

ARMY AND AIR FORCE EXCHANGE SERVICE  
**FINANCIAL & TECHNICAL CAPABILITY DATA**  
 CONTRACT FOR SERVICES

Before awarding any Exchange contract, the Contracting Officer must determine that a proposed contractor is responsible. As used here, the term "responsible" means the Contracting Officer can reasonably expect satisfactory contract performance. A proposed contractor must have or be able to obtain (1) adequate financial resources, (2) organization, experience & technical skills needed, (3) production and technical equipment & facilities needed, (4) a record of satisfactory performance, and (5) a satisfactory record of integrity. A proposed contractor must also be legally eligible for contract award and have adequate capacity to perform as required, considering all other business activities. The following information is needed for this determination and will be treated as confidential. The offeror must demonstrate responsibility to the full satisfaction of the Contracting Officer. If the information is not provided or is incomplete the Contracting Officer may not be able to find an offeror responsible.

**\*\* Sign the front and back of this form and attach copies of documents requested!\*\***

**1. ATTACH A COPY OF YOUR CURRENT FINANCIAL STATEMENT.**

**2. FINANCIAL: PROVIDE INFORMATION ABOUT THE FINANCIAL POSITION OF YOUR FIRM.**

a. GIVE YOUR ESTIMATE OF THE TOTAL FUNDS REQUIRED TO BEGIN OPERATION: \$ \_\_\_\_\_

b. GIVE THE SOURCE OF THESE FUNDS:  OFFEROR'S RESOURCES  USE OF CREDIT/BANK.

c. IF CREDIT/BANK: NAME OF SOURCE \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 PHONE/FAX NO.'S \_\_\_\_\_

d. LIST YOUR DUNN & BRADSTREET NUMBER (IF ASSIGNED). \_\_\_\_\_

**e. LIST ALL BANK, FINANCIAL, AND CREDIT REFERENCES.**

NAME	PHONE/FAX NO.	COMPLETE ADDRESS AND ZIP CODE	TYPE ACCOUNT AND NUMBER

**3. BUSINESS ACTIVITIES: INCLUDE RELATED BUSINESSES/CONTRACTS WITH GOVERNMENT AGENCIES.**

NAME	PHONE/FAX NO.	EMAIL ADDRESS	TYPE OF BUSINESS	YEARS OF OPERATION	NUMBER OF EMPLOYEES	COMPLETE ADDRESS AND ZIP CODE

**4. PERFORMANCE REFERENCES: PLEASE PROVIDE REFERENCES THAT KNOW OF YOUR WORK.**

NAME	PHONE/FAX NO.	EMAIL ADDRESS	COMPLETE ADDRESS AND ZIP CODE	FORMER/CURRENT RELATIONSHIP

**5. AUTHORIZATION FOR RELEASE OF INFORMATION: ENTER INFORMATION, SIGN & DATE.**

I authorize all of the listed references to release financial or business data or records to the Exchange upon request.

Name & Title of Offeror: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. ABILITY TO COMMENCE PERFORMANCE: CAN YOU BEGIN CONTRACT PERFORMANCE ON DATE REQUIRED?**

YES  NO **IF NO, EXPLAIN ON SEPARATE PAGE.**

**7. PERSONNEL: ON A SEPARATE PAGE,** PROVIDE A BRIEF RESUME OF KEY INDIVIDUALS WHO WILL PERFORM THIS CONTRACT. GIVE NAMES, POSITIONS, TRAINING, EDUCATION, EXPERIENCE, & OTHER QUALIFICATIONS. ALSO, DESCRIBE HOW YOU WILL MEET THE CONTRACT REQUIREMENTS FOR ON-SITE MANAGEMENT AND EMPLOYEES.

**8. RELATIONSHIP WITH THE GOVERNMENT:** IS THE OWNER OR ANY OFFICIAL OF THE FIRM RETIRED FROM THE EXCHANGE OR MILITARY SERVICE, CURRENTLY ON ACTIVE DUTY WITH ANY BRANCH OF THE MILITARY SERVICE, AN EMPLOYEE OF THE U.S. GOVERNMENT OR AN IMMEDIATE FAMILY MEMBER RESIDING IN THE SAME HOUSEHOLD OF SUCH PERSON?

YES  NO **IF YES, EXPLAIN ON A SEPARATE PAGE.**

INCLUDE NAME, RANK, BRANCH OF SERVICE, POSITION HELD, RELATIONSHIP, RESERVE STATUS, & DATE OF RETIREMENT.

**9. EQUIPMENT:** EQUIPMENT PROVIDED MUST BE AS STATED IN THE CONTRACT REQUIREMENTS. REQUESTS TO SUBSTITUTE OTHER ITEMS MUST BE MADE WITH THE PROPOSAL. SUBSTITUTION REQUESTED?  YES  NO

a. DO YOU HAVE ALL EQUIPMENT REQUIRED FOR THE PERFORMANCE OF THE CONTRACT?  YES  NO

b. IF YES, WHAT IS THE CURRENT ESTIMATED VALUE OF THE EQUIPMENT? \$ \_\_\_\_\_

c. IS THERE A LIEN OR OTHER ENCUMBRANCE ON THE EQUIPMENT?  YES  NO

d. IF YES, WHAT AMOUNT \$ \_\_\_\_\_ TO WHOM? \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE/FAX NO. \_\_\_\_\_

e. IF YOU DO NOT HAVE EQUIPMENT, ESTIMATE THE EQUIPMENT COST. \$ \_\_\_\_\_

f. WHO IS FINANCING THE EQUIPMENT? \_\_\_\_\_ PHONE/FAX NO. \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

g. WILL YOU BE LEASING THE EQUIPMENT  YES  NO

h. IF YES, FROM WHOM? \_\_\_\_\_ TO WHOM? \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE/FAX NO. \_\_\_\_\_

**10. CERTIFICATIONS:** READ CAREFULLY THEN COMPLETE INFORMATION REQUESTED BELOW.

I certify that the information provided is true and may be relied upon in determining my responsibility. If the information is incorrect, incomplete, or misleading, I understand and agree that sufficient basis exists to determine me nonresponsible for the performance of the contract, or, if the contract has been awarded, to terminate the contract for cause based upon fraud or misrepresentation in its inception.

I certify that the equipment described in the contract requirement will be provided by me without substitution, unless the prior written approval of the Contracting Officer modifying the contract requirement is obtained.

I certify that wages and fringe benefits specified by the current Wage Rate Determination issued by the U.S. Department of Labor for the service and location identified in the contract have been considered in the preparation of my proposal. If awarded the contract, compensation to employees performing the contract will fully comply with the currently valid Wage Rate Determination and all other requirements of the Service Contract Act and applicable regulations and laws.

I certify that: (1) my proposal or any change made to the proposal is made without consultation, communication, or agreement for the purpose of restricting competition or manipulating awards; (2) my proposal has not been and will not be disclosed to other offerors or potential offerors prior to award; and (3) I have not used another offeror's or potential offeror's proprietary information to prepare my offer.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false statement on any part of this form may be considered a violation of U.S. Code, Title 18, Section 1001, which carries criminal penalties.

COMPLETE BUSINESS NAME AND ADDRESS: \_\_\_\_\_ NAME OF TITLE OF OFFEROR: \_\_\_\_\_

TIN NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DUNS NO.: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_