



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 Questionnaire To:

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

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.

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

STREET, UTILITY & SITE CONSTRUCTION

- Bituminous street construction (Prime contractor)
- Bituminous paving
- Bridge construction and repairs
 - \$0 - \$250,000
 - \$250,000 - \$500,000
 - Over \$500,000
- Bridge painting
- Concrete street construction (Prime contractor)
- Curb & gutter repair
- Concrete paving
- Concrete pavement repairs
- Landscaping
- Pump stations & lift stations
- Reinforced concrete construction (such as foundations, storm drainage structures, retaining walls)
- 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

BUILDING CONSTRUCTION

- General Building Construction
(New construction, renovations, or Remodeling)
 - \$0 - \$100,000
 - \$100,000 - \$250,000
 - Over \$250,000

Specific Categories of Building Construction

- Asbestos Abatement
- Building Demolition
- Fire Protection
- Painting
- Roofing

OTHER MISCELLANEOUS CATEGORIES

J. EXPERIENCE: What is the construction experience of the principal individuals, including superintendents and/or foremen, of your present organization?

Individual's Name	Present Position of Officer in your firm	Years of Construction Experience	Magnitude & Type of Work	In What Capacity

K. CONSTRUCTION EXPERIENCE: List below previous contracts completed pertinent to the type of work for which prequalification is desired.

YEAR/LOCATION	TYPE OF WORK	COST OF WORK

L. WORK ON HAND: List below present contracts on hand.

DATE AWARDED	TYPE OF WORK	PERCENT COMPLETED	ANTICIPATED COMPLETION DATE	COST OF WORK

O. CONTRACTUAL RESPONSIBILITY: Has firm ever failed in the past ten years to complete on time work awarded to it? _____ If so, state:
Date _____ Owner _____

Owner' Mailing Address _____

Full particulars for each instance: _____

P. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past ten years? _____ If so, state:
Date _____ Claimant _____

Owner' Mailing Address _____

Full particulars for each instance: _____

Q. Financial Statement

Condition at close of business on _____ 20_____

A. Cash \$ _____

B. Accounts Receivable \$ _____

C. Real Estate Equity \$ _____

D. Materials in Stock \$ _____

E. Equipment, Book Value \$ _____

F. Furniture and Fixture \$ _____

G. Other Assets \$ _____

Total Assets \$ _____

Liabilities

H. Accounts, Notes and Interest Payable \$ _____

I. Other Liabilities \$ _____

Total Liabilities \$ _____

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. AFFIDAVIT

STATE OF _____)
COUNTY OF _____)

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

is the _____ of _____
(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 Fond du Lac, with any information deemed necessary to verify this statement.

(Signature of Officer/Owner)

Subscribed and sworn before me this _____ day of _____, 2_____.

Notary Public

_____, _____
County State

My Commission Expires _____

APPROVED BY:

Director of Public Works Date _____