



Bidder's Proof of Responsibility
(rev. 1-2020)

FOR OFFICE USE ONLY	
Firm:	_____
Date received:	_____
Class of work:	_____
_____	_____
Pre-qualified by:	_____
Approved as qualified:	___ Date: _____

**To: City of Cudahy
Public Works Department
P.O. Box 100510
5050 S. Lake Drive
Cudahy, WI 53110**

Date: _____

**Attn: Mary Jo Lange, PE
Director of Public Works/City Engineer**

Re: Submission of Prequalification Forms for the Year 2020

To Whom It May Concern:

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified to bid, perform and furnish the necessary labor, materials and skill on the basis of our work record, experience, equipment, staff and financial resources including bond ability, as required to enter upon and complete those various types of projects indicated below as may be awarded by the City of Cudahy during the calendar year above specified.

It is understood that the determinations and decisions of the City of Cudahy with regard to qualifications shall be final, and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the City of Cudahy on other projects, and the City of Cudahy expressly reserves the right to determine if a bidder is qualified on a project-by-project basis. It is also understood that this Bidder's Proof of Responsibility is good for one calendar year and must be renewed annually at the beginning of the year and that pursuant to Section 66.0901(2), Wisconsin Statutes, the form provided for "Bidder's Proof of Responsibility" shall be completed and returned to the Director of Public Works not less than five days before the date of bid opening.

Sincerely yours,

Officer

Firm

Applicant Signature

To: All Bidders on City of Cudahy Projects
From: Mary Jo Lange, PE, Director of Public Works
Subject: Prequalification Statements

In addition to the attached prequalification statement, please provide the following information:

- 1) Your Wisconsin Unemployment Compensation Number: _____
- 2) Outline the construction projects your organization has in progress as of the date of this statement (If contract is as a sub-contractor, give the name of prime contractor, amount of total contract and amount of sub-contract):

Amount of Contract	Type of Work	Scheduled Date of Completion	Owner

- 3) Have any of your contracts resulted in lawsuits? ___ Yes ___ No

If yes, please describe: _____

4) What volume of work have you unfinished? \$ _____

5) How much cash or credit does this require? \$ _____

6) How much cash or credit does this leave free for other work? \$ _____

PREQUALIFICATION STATEMENT

There is submitted herewith for your consideration, pursuant to Section 66.0901(2), Wisconsin Statutes, a statement of qualifications of the undersigned to furnish the necessary labor, materials and skills required to enter upon and complete public works contracts to be let by the City of Kenosha through its several departments.

IDENTIFICATION

- A. Official Firm Name: _____
- B. Telephone: _____ Fax: _____
 Email: _____
- C. Address: _____
 City: _____ State: _____ Zip: _____
- D. Number of years in business under present firm name: _____
- E. Class of work in which firm is seeking classification: _____
- F. Please check one: Corporation Partnership Individual Owner
- G. Principal Individuals:
- | | |
|---|---|
| <p>If a corporation, list names below:</p> <p>President: _____</p> <p>Vice Pres: _____</p> <p>Secretary: _____</p> <p>Treasurer: _____</p> | <p>If a partnership, list names below:</p> <p>Partner: _____</p> <p>Partner: _____</p> <p>If an individual owner, list name below:</p> <p>Single Owner: _____</p> |
|---|---|
- H. If a corporation, answer below:
- Licensed to do business in Wisconsin? No Yes, list year: _____
- Year incorporated: _____ In what state? _____

EXPERIENCE

List below major contracts that your firm has completed in the past five years. (may attach separate pages)

Year	Class of Work	Contract Amount	Location of Work	For Whom Performed (Name, address, phone)

List below the construction experience of the principal individuals of your present organization.

Name	Present Position	Years of Experience	Class of Work

List the average number of employees in each of the following categories during the last 12 months:

Office: _____ Skilled: _____ Unskilled: _____

EQUIPMENT

List below major pieces of equipment owned and available when needed for proposed work.

Quantity	Item	Description, Size, Capacity	Condition (Good or Fair)	Years of Service

CONTRACTUAL RESPONSIBILITY

A. Has firm ever failed in the past ten years to complete on time work awarded to it? Yes No

If yes, state:

Date: _____ Owner: _____

Owner's Mailing Address: _____

Full particulars in each instance: _____

B. Has any officer or partner of firm ever failed in the past ten years to complete on time a construction contract handled in his/her own name? Yes No

If yes, state:

Date: _____ Name of Officer or Partner: _____

Owner: _____

Owner's Mailing Address: _____

Full particulars in each instance: _____

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past ten years that failed to complete on time a construction contract? Yes No

If yes, state:

Date: _____ Name of Officer or Partner: _____

Name & Mailing Address of Organization: _____

Name & Mailing Address of Owner: _____

Full particulars in each instance: _____

D. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past ten years? Yes No

If yes, state:

Date: _____ Owner: _____

Owner's Mailing Address: _____

Full particulars in each instance: _____

E. Has firm ever been charged with or convicted of a violation of any wage schedule? Yes No

If yes, state:

Date: _____ Claimant: _____

Claimant's Mailing Address: _____

Full particulars in each instance: _____

BONDING RESPONSIBILITY

A. Names, addresses and telephone numbers of all bonding companies that generally execute bid and surety bonds for your firm:

Company Name	Address	Telephone

Names and addresses of all bonding companies other than those listed in A above which have written bid and surety bonds for your firm during the last five years:

B. Has any bonding company ever taken over a contract, or made any payments, because of firm's failure to carry out a contract? Yes No

If yes, state:

Date: _____ Name of Bonding Company: _____

Bonding Company's Mailing Address: _____

Full particulars in each instance: _____

CONTRACTOR'S FINANCIAL STATEMENT

A. Itemize your current assets as of latest balance sheet date and attach. List date.
(Include a copy of your latest balance sheet.)

B. Itemize your current liabilities as of latest balance sheet date and attach. List date.

C. Who prepared such balance sheet? _____

D. Are any of your assets assigned? Yes No

If so, which are assigned? _____

For what purpose are they assigned? _____

DATA

A. Are you familiar with the provisions of the form of contract used by the City of Cudahy?

B. With its terms and conditions?

C. With its standard specifications?

D. With the regulations of the City of Cudahy relating to bidding and awarding of contracts?

AFFIDAVIT

STATE OF _____)
COUNTY OF _____) SS.

_____, being duly sworn, deposes and says that he/she is the
(Print Officer/Owner Name)

_____ of _____
(Print Title) (Name of Firm)

and that the answers to the foregoing questions and all statements therein contained are true and correct, and that any owner, bonding company, or other agency, herein named is hereby authorized to supply the municipality, City of Cudahy, with any information deemed necessary to verify this statement.

(Signature of Officer/Owner)

Subscribed and sworn before me on this _____ day of _____, _____.
Day Month Year

Notary Public

Print Name

_____ County _____ State

My commission expires: _____

Approved by:

Director of Public Works

Date