STATEMENT OF FINANCIAL CAPABILITY

Proposer Name: _____

Proposer Address: _____

_____

_____

Information in this statement must be completed by an independent certified public accountant or by the financial officer of the proposer if proposer is a state or local educational agency.

1. The proposer is a corporation: ☐ Yes ☐ No
   If yes, corporations and their affiliates must be listed and properly registered with the Secretary of State's office. A copy of the registration certification is attached: ☐ Yes ☐ No
   If no, please explain:

2. Proposer is licensed in the county or city in which they are doing business: ☐ Yes ☐ No
   A copy of the license is attached: ☐ Yes ☐ No *(not applicable for state or local educational agencies).*
   Explain if proposer does not have license attached:

3. Proposer has a current fidelity bond and a copy is attached: ☐ Yes ☐ No
   Explain if proposer does not have a current fidelity bond attached:

4. Financial Condition as of the end of most recent fiscal year.

Cash	$
Current Assets	$
Current Liabilities	$
Net Working Capital	$

**Net Working Capital = Cash + Current Assets – Current Liabilities*

5. The proposer's Fiscal Year end is:

6. Workmen's Compensation Current? ☐ Yes ☐ No

   Name of Carrier: _____

   Policy Number: _____

   Period Covered by Policy: _____

   Address of Carrier: _____

   _____

   _____

7. Has OSHA placed a fine on proposer (civil or criminal) in the past 24 months? ☐Yes ☐ No
   If yes, explain:

8. Are Federal, State and Unemployment Taxes Paid and Current: ☐ Yes ☐ No

   Federal Employer Identification Number _____

   Georgia Unemployment Insurance Number _____

   Georgia Withholding Tax Number: _____

   In the past five (5) years, has the proposer had any Federal or State Tax levies?
   ☐ Yes ☐ No

   If yes, describe the nature, circumstance of the levy, county filed, and the date paid/resolved.

9. Circle the appropriate answer(s) to indicate the financial arrangements that are available to facilitate performance during initial phases of the contract.

   A. Own Resources ☐ Yes ☐ No
   B. Bank Credit ☐ Yes ☐ No

   (If yes, name of bank and amount – include any Line of Credit):

   C. Name of Bank: _____ Amount of Credit: _____

   D. Other Income Source: ☐ Yes ☐ No (Specify source and amount)

   Source _____ Amount _____
   Source _____ Amount _____

10. The latest Audit statement was prepared:

   Date Prepared _____

   Covers the Period of: (MM/DD/YY – MM/DD/YY) _____

   Name of Auditor if audit conducted: _____

   (Please attach a copy of the most recent audit with proposal.)

   If the same CPA firm has audited company records for the past five (5) years, please check here ☐.

If a different CPA firm has audited during the past five (5) years then complete the information below:

First Year End	Firm Name and Address

If no audits have been performed in the past five (5) years then explain below. (If new organization, state the date the organization began business):

Information confirmed by: _____

(CPA Firm Representative or Financial Office of Proposer)

11. Typed or printed name of individual authorized to act on behalf of agency:

Name: _____

Title: _____

Phone Number: _____

Signature of Authorized Person: _____

Date: _____