



SUPPLEMENTAL QUESTIONNAIRE

1. GENERAL INFORMATION (Please print or type)

Name of Business : _____

Street Address: _____

Post Office Address: _____

City, State & Zip: _____

2. MERGERS & REORGANIZATION

- Does your Company anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months that may affect the organization's ability to carry out its proposal? YES NO

3. FELONY CONVICTION

- Have you or any corporate officer(s) or principals been convicted of felony or had their license suspended? YES NO
- If yes, please indicate case number if any, agency involved, jurisdiction, nature of offense and dates.

4. SUSPENSION & DEBARRMENT

- Has the Company or any of its principals been debarred or suspended from contracting with any public entity? YES NO

5. SURETY INFORMATION

Has a Surety Bond ever been canceled, forfeited or paid by your Surety Company?

YES NO

If yes, please indicate the type (e.g. bid, performance or payment), nature or reason, amount of bond, name of bond company, address, date and agency involved:

Is your Surety company licensed to do business in California and approved to act as surety on bonds securing government contracts under U.S. Treasury Circular Number 570? YES NO

6. BANKRUPTCY INFORMATION

Have you or the Company ever been declared bankrupt or filed for protection from creditors under state or federal proceedings? YES NO

If yes, state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

Provide any other names under which your business has operated within the last 10 years. (attached separate sheet if necessary)

7. LITIGATION INFORMATION

Is there any pending litigation against the company or its principal that could potentially affect the performance of a contract executed with HACCC?

YES NO

If yes, please indicate if civil or criminal, jurisdiction, case number if any, the nature of litigation and amounts involved)

This is to certify that the information provided is true and accurate as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this document may result in civil liability, including monetary damages, to any person who may suffer any loss due to the reliance upon the document, and/or in criminal penalties including but not limited to fine or imprisonment or both under the provisions of Title 18 United States Code Sections 1001 et seq. I understand and acknowledge that any action taken by the HACCC is in strict reliance on the information provided. My signature grants the HACCC or its designee the authority to confirm or verify the information I have disclosed in this questionnaire.

Information provided by:

_____ **Print Name and Title**

_____ **Date:** _____