



**DTE Energy®**

# **Professional Services Prequalification Questionnaire**

**Note: It is imperative that this questionnaire be completed in its entirety to be considered for review.**

# Prequalification Questionnaire



**GENERAL**

|           |                                  |            |                |            |                                |                    |                         |
|-----------|----------------------------------|------------|----------------|------------|--------------------------------|--------------------|-------------------------|
| <b>1.</b> | Company Name                     |            |                | Duns No.   | Telephone No.<br>(    )        |                    |                         |
|           | Street Address                   |            |                | City       | State                          | ZIP Code           |                         |
| <b>2.</b> | President                        | Yrs. w/Co. | Vice-President | Yrs. w/Co. | Treasurer                      | Yrs. w/Co.         | Telephone No.<br>(    ) |
|           | Request for Quote Contact Person |            |                | Title      | Co. E-mail Address and Fax No. |                    |                         |
| <b>3.</b> | Contract Mailing Address         |            |                |            |                                | Federal Tax ID No. |                         |
|           | City                             |            |                |            |                                | State      ZIP     |                         |
| <b>4.</b> | Invoice Mailing Address          |            |                |            |                                |                    |                         |
|           | City                             |            |                |            |                                | State      ZIP     |                         |

**ORGANIZATION**

|                       |   |  |                      |  |                         |  |
|-----------------------|---|--|----------------------|--|-------------------------|--|
| <b>5.</b>             | Business Type (Check One)   |  |                      |  |                         |  |
|                       | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____ |  |                      |  |                         |  |
| State of Registration |   |  | Date of Registration |  | No. of Yrs. in Business |  |

Please respond to all questions (Please see Business "Type" Definitions)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>6.</b>  | <b>Business Status</b> (Check One)   |  |  |  |  |  |
|  | <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business<br><input type="checkbox"/> Small Disadvantaged Business<br><input type="checkbox"/> Women-Owned Business<br><input type="checkbox"/> Minority Owned Business<br><input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Service-Disabled Veteran-Owned<br><input type="checkbox"/> Historically Underutilized Business Zone Small Business<br><input type="checkbox"/> Other _____ |  |  |  |  |  |
| <b>Certification</b>   |  |  |  |  |  |  |
| Supplier must forward a copy of its U.S. Small Business Administration ("SBA") SDB and/or HUBZone Certification along with this questionnaire; if you have not received certification from the SBA, please consult the SBA's website for the certification process and forward a copy upon completion. |  |  |  |  |  |  |
| In addition, if business is certified by a local or regional certifying agency please identify.  |  |  |  |  |  |  |
| Agency Name: _____   |  |  |  |  |  |  |

|           |   |  |  |  |  |  |
|-----------|---|--|--|--|--|--|
| <b>7.</b> | Other Names Your Company Has Operated Under |  |  |  |  |  |
|           | Under Current Management Since (Date)       |  |  |  |  |  |

|           |                     |  |  |      |       |          |
|-----------|---------------------|--|--|------|-------|----------|
| <b>8.</b> | Parent Company Name |  |  |      |       | Duns No. |
|           | Street Address      |  |  | City | State | ZIP Code |

|           |                 |  |  |      |       |          |
|-----------|-----------------|--|--|------|-------|----------|
| <b>9.</b> | Subsidiary Name |  |  |      |       | Duns No. |
|           | Street Address  |  |  | City | State | ZIP Code |

# Prequalification Questionnaire



## Foreign Corrupt Practices Act (FCPA)

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| <b>10.</b> | Are you a foreign entity, individual residing outside of the US, foreign government or foreign state-owned or affiliated company?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11.</b> | Is your Company acting as an agent (including any sales or purchasing agent), partner, co- or joint-venturer, or consultant of DTE in a foreign country?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12.</b> | Will this contract have a foreign element (such as a supplier that has foreign ownership or foreign subcontractors or subvendors) that is not otherwise covered by questions 10 and 11 above? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13.</b> | If yes to #12, please specify if you are selling to DTE out of its inventory or if the goods are being made to order.<br>a. ____ Inventory                      b. ____ Made to Order         |                              |                             |
| <b>14.</b> | Are you providing customs brokering freight-forwarding, logistical support, or import/export services or are you contracting with others for such services on DTE's behalf?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>15.</b> | Please identify types of professional services offered<br><br>_____<br>_____<br>_____   |                              |                             |
| <b>16.</b> | Please list professional certification(s), license(s), credentials held, professional affiliations, etc.<br><br>_____<br>_____<br>_____   |                              |                             |

## MINORITY AND WOMEN-OWNED BUSINESS UTILIZATION

|            |   |
|------------|---|
| <b>17.</b> | Please describe your Company's past and/or current utilization of Minority and Women-Owned Business as subcontractors.<br><br>_____<br>_____                              |
| <b>18.</b> | As a supplier, what plans would you implement to ensure the meaningful participation of Minority and Women-Owned Businesses in DTE Energy projects?<br><br>_____<br>_____ |

## SALES VOLUME

|            |  |    |     |    |     |    |     |
|------------|--|----|-----|----|-----|----|-----|
| <b>19.</b> | Annual Dollar Volume Past Three Years                            | \$ | Yr. | \$ | Yr. | \$ | Yr. |
| <b>20.</b> | Largest single contract received in each of the Past Three Years | \$ | Yr. | \$ | Yr. | \$ | Yr. |

# Prequalification Questionnaire



### FINANCES

|            |                               |  |       |     |
|------------|-------------------------------|--|-------|-----|
| <b>21.</b> | Bank Name (Reference)         |  |       |     |
|            | Street Address                | City   | State | ZIP |
|            | Contact Person                | Telephone No.<br>(     )   |       |     |
|            | Amount of Bank Line of Credit | Secured:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       |     |

**22.** Attach Audited Balance Sheet for the Last Two Years or Annual Report

### CUSTOMER REFERENCES

**23.** List three (3) Current Major Customers other than MichCon and/or Detroit Edison

|                 |                          |                                     |                          |     |
|-----------------|--------------------------|-------------------------------------|--------------------------|-----|
| Client's Name   |                          | Active Supplier Since<br>Year _____ |                          |     |
| Street Address  |                          | City                                | State                    | ZIP |
| Contact Person  | Title                    |                                     | Telephone No.<br>(     ) |     |
| Type of Contact | Type of Service Provided | Total Invoiced Amount               |                          |     |
| Client's Name   |                          | Active Supplier Since<br>Year _____ |                          |     |
| Street Address  |                          | City                                | State                    | ZIP |
| Contact Person  | Title                    |                                     | Telephone No.<br>(     ) |     |
| Type of Contact | Type of Service Provided | Total Invoiced Amount               |                          |     |
| Client's Name   |                          | Active Supplier Since<br>Year _____ |                          |     |
| Street Address  |                          | City                                | State                    | ZIP |
| Contact Person  | Title                    |                                     | Telephone No.<br>(     ) |     |
| Type of Contact | Type of Service Provided | Total Invoiced Amount               |                          |     |

(On a Separate Sheet, List Other References as Desired)

**WE GENERALLY REQUIRE COMPREHENSIVE GENERAL LIABILITY INSURANCE COVERAGE OF \$1 MILLION FOR PROFESSIONAL SERVICE PROVIDERS.**

|            |                       |                          |       |     |
|------------|-----------------------|--------------------------|-------|-----|
| <b>24.</b> | (Surety Company) Name |                          |       |     |
|            | Street Address        | City                     | State | ZIP |
|            | Contact Person        | Telephone No.<br>(     ) |       |     |

### SAFETY

This Section To Be Completed if Performing On Site Services at DTE Locations

**25.** Please include a letter from your liability insurance agent or carrier listing your applicable worker's compensation Experience Modification Rate (EMR) for the past three (3) years, and for easy reference, list the EMR below.

**A. SAFETY & HEALTH PERFORMANCE**

|  |  |
|--|--|
| 1. Workers Compensation Experience Modification Rate (EMR) Data  |  |
| a. EMR is:<br><input type="checkbox"/> Interstate rate<br><input type="checkbox"/> Intrastate rate<br><input type="checkbox"/> Monopolistic State rate<br><input type="checkbox"/> Dual rate | b. EMR for last three years:<br>YR<br>YR<br>YR<br>YR |



# Prequalification Questionnaire

**A. SAFETY & HEALTH PERFORMANCE (Continued)**

**25.** c. State of Origin: \_\_\_\_\_ d. EMR Anniversary Date \_\_\_\_\_

2. Provide the following data (excluding subcontractor) using your OSHA 300 and 300A Forms from the past three (3) years:  
*Notes: (1) Data should be the latest available data applicable to the work in this region or area. (2) If your company is not required to maintain OSHA 300 or 300A forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years (3) if data is being provided after July 31st please include current YTD commutative.*  
**(Please attach OSHA 300 and 300A Log)**

3. Have you received any regulatory (EPA, MIOSHA, OSHA, etc.) citations in the last three years?  Yes  No  
 If yes, please briefly indicate what was the violation and the citation number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMS**

**26.** Are there any claims against your company or service litigations which would hamper your ability to perform services under quoted circumstances?  Yes  No  
 If yes, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**27. ENVIRONMENTAL**

1. Has your company or any of its officers, directors, managers or employees been found guilty or responsible for violating any environmental laws or regulations? If the answer is yes, the Supply Chain Buyer must contact Environmental Audit Program Coordinator Kathy Shields at 313-235-8226.  Yes  No

2. Does your company have an environmental management system?  Yes  No

3. Does your company take steps to prevent pollution through waste and toxicity reduction, reuse, recycling or purchase of recycled content material?  Yes  No

On behalf of the company identified herein, I certify that the statements and all answers to questions on this form are true and correct.

Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Officer responsible for assuring the accuracy of this document)

**Unless directed otherwise, return completed questionnaire to:**

DTE Energy  
 Supply Chain Management  
 One Energy Plaza  
 Detroit, MI 48226  
 Attn: \_\_\_\_\_

## **BUSINESS “TYPE” DEFINITIONS**

### **1. LARGE BUSINESS**

A business that exceeds the small business size code standards established by the U.S. Small Business Administration as set forth in code of Federal Regulation, Title 13, Part 121.

### **2. SMALL BUSINESS**

A business, qualified as a small business under the criteria in 13 CFR Part 121.

### **3. SMALL DISADVANTAGED BUSINESS**

A small business that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged and control the management and daily business operations. African American, Hispanic American, Asian Pacific American, Subcontinent Asian American and Native American (American Indian, Eskimo, and Aleut) are presumed to qualify and others may qualify if they can show they are disadvantaged as provided in FAR 52.219-8, 13 CFR Part 124.

### **4. WOMAN-OWNED BUSINESS**

A business owned, controlled and managed by one or more women as defined in FAR 52.219-8, 48 CFR 2. 101.

### **5. MINORITY OWNED BUSINESS**

A business that is at least fifty-one percent (51%) or more minority-owned, operated and controlled by a United States citizen.

### **6. VETERAN-OWNED SMALL BUSINESS**

A small business that is at least fifty-one percent (51%) owned by one or more veterans (as defined at 38 U.S.C. 101(2)) who control its management and daily business operations as defined in FAR 52.219-8, 48 CFR 2. 101.

### **7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS**

A small business that is owned, controlled and managed by one or more service-disabled veterans (as defined in 38 U.S.C. 101(2)), with a disability that is service-connected, (as defined at 38 U.S.C. 101(16)) (or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran) as defined in FAR 52.219-8, 48 CFR 2. 101.

### **8. HISTORICALLY UNDERUTILIZED BUSINESS ZONE SMALL BUSINESS**

A small business that appears on the list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration pursuant to 13 CFR Part 126.

## **Other**

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