

**REQUEST FOR FINANCIAL CAPACITY ASSESSMENT – to be conducted in accordance with the *Contractor PQC Financial Requirements* guideline**

This form is to be completed by a departmental officer or employee only, who is responsible for sourcing a financial capacity assessment on a contractor being considered for a government building project procured through the Prequalification (PQC) System.

Please email this form directly to the financial assessment company selected to undertake the financial assessment - a list of financial assessment service providers under the whole-of-Government Professional Services Panel is available at:

[QGP0050-18 Tranche 1 QCD page](http://qcd.govnet.qld.gov.au/Pages/Details.aspx?RecID=1883) - **refer** **02.1 QGP0050-18 T1 PQC Financial Capacity Assessments Supplier Matrix October 2022**

|  |
| --- |
| **NAME OF COMPANY SELECTED TO UNDERTAKE THE FINANCIAL ASSESSMENT**  |
|  |

|  |
| --- |
| **CONTRACTOR DETAILS** |
| **NAME OF CONTRACTOR** |  |
| **ABN / ACN** |  |
| **CONTACT PERSON** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |

|  |
| --- |
| **PROJECT DETAILS**  |
| **PROJECT NAME** |  |
| **PROJECT NO** |  |
| **CONTRACT VALUE** |  |
| **CONTRACT PERIOD** |  |

Contractor’s Commitments - Actual and/or Anticipated (as known by the department’s tender section):

|  |  |
| --- | --- |
| **Project** | **Project Value** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Work Commitment Value** | $ |

|  |
| --- |
| **REQUESTING DEPARTMENT DETAILS** |
| **DEPARTMENT** |  |
| **NAME OF PERSON REQUESTING REPORT** |  |
| **POSITION TITLE** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |
| **DATE OF REQUEST** |  |