now or have you been involved in any bankruptcy or reorganization proceedings?  Yes  No

Are there judgement, claims, or suits pending or outstanding against your company?  Yes  No

Have you ever received notices of environment, health, or safety violations from Regulatory agencies?  Yes  No

Within the last five (5) years, have you failed to complete a contract?  Yes  No

If "yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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<b>CAPABILITIES &amp; CERTIFICATIONS</b>					
<b>CONSTRUCTION</b>					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 Existing Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23 Heating, Ventilating, and A/C
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 20 Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23 30 HVAC
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 30 Subsurface Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	23 80 Decentralized HVAC Equipment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 40 Demolition and Structure moving			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 50 Site Remediation			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	02 60 Contaminated Site Material Removal			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25 Integrated Automation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 10 Concrete Forming and Accessories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25 10 Integrated Automation Network Equipment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 20 Concrete Reinforcing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25 30 Integrated Automation Instrumentation and Terminal
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 30 Cast-in-Place Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25 50 Integrated Automation Facility Controls
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 40 Precast Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	25 90 Integrated Automation Control Sequences
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 50 Cast Decks and Underlayment			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 60 Grouting			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 70 Mass Concrete			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	03 80 Concrete Cutting and Boring			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	04 Masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	26 Electrical
<input type="checkbox"/> Yes	<input type="checkbox"/> No	04 20 Unit Masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	26 10 Medium-Voltage Electrical Distribution
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	26 20 Low-Voltage Electrical Transmission
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	26 30 Facility Electrical Power Generating and Storing Equipment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	05 Metal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 Communications
<input type="checkbox"/> Yes	<input type="checkbox"/> No	05 10 Structural Metal Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 10 Structured Cabling
<input type="checkbox"/> Yes	<input type="checkbox"/> No	05 40 Cold-Formed Metal Framing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 20 Data Communications
<input type="checkbox"/> Yes	<input type="checkbox"/> No	05 50 Metal Fabrications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 30 Voice Communications
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 40 Audio-Video Communications
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 50 Distributed Communications and Monitoring Systems
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	27 60 Wireless Transceivers
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 Wood, Plastics, and Composites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 Electronic Safety and Security
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 10 Rough Carpentry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 10 Electronic Access Control and Intrusion Detection
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 20 Finish Carpentry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 20 Electronic Surveillance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 40 Architectural Woodwork	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 30 Electronic Detection and Alarm
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 50 Structural Plastics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 40 Electronic Monitoring and Control
<input type="checkbox"/> Yes	<input type="checkbox"/> No	06 60 Plastic Fabrications			





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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	06 70 Structural Composites		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	06 80 Composite Fabrications		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 Thermal and Moisture Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 Earthwork
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 10 Damp-Proofing and Waterproofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 10 Site Clearing
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	07 20 Steep Slope Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 20 Earth Moving
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing and Siding Panels	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 30 Earthwork Methods
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Membrane Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 40 Shoring and Underpinning
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flashing and Sheet Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 50 Excavation Support and Protection
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof and Wall Specialties & Accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 60 Special Foundations and Load-Bearing Elements
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	09 Finishes	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 Exterior Improvements
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	09 90 Painting and Coating	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 10 Bases, Ballasts, and Paving
			<input type="checkbox"/> Yes <input type="checkbox"/> No	32 30 Site Improvements
			<input type="checkbox"/> Yes <input type="checkbox"/> No	32 70 Wetlands
			<input type="checkbox"/> Yes <input type="checkbox"/> No	32 80 Irrigation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	32 90 Planing
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 Special Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 Utilities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 30 Special Structures	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 Electrical Utilities
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 40 Integrated Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 71 Transmission & Distribution
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	13 50 Special Instrumentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 72 Utility Substations
			<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 75 High Voltage Switchgear
			<input type="checkbox"/> Yes <input type="checkbox"/> No	33 70 77 Medium Voltage Switchgear
			<input type="checkbox"/> Yes <input type="checkbox"/> No	48 Electrical Power Generation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 Electrical Power Generation Equipment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 14 Solar Energy Electrical Power Generation Equipment
			<input type="checkbox"/> Yes <input type="checkbox"/> No	48 10 14 12 Solar Energy Collectors
			<input type="checkbox"/> Yes <input type="checkbox"/> No	48 70 Electrical Power Generation Testing

**TYPES OF WORK PERFORMED (TRADES)**

Indicate types of work performed through direct hire and types subcontracted

TYPE OF WORK (TRADE)	% DIRECT HIRE	% SUBCONTRACT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





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**RELEVANT EXPERIENCE / REFERENCES**

1. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

2. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

3. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

**LIST THREE (3) MOST RECENTLY COMPLETED CONTRACTS**

1. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

2. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

3. Client Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ % Volume: \_\_\_\_\_  
Date Completed: \_\_\_\_\_



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**COMPETITIVE MARKET**

- Indicate the size of project in which you are most competitive (enter 1).
- Show in preference order (i.e. 2,3,4...) other size projects you are capable of performing:

- Under \$100,000       \$100,000 - \$200,000       \$200,000 - \$500,000       \$500,000 - \$1 Million
- \$1M - \$3 Million       \$3M - \$6 Million       \$9M - \$15 Million       Over \$15 Million

**SIGNATURE****Signature of Company Officer**\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date