



City of Menasha 2010 Bidders Proof of Responsibility

This form shall be filed with the Director of Public Works not later than five (5) days prior to opening of bids for project which the bidder wishes to qualify. The contents of this statement will be confidential and will not be disclosed, except upon written order of person or persons furnishing the same.

The City of Menasha, Board of Public Works, reserves the right to request supplementary information before qualifying the contractor for later lettings. Any false statement made herein will render this instrument null and void.

The decision of the City of Menasha, the Owners, as to the contractor's financial ability, equipment, and experience to properly perform the contract, shall be final. The bid of any contractor who is not pre-qualified by the City of Menasha Board of Public Works will not be opened at the letting.

For the purpose of complying with provisions of Section 66.29 (2) and (3) of the Wisconsin Statutes and to obtain approval for bidding on construction projects for 2010.

Submit To: City of Menasha
Department of Public Works
140 Main Street
Menasha, WI 54952

**CITY OF MENASHA
APPROVAL
BIDDERS PROOF OF RESPONSIBILITY**

CONTRACTOR NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX NO.: _____

EMAIL ADDRESS: _____

DATE SUBMITTED: _____

TYPE OF WORK: _____

BONDING COMPANY: _____

BOND LIMIT: _____

RECOMMENDATION:

Director of Public Works - Approve Yes _____ No _____ Date: _____

Comments: _____

Comptroller - Approve Yes _____ No _____ Date: _____

Comments: _____

Not approved for the Following Reasons: _____

PRE-QUALIFICATION STATEMENT

Submitted to _____ Date Filed _____

Class of Work in Which Firm is Seeking Qualifications (Check Below):

Street, Utility & Site Construction

- Roadway Grading
- Concrete Paving
- Concrete Street Construction, Including Roadway Grading
- Bituminous Paving
- Bituminous Street Construction, Including Concrete Curb & Gutter and Roadway Grading & Graveling
- Mudjacking
- Joint Sealing
- Sidewalk Construction
- Sanitary & Storm Sewer Construction
- Storm & Sanitary Sewer Laterals in Terrace of Public Right-of-Way
- Site Grading
- Site Lighting
- Reinforced Concrete Construction i.e. Foundations, Storm Drainage, Structures, Retaining Walls
- Landscaping
- Bridge Painting
- Water Main Construction
- Utility Construction, i.e. Natural Gas, Electrical, Telephone, Etc.

General Building Construction
Building Construction, Renovation or Remodeling

- \$0 - \$100,000
- \$100,000 - \$250,000
- \$250,000 - \$1,000,000
- Over \$1,000,000

Specific Categories of Building Construction

- Building Demolition
- Elevator
- Electrical
- Heating, Ventilating & Air Conditioning
- Painting
- Plumbing
- Pump Houses & Lift Stations
- Roofing

Other Miscellaneous Categories

NOTE: If the municipality, board, public body, or officer is not satisfied with the sufficiency of the answers to the questionnaire and financial statement, the bid may be rejected or disregarded or additional information may be required. (Sec. 66.29(4), Wis. Stats.)

Complete all of the following items (if not applicable, print N/A):

1. Name of Bidder _____

2. Bidder's Address _____

3. Direct any questions regarding information provided on this form to:

_____ at _____
Name Telephone Number

4. Type of organization (check one): Corporation ___ Partnership ___ Individual ___ Joint Venture ___
Other ___. If other, attach a brief statement describing the organization.

5. When Organized? _____

6. If a Corporation, when and where incorporated _____

7. Attach a statement listing the corporate officers, partners, or other principal members of your organization. Detail the background and experience of the principal members of your personnel, including the officers.

8. How many years has your organization been engaged in the contracting business under the present firm name? _____

9. General character of work performed by your firm _____

10. Attach a list of contracts on hand, for both public and private construction, including for each contract: the class of work; the contract amount; the percent completed; the estimated completion date; and the name and address of the owner or contracting officer.

11. Has your organization ever defaulted on a contract, failed to complete any work awarded to it, or been disqualified from other bidding procedures? ___ If so, attach a statement explaining where and why.

12. Has any officer or partner of your organization been an officer or partner of some other organization within the past five years that failed to complete a construction contract during that period? ___ If so, attach a statement indicating the name of individual, other organization, and reason therefore.

13. Has any officer or partner of your organization within the past five years failed to complete a construction contract handled in his or her own name? ___ If so, attach a statement indicating the name of individual, name of owner, and reason therefore.

14. Has your organization, any of its owners, a subsidiary or corporate parent, or any officer or director thereof, been convicted in the last three years of violating Sec. 13303, Wisconsin Statutes (Unlawful Contracts: Conspiracies)? ___ If so, indicate:

a. The Date _____

b. Claimant _____

c. Claimant's Mailing Address _____

d. Attach a statement reciting the particulars of such violation(s).

15. Attach a list of the major projects your organization has completed within the past three years, including for each project: the class of work; the contract amount; the completion date; and the name and address of the owner or contracting officer.

16. Attach a list of the major equipment that is available to your organization for the proposed work.

17. Attach a statement of your organization's experience in the construction of work similar in nature and importance to this project.

18. Credit available _____ . Attach a letter from your bank(s) or other financial institution(s) advising line of credit set up for your organization.

19. Name of Bonding Company, bond limit, and name, address, and telephone number of agent: _____

20. A. Financial Statement. Most current year.

Condition of 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 Fixtures, Book Value | _____ |
| g. Other Assets | _____ |
| TOTAL ASSETS | \$ _____ |

Liabilities

| | |
|---------------------------------------|-----------------|
| h. Accounts, Notes & Interest Payable | \$ _____ |
| I. Other Liabilities | _____ |
| TOTAL LIABILITIES | \$ _____ |
| NET WORTH | \$ _____ |

B. Financial Statement - one year prior to most current year.

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 Fixtures, Book Value | _____ |
| g. Other Assets | _____ |
| TOTAL ASSETS | \$ _____ |

Liabilities

h. Accounts, Notes & Interest Payable \$ _____

i. Other Liabilities _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

NOTICE TO ACCOUNTANT: The signing of the following Certificate implies that the Accountant has made at least the equivalent of a Balance Sheet Audit.

This certificate shall be executed by a Public Accountant registered for the current year to do Public Accounting in the State of Wisconsin or by a Certified Public Accountant of any State.

_____ have audited the books of accounts and records of _____ for the period beginning _____, 20____, and ending _____, 20____; and hereby certify that the attached balance sheet and supporting schedules, in _____ opinion, presents fairly the financial condition of _____ as of _____, 20____.

Street Address

Firm Name

City & State

By

Date

Title

21. Additional information may be submitted if desired.

Dated at _____ this _____ day of _____, 20____.

Name of Organization _____

By _____ Title _____

State of _____)

) SS.

County of _____)

_____ being duly sworn says that he is

_____ of _____

and

Title of Officer

Name of Organization

that the answers to the foregoing questions and all statements contained herein and in the attachments are true and correct.

Signed

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public, State of _____

My Commission Is/Expires _____