

EXHIBIT E. QUALIFICATION QUESTIONNAIRE

(Return completed questionnaire no later than March 18, 2026, by 12:00 PM CDT.)

All questions on this questionnaire must be answered; do not leave blanks—where appropriate, state “None” or “Not Applicable” (N/A). If additional space is required to fully respond to any questions, please add sheets to this questionnaire and reference the questions/answers appropriately. GCEC reserves the right to inquire further with respect to any matter in this questionnaire or otherwise to determine the suitability of a Subcontractor to receive an award of a contract.

Identity of Subcontractor

- A. Subcontractor’s full legal name: _____
- B. Tax ID Number (“TIN”), Employer Identification Number (“EIN”), and Social Security Number (“SSN”), as applicable: _____
- C. Subcontractor’s form of legal entity (corporation, joint venture, sole proprietorship, etc.): _____

If the Subcontractor is a Joint Venture or Partnership, please list all partner companies and/or parties to the Joint Venture below. All partners and/or parties listed are also required to individually complete a separate Qualification Questionnaire.

- (1) Partner/Party Name: _____
TIN, EIN, or SSN: _____
UEI #: _____ Percentage of Ownership: _____
- (2) Partner/Party Name: _____
TIN, EIN, or SSN: _____
UEI #: _____ Percentage of Ownership: _____

- D. State or country under whose laws the Subcontractor is organized, and year organized: _____
- E. Number of Employees: Company-wide _____ Local office _____

Gulf Coast Electric Cooperative, Inc.
RFP # TAFB.2025.01 – Tyndall AFB, Zone 4.1 Ph 1 and Ph 2, Electric and Water Distribution
Infrastructure Services

F. Does the Subcontractor currently use or has used in the past ten (10) years any TINs, EINs, DBAs, names, trade names or abbreviations other than those listed in Part I.B., above? If so, provide the prior identifying information. _____

G. Subcontractor's mailing address: _____

H. Subcontractor's street address (complete only if different than Part I.G.): _____

I. Has the Subcontractor changed address in the past five (5) years and, if so, what was the company's prior address(es)? _____

J. Subcontractor's telephone number: _____

Fax number: _____

Email address: _____

K. List each person or legal entity which has a 10% or more ownership or control interest in Subcontractor.

L. List the name and title of each director and principal officer of Subcontractor:

Identity of Person Completing this Questionnaire

- A. Name: _____
- B. Employer/Title: _____
- C. Telephone number: _____
- Mobile number: _____
- Email address: _____
- Fax number: _____

Subcontractor Representations

If for any reason a representation on this questionnaire is not accurate and complete as of the time the Subcontractor signs this form, the Subcontractor must identify the provision and explain the reason in detail on a separate sheet. Absent such an explanation, the Subcontractor represents that the following statements are complete and accurate.

The following questions apply to (i) Subcontractor, Subcontractor’s parent, subsidiaries, and affiliates (if any); (ii) any joint venture (including its individual members) and any other form of partnership (including its individual members) which includes Subcontractor or Subcontractor’s parent, subsidiaries, or affiliates; (iii) Subcontractor’s directors, officers, principals, managerial employees, and any person or entity with a 10% or more interest in Subcontractor; (iv) any legal entity, controlled, or 10% or more of which is owned, by Subcontractor, or by any director, officer, principal, managerial employee of Subcontractor, or by any person or entity with a 10% or more interest in Subcontractor.

If the answer to any question is “YES,” Subcontractor must provide all relevant information on a separate sheet attached hereto.

Please check this box if a separate sheet is attached:

(1) Within the past five (5) years, has Subcontractor been declared not responsible to receive a public or private contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(2) Has Subcontractor been debarred, suspended, or otherwise disqualified from bidding, proposing, or contracting?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(3) Is there a proceeding pending relating to Subcontractor’s responsibility, debarment, suspension, or qualification to receive a public or private contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes

(4) Within the past five (5) years, has Subcontractor defaulted on a contract or been terminated for cause on a public or private contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(5) Has a public or private entity requested or required enforcement of any of its rights under a surety agreement on the basis of Subcontractor’s default or in lieu of declaring Subcontractor in default?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(6) Within the past five (5) years, has the Subcontractor been required to engage the services of an Integrity Monitor in connection with the award of or in order to complete any public or private contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(7) Within the past (5) years, have Subcontractor’s safety practices/procedures been evaluated and ruled as less than satisfactory by a public or private entity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(8) Has Subcontractor’s Workers’ Compensation Experience Rating (also known as the Experience Modification Rate or EMR) been 1.2 or greater at any time in the last five (5) years? If yes, please explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes
(9) Within the past five (5) years, has the Subcontractor been accused of violating equal opportunity or nondiscrimination laws?	<input type="checkbox"/> No <input type="checkbox"/> Yes
(10) Within the past five (5) years, has the Subcontractor been accused of violating prevailing wage laws, regulations, or executive orders?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Questions Which Must Be Answered by “Yes” or “No”

To the best of your knowledge after diligent inquiry, in connection with the business of Subcontractor or any other company which is related to Subcontractor by any degree of common ownership, control, or otherwise, do any of the following statements apply to: (i) Subcontractor, Subcontractor’s parent, subsidiaries, and affiliates (if any); (ii) any joint venture (including its individual members) and any other form of partnership (including its individual members) which includes Subcontractor or Subcontractor’s parent, subsidiaries, or affiliates; (iii) Subcontractor’s directors, officers, principals, managerial employees, and any person or entity with a 10% or more interest in Subcontractor; (iv) any legal entity, controlled, or 10% or more of which is owned, by Subcontractor, or by any director, officer, principal, managerial employee of Subcontractor, or by any person or entity with a 10% or more interest in Subcontractor? (If the answer to any question is “YES,” Subcontractor must provide all relevant information on a separate sheet attached hereto.)

<p>(1) Within the past ten (10) years has been convicted of or pleaded nolo contendere to (i) any felony or (ii) a misdemeanor related to truthfulness in connection with business conduct.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>(2) Is currently disqualified from selling or submitting bids/proposals to or receiving awards from or entering any contract with any federal, state, or local government agency, any public authority, or any other public entity.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>(3) Has within a ten (10) year period preceding the date of this Questionnaire been convicted of or had a civil judgment rendered against it for or in relation to: (i) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; (ii) collusion with another person or entity in connection with the submission of bids/proposals; (iii) violation of federal or state antitrust statutes or False Claims Acts; or (iv) commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>In the past ten (10) years, has Subcontractor entered into a consent decree, deferred prosecution agreement or a non-prosecution agreement?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>In the past seven (7) years, have any bankruptcy proceedings been initiated by or against the Subcontractor (whether or not closed) or is any bankruptcy proceeding pending by or against the Subcontractor regardless of the date of filing?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>In the past five (5) years, have there been any judgments or tax liens of \$100,000 or more, including but not limited to judgments based on taxes owed, fines and penalties assessed by a government agency against Subcontractor at any time?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>During the past five (5) years, has the Subcontractor failed to file any applicable federal, state, or local tax return?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Background

- A. Indicate if your business qualifies as one of the following:
- | | |
|---|---|
| <input type="checkbox"/> Small Business Enterprise | <input type="checkbox"/> Women’s Business Enterprise |
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> Labor Surplus Area Firm ⁴ |
- B. List any licenses your company holds. Attach a separate sheet if necessary.
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Insurance Information

- A. Worker’s Compensation Carrier: _____
Policy Expiration Date: _____
- B. CGL Carrier: _____
Policy Expiration Date: _____
Address: _____
Telephone: _____ Contact Name: _____
- C. Other Carrier: _____
Coverages: _____
Policy Expiration Date: _____
Address: _____
Telephone: _____ Contact Name: _____

⁴ A list of labor surplus areas is available at <https://www.doleta.gov/programs/lisa.cfm>.