



**BIDDER'S PROOF OF RESPONSIBILITY
(QUALIFICATION FORM)**

_____, 20__

**IF ADVISED, RETURN TO THE CITY OF JANESVILLE ENGINEERING OFFICE
18 N. JACKSON STREET ♦ P.O. BOX 5005 ♦ JANESVILLE, WI 53547-5005
PHONE 608/755-3160 FAX 608/755-3189 EMAIL:duerrmm@ci.janesville.wi.us
You may fax or email (preferred) a copy to expedite your submittal.**

This requirement is made pursuant to Section 66.0901 (2), (3), (4) Wisconsin Statutes.
The contents of this questionnaire will be considered confidential.

If the City Engineer is not satisfied with the sufficiency of answers to the questionnaire and financial statement, he/she may require additional information to consider contractor qualification status.

***** THIS QUESTIONNAIRE, UPON REQUEST
MUST BE SUBMITTED WITHIN 24 HOURS OF APPARENT LOW BID *****

STATEMENT OF BIDDER'S QUALIFICATIONS

1. Name of Bidder: _____

Phone Number: _____ Fax Number: _____

Email: _____

2. Address and/or PO Box: _____

City – State – Zip _____

3. When Organized: _____

4. Where Incorporated: _____

5. How many years have you been engaged in the contracting business under the present firm name: _____

6. General character of work performed by your firm:

For Office Use Only

7. CONTRACTS ON HAND: Outline the construction projects your organization has in progress as of the date of this statement. If contract is a sub, give the name of the prime contractor, amount of total contract and amount of sub.

<u>Amount of Contract</u>	<u>Type of Work</u>	<u>Completion Date</u>	<u>Owner - City</u>	<u>Engineer (Include Phone)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Give the name, address, owner and amount of the last five contracts completed. If current or last five contracts do not accurately reflect experience for a particular line of work you are interested in, please attach a separate sheet with other relevant project information.

<u>Amount of Contract</u>	<u>Type of Work</u>	<u>Completion Date</u>	<u>Owner - City</u>	<u>Engineer (Include Phone)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you any objection to our inquiring about any or all of the completed contracts listed above?

10. Have you ever failed to complete any work awarded to you? Yes _____ No _____
If yes, attach a statement showing where and why.
11. Have you ever defaulted on a contract? Yes _____ No _____
If yes, attach statement showing where and why.
12. Have any of your contracts resulted in lawsuits? Yes _____ No _____
 If yes, describe the case:

13. Has your firm or any member thereof, while performing work of the nature to which is being bid, ever filed bankruptcy? Yes _____ No _____

If yes, describe the circumstances: _____

14. Give any other references you care to list.

15. EQUIPMENT: Outline below major equipment owned that is available for this work.

Item	<u>Description</u>	<u>Owned/Leased</u>	<u>Qty</u>	<u>Condition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Do you employ a skilled superintendent or foreman capable of executing the work under the Contract? Yes _____ No _____

Will this skilled superintendent or foreman actually be entrusted with executing the work under the Contract? Yes _____ No _____

If no, explain _____

17. State the training and experience of the superintendent or foreman. _____

18. What volume of work do you have which is uncompleted at the present time? \$ _____

- 19. Additional information may be submitted if desired.
- 20. How much cash/credit do you have which can be used for this proposed contract? \$ _____
- 21. Has any public agency ever audited your payroll records for any public project? ____ Yes ____ No
 If yes, were any violations found? ____ Yes ____ No. Were you required to make restitution to any employee? ____ Yes ____ No.

Explain any violations or required restitution: _____

Dated at _____

This _____ day of _____, 20__

Name of Organization _____

By _____

Title _____

State of _____

County of _____

_____ Being duly sworn says that he/she is
 _____ of _____
 Name of Organization

and that the answers to the foregoing questions and all statements are true and correct.

Signed _____
 Subscribed and sworn to before me
 this _____ day of _____ 20__
 _____ County, _____
 My Commission Expires _____