

# LeChase XBE Verification Questionnaire

**LeChase does not tolerate fraud.**

**Deliberate attempts to circumvent the intent of government diversity programs may lead to dismissal of contract.**

**\*\* If you would like for your certified status to be included in consideration for contract award, please complete this page.\*\***

Company Full Legal Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Services your company provides \_\_\_\_\_

List the categories of work that your organization normally subcontracts to others \_\_\_\_\_

% of annual revenues subcontracted \_\_\_\_\_

List the trades you normally perform with your own forces \_\_\_\_\_

Are you a certified minority, woman-owned, disadvantaged, small and/or locally based business enterprise?  Yes  No

*If yes, please indicate certifications and provide a copy of your certification letter and last annual affidavit of no change. For federal self-identified designations, please attach a copy of your SAM registration.*

Indicate certifications:  MBE  WBE  DBE  SBE  LBE  Veteran  Other

Federal:  8(a)  SDB  WOB  VOSB  SDVOSB  HUB Zone  Small

Other certifications \_\_\_\_\_

certifying agency	expiration date	type (codes)
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certifying agency	expiration date	type (codes)
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Company's business specialty(ies) and code(s) (use additional paper if necessary)

Code	Description
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Do you plan to use employees from any non-MWDBE company?  Yes  No

*If yes, please explain on a separate sheet of paper fully providing name of the non-MWDBE company and of the individuals, an allocation of hours, and value of the labor to be performed by the employees of the non-MWDBE.*

Does your company own the equipment it needs to perform its work?  Yes  No  N/A

*If no, please explain.*

Do you intend to manage and supervise the work with your own project managers and superintendents?  Yes  No

Does your company intend to subcontract any portion of the work to a non-MWDBE?  Yes  No

*If yes, please explain, fully describing the work and approximate dollar value of the work subcontracted.*

**Mail, fax or email the verification questionnaire and attachments to:**

LeChase Construction Services, LLC  
205 Indigo Creek Drive  
Rochester, New York 14626  
Attn: Ann VanAuken

E-Mail Address: Ann.VanAuken@lechase.com  
Phone: (585) 662-4337  
Fax: (585) 662-4468