

CITY OF FOND DU LAC

BIDDER'S PROOF OF RESPONSIBILITY

The Bidder's Proof of Responsibility shall be filed with the Director of Public Works not later than five (5) days prior to opening of bids for projects which the bidder wishes to qualify.

This Bidder's Proof of Responsibility shall be valid for a period of one (1) calendar year and does not need to be completed for each bidding project.

All bidders on City of Fond du Lac contracts shall provide proof of responsibility in accordance with Section 66.0901(2) Wisconsin State Statutes.

Return Bidder's Proof To:

City of Fond du Lac Director of Public Works P.O. Box 150 Fond du Lac, WI 54936-0150

Email: sharbridge@fdl.wi.gov

Note: The contents of this questionnaire shall be confidential for the exclusive use of the contracting agency and shall not be made public except by written permission of the prospective bidder.

STATEMENT OF BIDDERS QUALIFICATIONS

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 contracts to be let by the City of Fond du Lac.

If the Director of Public Works is not satisfied with the sufficiency of the answers to this questionnaire and financial statement, he may require additional information, reject the bid or disregard the same. (Sec. 66.29(4), Wis Stats.)

<u>IDENTIFICATION</u>

| Official Firm Name | | | | | | |
|--------------------------|-------------------------|---------------------------------|--|--|--|--|
| Address | | | | | | |
| | | (PO BOX) | | | | |
| (CITY) | (STATE) | (ZIP CODE) | | | | |
| Telephone | Fax | Email | | | | |
| Direct any questions reg | arding information prov | vided on this form to: | | | | |
| NAME | at TELEPHONE | NUMBER | | | | |
| Number of years in busi | | | | | | |
| | | Tidiffe | | | | |
| Type of organization (ch | eck one): Corporation | Partnership Individual | | | | |
| Principal Individuals: | | | | | | |
| · | | | | | | |
| (If a Corporation, answe | r below) (If a | a Co-Partnership, answer below) | | | | |
| President | Nar | me of Partner | | | | |
| Vice Pres. | Nar | me of Partner | | | | |
| Secretary | (If a | a Sole Trader, answer below) | | | | |
| Treasurer | Nar | me of Sole Trader | | | | |
| If a Corporation, answer | below: | | | | | |
| (1) When incorporated | , (2) | In what State | | | | |

I. Class of work in which firm is seeking qualifications (check below):

| STREET, UTILITY & SITE CONSTRUCTION | | BUILDING CONSTRUCTION | | | |
|-------------------------------------|--|-----------------------|----------------|--|--|
| | Bituminous street construction (Prime contractor) | | <u>General</u> | Building Construction (New construction, renovations, or Remodeling) | |
| | Bituminous paving | | | □ \$0 - \$100,000 | |
| | Bridge construction and repairs □ \$0 - \$250,000 □ \$250,000 - \$500,000 □ Over \$500,000 | | | □ \$100,000 - \$250,000 □ Over \$250,000 | |
| | Bridge painting | | <u>Specifi</u> | c Categories of Building Construction | |
| | Concrete street construction (Prime contractor) | | | Asbestos Abatement | |
| | Curb & gutter repair | | | Building Demolition | |
| | Concrete paving | | | Fire Protection | |
| | Concrete pavement repairs | | | Painting | |
| _ | Landscaping | | | Roofing | |
| | Pump stations & lift stations | | | | |
| | Reinforced concrete construction (such as foundations, storm drainage structures, retaining walls) | | OTHER | MISCELLANEOUS CATEGORIES | |
| | Roadway grading & graveling | | | | |
| | Sanitary and storm sewer construction Lateral construction only | | | | |
| | Sidewalk construction | | | | |
| | Site excavation ☐ Grading and graveling | | | | |
| | Street lighting | | | | |
| | Water main construction ☐ Lateral construction only | | | | |
| | Water Towers/Reservoirs | | | | |
| | Wells | | | | |

| Present Position of Officer in your firm | Years of Construction Experience | Magnitude & Type of Work | In What Capacity |
|---|----------------------------------|--|--|
| | | | |
| | | | |
| | | | |
| N EXPERIENCE: List below | | mpleted pertinent to t | the type of work |
| | TYPE OF WORK | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u>D</u> : List below present c | ontracts on hand. | | |
| TYPE OF WORK | PERCENT COMPLETED | ANTICIPATED COMPLETION DATE | COST OF WORK |
| | | | |
| | | | |
| | | | |
| | D: List below present c | Officer in your firm Experience EXPERIENCE: List below previous contracts conjunction is desired. TYPE OF WORK | Officer in your firm Experience Work |

EXPERIENCE: What is the construction experience of the principal individuals, including

superintendents and/or foremen, of your present organization?

J.

| M. | Are you familiar the Department of Natural Resources requirements and specifications relating to erosion control? If answer is yes , list any training courses, workshops, or DNR approved references your firm has attended. | | | | | | | | |
|--------------------|---|---|-----------------------|---------------------|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| N. <u>CONT</u> | work. <u>ALI</u> | EQUIPMENT: List below major pieces of equipment owned and available when needed for proposed work. ALL COLUMNS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY. MUST AIN SAME INFORMATION LISTED ON THIS PAGE. | | | | | | | |
| NUMBERS OF ITEM | | DESCRIPTION, SIZE, CAPACITY, ETC. | PRESENT BOOK VALUE | YEARS OF SERVICE | | | | | |
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| ded to it? If Date C | | er |
|----------------------|--|---|
| | | |
| Full particu | ulars for each instance: | |
| ten years? | If so, | ubmitted by it to a public awarding authority during the past state: nant |
| Owner' Ma | ailing Address | |
| | | |
| · | | |
| Financial S | tatement | |
| | | 20 |
| | Cash | \$ |
| | Accounts Receivable | \$ |
| Б. С. | Real Estate Equity | • |
| C. | Real Estate Equity | \$ |
| - | | A |
| D. | Materials in Stock | \$ |
| D. E. | Materials in Stock Equipment, Book Value | \$ \$ |
| | | |
| E. | Equipment, Book Value | \$ |
| E. F. | Equipment, Book Value Furniture and Fixture | \$\$ \$\$ |
| E. F. | Equipment, Book Value Furniture and Fixture Other Assets | \$\$ \$\$ |

| | I. Other Liabilities | | \$ | | | |
|---------------|--|------------------|----------------------|------------------|----------------------|--|
| | | Total Liabilitie | es \$ | | | |
| | | Net Worth | \$ | | | |
| R. | List at least three references for whom you have performed work and GIVE COMPLETE NAMES, ADDRESSES, PHONE NUMBERS, AND DOLLAR VOLUME OF WORK INVOLVED in all references. | | | | | |
| | | | | | | |
| | | | | | | |
| S. | <u>AFFIDAVIT</u> | | | | | |
| STATE COUN | OF) TY OF | _) | | | | |
| | | | being duly sworn, (| deposes and says | that he/she | |
| (Name | of Officer/Owner) | | | | | |
| is the _ | | of | | | | |
| | (Title) | | (Name of Fi | | | |
| correc | at the answers to the forego t, and that any owner, bondi unicipality, City of Fond du La | ng company, or | other agency herein | named is hereby | authorized to supply | |
| | | | (Signature of Office | r/Owner) | | |
| Subscr | ibed and sworn before me th | nisc | day of | . 2 | | |
| | | | Nota | ry Public | | |
| | | | County | | State | |
| | | | My Commission Exp | oires | | |
| APPRO | OVED BY: | | | | | |
| | | | Date | | | |
| Directo | or of Public Works | | | | | |