



THE NEW
WISHARD

Project Team:

H&H Corporation

Wishard Hospital

City of Indianapolis:

Mayor's Office

MWBE Development office

1501 City County Building
200 E. Washington St.
Indianapolis, IN 46204

Program Manager:

Jacobs

1111 West 10th St.
Indianapolis, IN 46202

**The New Wishard Hospital
Replacement Facility
M/W/VBE**

Team contact information:

Barbara Holder,
Diversity Manager

or

Jessica Reeder,
M/W/VBE Coordinator

After completing this form return to:

Wishard's Diversity Team
C/O Wishard Replacement Facility

1111 West 10th Street
Indianapolis, IN 46202

Office: 317-630-7433

Fax: 317.630.7785

b.holder@newwishard.com

jessica.reeder@newwishard.com

For more information visit:

www.thenewwishard.org

WISHARD HOSPITAL REPLACEMENT FACILITY

Contractors Bid Profile Information

This information will be used for the sole purpose of broadcasting bid opportunities to your company. Please complete in its entirety. Thank you.

Please check all that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> MBE: <input type="checkbox"/> City of Indianapolis Certified | <input type="checkbox"/> VBE <input type="checkbox"/> Federal Certified |
| <input type="checkbox"/> MBE: <input type="checkbox"/> State of IN Certified | <input type="checkbox"/> Service-Disabled Veteran / |
| <input type="checkbox"/> WBE: <input type="checkbox"/> City of Indianapolis Certified | <input type="checkbox"/> Federal Certified |
| <input type="checkbox"/> WBE <input type="checkbox"/> State of IN Certified | <input type="checkbox"/> Person with Disabilities |

Please print:

Business Name: _____

Contact Person: _____

Address: _____

Phone No.: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____

Website: _____

Type of Business: Prime/G.C. Subcontractor Supplier

Support; Consultant; or Professional Service Provider

**Company's Construction Standard Industry, (CSI) Codes /Division(s)
/or Trade Specialty:**

Please check all that apply to your company:

- OCIP Capability EMR (if applicable) _____
- Bonding Capability and Amount: \$ _____

WISHARD HOSPITAL REPLACEMENT FACILITY
Contractors Bid Profile Information

COMPANY'S PROJECT EXPERIENCE & CAPACITY:

List at least three (3) of your largest Projects in the past five (5) years that you have completed:

Project Name Completed: _____

City, State of Project: _____

Amt. of your Contract: \$ _____ Performed as a: _____

Owners' Name: _____ Contact Name: _____

Contact Phone #: _____ Year Completed: _____

Project Name Completed _____

City, State of Project: _____

Amt. of your Contract: \$ _____ Performed as a: _____

Owners' Name: _____ Contact Name: _____

Contact Phone #: _____ Year Completed: _____

Project Name Completed _____

City, State of Project: _____

Amt. of your Contract: \$ _____ Performed as a: _____

Owners' Name: _____ Contact Name: _____

Contact Phone #: _____ Year Completed: _____

I, certify that I have authority to complete this information and submit to the Diversity Team for bidding opportunities for the Wishard Hospital Replacement Facility Project. This information that is completed on this form is accurate and true:

Signed: _____ Date: _____

Print Name, Title and Company: _____