

Subcontractor Capability Assessment

Date: _____

To: [Client's Name]

[Client's Company]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We appreciate the opportunity to submit our assessment of our subcontractor's capabilities. Below is the information pertaining to [Subcontractor's Name].

Subcontractor Information

Name: [Subcontractor's Name]

Address: [Subcontractor's Address]

Contact Person: [Contact Name]

Email: [Contact Email]

Phone: [Contact Phone]

Experience and Expertise

[Insert a brief overview of the subcontractor's experience in the relevant field]

Certifications and Licenses

[List relevant certifications and licenses held by the subcontractor]

References

[Provide a list of references or previous projects completed by the subcontractor]

Financial Stability

[Include information about the financial standing of the subcontractor]

Conclusion

We believe that [Subcontractor's Name] possesses the necessary capabilities to successfully assist in the project. Please feel free to reach out for any additional information or clarification.

Thank you for considering our assessment.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Address]

[City, State, Zip Code]

[Your Phone]

[Your Email]