



SUBCONTRACTOR PREQUALIFICATION PACKAGE

Ahtna Diversified Holdings, LLC (ADH) and its group of subsidiaries, is an Alaska Native Corporation under its parent Company, Ahtna, Inc. We are primarily a government contractor, and the majority of our contracts are federally funded. This package was developed to ensure government compliance with regulations as well as Ahtna's corporate policy requirements.

The information provided in this prequalification will be used in determining whether your firm will be included in ADH's list of qualified subcontractors for proposing on future projects. This prequalification will be evaluated based on your company's experience, safety record, financial and overall capabilities. Interviews may be conducted either by telephone or by questionnaire for contacts provided in this prequalification. Information obtained from sources other than those identified in the application may also be contacted.

In order to be an approved Subcontractor, we must have the following items returned:

1. Prequalification Form
2. ACH Form
3. W-9 form (Must be signed within the last 12 months.)
4. Copies of all applicable licensing
5. Evidence of Insurance Coverage Certificate
6. Bonding Capability Letter, if bondable.

Please ensure that the information provided in this prequalification is complete and accurate. Do not leave anything unanswered. If something doesn't apply, please input "N/A" and move on. Failure to provide complete responses to all questions, or failure to provide other information requested in this prequalification, may result in your firm not being accepted. When submitting, please include all required attachments and waiver requests as a whole.

Please indicate which subsidiary you want to work with:

- Ahtna Environmental, Inc. (AEI)
- Ahtna Engineering Services, LLC (AES)
- Ahtna Global, LLC (AGL)
- Ahtna Solutions, LLC (ASL)
- Ahtna Infrastructure & Technologies, LLC (AITL)
- Blackburn Environmental, LLC (BEL)
- Ahtna Builders, LLC (ABL)
- Ahtna Commercial Services, LLC (ACS)
- Regal Mountain Services, LLC (RMS)

Please complete, sign, date and return this completed package and all attachments to:

ADHacctsetup@ahtna.net



SUBCONTRACTOR PREQUALIFICATION

Date Completed: _____

GENERAL INFORMATION:

*Business Name: _____

*Point of Contact / Title: _____

*Address: _____

*City, State, Zip: _____

*Telephone: (____) _____ Facsimile: (____) _____

Cell Phone: (____) _____ Email: _____

Web Site Address: _____

*TIN Number: _____

*SAM UEI Profile ID Number: _____

*DUNS Number: _____

*Primary NAICS Code: _____

*Cage Code: _____

Years in Business? _____

Number of Employees: _____

Resale Certificate No: _____ Expiration Date: _____ (Attach Copy) or N/A

Accounts Receivable Point of Contact:

Name / Title: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Email: _____

Does your company require a 1099? Yes No N/A

Does your company require a Credit Application? No Yes, please submit.

Please Note: ADH will only provide ACH payments. Your AR POC will be receiving those payment remittance emails. Please complete the attached ACH form in its entirety.

Contracting Point of Contact – List your point of contact of where contracts and agreements need to be submitted for review and signature.

Name / Title: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Email: _____

***BUSINESS CLASSIFICATION** (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Large | <input type="checkbox"/> Minority/Owned | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Small (no social disadvantages) | <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> 8(a) Certified: SBA Approval # _____ |
| <input type="checkbox"/> Small Disadvantaged Business | <input type="checkbox"/> Service-Disabled, Veteran Owned | <input type="checkbox"/> Hub Zone Business # _____ |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> City Government | <input type="checkbox"/> DBE Certification and State # _____ |
| <input type="checkbox"/> Foreign Entity | <input type="checkbox"/> Alaska Native Corporation or Tribal Entity | |
| <input type="checkbox"/> State Government | | |
| <input type="checkbox"/> Woman-Owned | | |

TYPICAL WORK YOUR COMPANY PERFORMS (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Monitoring Services (Asbestos and/or Lead) | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Engineering | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Asbestos and/or Lead Abatement | <input type="checkbox"/> Environmental Remediation | <input type="checkbox"/> Rough Carpentry |
| <input type="checkbox"/> Barging / Shipping | <input type="checkbox"/> Environmental Planning | <input type="checkbox"/> Site Clearing |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Finished Carpentry | <input type="checkbox"/> Specialty Construction |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Horizontal Construction | <input type="checkbox"/> Stormwater Prevention Plan |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Laboratory Testing & Analysis | <input type="checkbox"/> Surveying / Mapping |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Masonry | <input type="checkbox"/> Trucking / Hauling |
| <input type="checkbox"/> Design | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Vertical Construction |
| <input type="checkbox"/> Earthwork | <input type="checkbox"/> Operations/Maintenance | <input type="checkbox"/> Work Plan Preparation |
| | <input type="checkbox"/> Painting | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Paving / Asphalt | |

BUSINESS LICENSING:

List **ALL** current licensing applicable to your business and provide copies of each. This includes Contractor's License, City License, etc.

- | | | | |
|--------------|---------------------|----------------------|----------------|
| State: _____ | License Type: _____ | License No.: # _____ | Expires: _____ |
| State: _____ | License Type: _____ | License No.: # _____ | Expires: _____ |
| State: _____ | License Type: _____ | License No.: # _____ | Expires: _____ |
| State: _____ | License Type: _____ | License No.: # _____ | Expires: _____ |

GOVERNMENT CONTRACTING:

ADH is required to flow down prime contract FAR clauses. Some of these clauses require participation in reporting programs on an annual basis. In order maintain compliance with these FARS, please submit evidence of your participation, or intent to register for these programs.

- Does your company currently have an E-Verify account?
If yes, please provide a copy of your Company Information page. If not, your company will be required by FAR Clause 52.222-54 to set up and utilize this system. This is required for any subcontracts greater than \$3,500.00.

<input type="checkbox"/> Yes – Attach Company Information Page
<input type="checkbox"/> No
- Does your company have and maintain a current SAM Profile account?
At a minimum, a SAM UEI number is required.

<input type="checkbox"/> Yes
<input type="checkbox"/> No
- Does your company currently provide annual reporting for VETS-4212 (formerly VETS-100)? If yes, please provide a copy of your most recent acceptance email. If not, your company will be required by FAR Clauses

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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52.222-35 and 52.222.37 to provide annual reporting. This is required for any subcontracts greater than \$150,000.00.

HEATH, SAFETY AND ENVIRONMENTAL PERFORMANCE:

Workers Compensation Experience Modification Rate:

Year:	20_____	20_____	20_____
EMR Rate:	_____	_____	_____

Safety Questions:

1. Has your company received an OSHA (or State OSHA) citation within the last three (3) years? If yes, please complete Enforcement Actions above. Yes No N/A
2. Has your company received any state or federal EPA violations within the last three (3) years? If yes, please complete Environmental Incidents above. Yes No N/A
3. Does your company have a written Occupation Safety and Health program? Yes No N/A
4. Does your company have an Accident Prevention Program? Yes No N/A
5. Does your company implement a medical surveillance program for employees that work on hazardous waste sites or with hazardous chemicals (i.e., lead, asbestos, benzene, arsenic, formaldehyde, etc.)? Yes No N/A
6. Does your company have an Alcohol and Substance Abuse Program? Yes No N/A
7. Does your company hold on site daily safety meetings? Yes No N/A
8. Does your company conduct regular safety training for field staff? Yes No N/A

FINANCIAL RESPONSIBILITY:

1. ***Insurance:** Provide the name and contact information of your insurance carrier and a copy of your standard ACCORD form with current coverage.

Insurance Company Name: _____

Point of Contact / Title: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Email: _____

Years with current insurance company: _____

2. **Bonding:** Bonding is required on subcontracts over \$150,000 for the total value of the Subcontract.

Is your company able to bond a project if required? Yes No N/A

If yes, please provide a letter of bonding capabilities from your agent.

Provide the name and contact information of your bonding agent.

Surety Name (As listed in Federal Registry):

Agents Name / Title: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Email: _____

Years with current surety: _____

Construction Bonding Levels:

Bonding Level per Contract: _____

Bonding Level in Aggregate: _____

3. **Financial Statements:** *If required*, would your company provide a copy of your most recently audited financial statement? Yes No
4. **Annual Revenue (5-year average):** \$ _____
5. ***Payment Terms:** All payment terms are Paid When Paid (PWP).

SUBCONTRACTOR AUTHORIZATION AND AUTHORIZATION TO RELEASE INFORMATION

By submitting this prequalification application, whether electronically, on-line, or in hardcopy form, I certify that the facts contained herein are true and complete to the best of my knowledge and belief. I understand that, if given the opportunity to propose on a project or if awarded a subcontract, falsified statements on this prequalification application shall be grounds for disqualification or subcontract termination. I understand that the information provided herein may be verified. I hereby authorize Ahtna to contact references noted or associated with the information provided herein for the purpose of verifying my qualifications to provide construction, environmental, professional or any other type of services to ADH.

Signature

Name/Title

Date Signed

ADH INTERNAL USE ONLY – DO NOT COMPLETE

Subcontractor Type: Professional/Consulting Construction/Environmental
 Transportation/Hauling Other Services: _____
 O&M Services

Record Checks: DOL OSHA EPA Debarment Lists SBA DBE Court View

APPROVED BY ADH DESIGNATED REPRESENTATIVE:

Signature: _____
Name/Title: _____



BENEFICIARY ACCOUNT INFORMATION

Please fill out each section to ensure that all necessary information for the transfer of funds is correct.

Date of Request: _____

Account Name: _____

Routing Number: _____

Account Number: _____

Address Information: _____

BENEFICIARY BANK INFORMATION

Bank County: _____

Bank Name: _____

Bank ID: _____
(ABA Routing or SWIFT ID)

International Routing Code: _____
(Required for UK Transfers)

Address Information: _____

REMIT TO ACH EMAIL ADDRESS:

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they