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VILLAGE OF EAST TROY

BIDDER'S PROOF OF RESPONSIBILITY

(DO NOT REMOVE THIS COVER SHEET FROM DOCUMENT)

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.

The parties agree to conduct this transaction by electronic means if so desired. The applicant shall electronically sign this permit application by typing his/her name where indicated, and pressing the submit button, and such signature shall be construed under Ch. 134, Wis. Stats., to have the same legal consequences as the applicant's written signature.

OR

Fax: (262)642-6259
Office: Village of East Troy
Email: voet@easttroywi.gov

A Faxed Or Emailed Bidder's Proof Is Considered A Legal Document.
DO NOT MAIL ORIGINAL.

ALL BIDDERS ON PUBLIC WORKS CONTRACTS SHALL PROVIDE PROOF OF RESPONSIBILITY IN ACCORDANCE WITH SECTION 66.0901(2), WISCONSIN STATUTES.

THIS PROOF OF RESPONSIBILITY **SHALL ONLY BE VALID FOR A PERIOD OF TWO (2) YEARS AFTER THE DATE OF FILING** WITH THE VILLAGE CLERK.

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 Village of East Troy through the Village Board.

IDENTIFICATION

A. Official Company Name: _____

B. Telephone(s): _____ **Fax:** _____

C. Address: _____

(Street)

PO Box: _____

(Zip Code)

(City)

(State)

(Zip Code)

D. E-Mail Address: _____

E. Number of years in business under present company name: _____

F. Please check one below:

Corporation (LLC or S qualifies as corporation) Partnership Individual Owner

Federal Tax Identification No. _____

G. Principal Individuals:

If a Corporation, list names below: If a Partnership, list names below:

President: _____ Partner: _____

Vice Pres: _____ Partner: _____

Secretary: _____ If an Individual Owner, list name below:

Treasurer: _____ Single Owner: _____

H. If a Corporation (including LLC or S), answer below:

What year incorporated _____ In what state _____

I. Registered agent: _____

EXPERIENCE

A. PERSONNEL EXPERIENCE

List below the construction experience of the principal individuals, including officers, superintendents and/or foremen/women, of your present organization?

Name	Present Position	Years of Experience	Magnitude & Type of Work	In What Capacity

Average number of employees during the last 12 months:

Office _____ Skilled _____ Unskilled _____

B. CONSTRUCTION EXPERIENCE

List below construction work performed by you of any projects pertinent to the type of work for which pre-qualification is desired. Under "Capacity", state whether as Contractor, Engineer, Superintendent, Foreperson, etc.

Year	Type of Work	Capacity	Cost of Work

C. WORK ON HAND

List below the present contracts held by you.

Date Awarded	Type of Work	Percent Complete	Anticipated Completion Date	Cost of Work

EQUIPMENT

ALL COLUMNS MUST BE COMPLETED IN DETAIL. List below major pieces of equipment owned and available when needed for proposed work. Attach additional sheets if necessary. **A DEPRECIATION SCHEDULE OF EQUIPMENT MAY BE ATTACHED IF IT LISTS THE SAME INFORMATION REQUESTED.**

No. of Each	Description, Size, Capacity	Original Cost	Accumulated Depreciation	Present Book Value	Age

CONTRACTUAL RESPONSIBILITY

A. Has company ever failed in the past ten years to complete on time work awarded to it? YES NO

If YES, answer the following:

Date _____ Owner _____

Owner's Mailing Address _____

Full particulars in each instance: _____

B. Has any officer or partner or company ever failed in the past ten years to complete on time a construction contract handled in his own name? YES NO

If YES, answer the following:

Date _____ Name of Officer/Partner _____

Owner _____

Owner's Mailing Address _____

Full particulars in each instance: _____

C. Has any officer or partner of company 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, answer the following:

Date _____ Name of Officer or Partner _____

Name and Mailing Address of Organization _____

Name and Mailing Address of Owner _____

Full particulars in each instance: _____

D. Has company asked to be relieved from a bid submitted by it to a public awarding authority during the past 10 years? YES NO

If YES, answer the following:

Date _____ Claimant _____

Owner's Mailing Address _____

Full particulars in each instance: _____

E. Has company ever been charged with or convicted of a violation of any wage schedule? YES NO

If YES, answer the following:

Date _____ Claimant _____

Claimant's Mailing Address _____

Full particulars in each instance: _____

F. Has the applicant, any of its owners, a subsidiary or corporate parent, or any officer or director thereof, been convicted in the last three years of violating Section 133.01, Wisconsin Statutes (Unlawful Contracts: Conspiracies)? YES NO

If YES, answer the following:

Date _____ Claimant _____

Claimant's Mailing Address _____

Full particulars in each instance: _____

BONDING RESPONSIBILITY

A. Names, addresses, and telephone numbers of bonding companies that generally execute bid and surety bonds on your behalf:

Company Name	Address	City State Zip	Phone	Contact Name

Company's current performance and payment bond limit: _____

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

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

If YES, answer the following:

Date_____Bonding Company Name_____

Bonding Company's Mailing Address_____

Full particulars in each instance:

CONTRACTOR'S FINANCIAL STATEMENT

The latest completed financial statement prepared by a qualified or independent accountant or accounting firm listing the same requested information below may be attached if it contains the same information requested below.

Condition at close of business on: _____
Date

A. ASSETS

Cash\$ _____
Accounts Receivable\$ _____
Real Estate Equity\$ _____
Materials in Stock.....\$ _____
Equipment - Book Value\$ _____
Less Depreciation
Furniture and Fixtures - Book Value.....\$ _____
Less Depreciation
Other Assets\$ _____
TOTAL ASSETS.....\$ _____

B. LIABILITIES

Accounts, Notes, and Interest Payable\$ _____
Other Liabilities\$ _____
TOTAL LIABILITIES\$ _____

NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)\$ _____

C. Who prepared such balance sheet? _____

D. Are any of your assets assigned; if so, which are assigned?

E. For what purpose are they assigned?

DATA

A. Are you familiar with the provisions of the form of contract used by the Village of East Troy?

B. With its terms and conditions?

C. With its standard specifications?

D. With the regulations of the Village of East Troy relating to bidding and awarding of contracts?

E. List at least five (5) references for whom you have performed work:

Contact Name	Title	Company or Agency	Phone No.	Dollar Amount of Work Performed

F. List and provide copies of proofs of general liability, worker's compensation, automobile, unemployment insurance, and health insurance:

G. List and provide copies of all trade licenses, training programs, or other information showing specialized knowledge required for the type of project you intend to bid upon:

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

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

is the _____ of _____
(Print Title) (Name of Company)

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, Village of East Troy, with any information deemed necessary to verify this statement.

The parties agree to conduct this transaction by electronic means. The applicant shall electronically sign this permit application by typing his/her name where indicated, and pressing the submit button, and such signature shall be construed under Ch. 134, Wis. Stats., to have the same legal consequences as the applicant's written signature.

(Signature of Officer/Owner)

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

Notary Public

Print Name

_____ County _____ State

My Commission Expires _____

PREQUALIFICATION REQUEST IS APPROVED/DENIED (circle one) BY:

Department Head Date

If denied, Department Head must send written notice of his/her determination along with reasons supporting decision and how contractor may seek review of the determination (see Section 52-12.5(G)).

GENERAL STATEMENT OF CONTRACTOR QUALIFICATIONS

The undersigned, being duly sworn on oath, hereby attests that _____
satisfies the following requirements: (contractor name)

- (1)** The contractor maintains a permanent place of business.
- (2)** The contractor is authorized to do business in the State of Wisconsin.
- (3)** The contractor, agent, partner, employee or officer of the contractor, is not debarred, suspended, proposed for debarment or declared ineligible from contracting with any unit of federal, state or local government.
- (4)** The contractor is in compliance with provisions of Section 2000e of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 as amended by Executive Order No. 11375 (known as the Equal Opportunity Employer provisions).
- (5)** The contractor has general liability, worker's compensation, automobile, and unemployment insurance.
- (6)** The contractor has complied with all provisions of any prevailing wage laws and federal Davis-Bacon related Acts, and the rules and regulations therein, for projects undertaken by the contractor that are covered by these laws, for the past ten (10) years.
- (7)** The contractor has adequate financial resources to complete the public construction project, as well as all other work the bidder is presently under contract to complete.
- (8)** The contractor has adequate equipment to complete the public construction project.
- (9)** The contractor has adequate skill, judgment, experience and resources to capably complete the public construction project.
- (10)** The contractor has a written substance abuse prevention program meeting the requirements of Wis. Stat. §103.503.
- (11)** The employees who will perform work on the public construction project are properly classified as employees or independent contractors under all applicable state and federal laws.
- (12)** The contractor has not been the subject of any investigation, order or judgment from any state or federal agency or court concerning an employment practice, including but not limited to, classification of employees, unemployment insurance, discrimination or payroll fraud. If the contractor has been the subject of any investigation, order or judgment from any state or

federal agency or court concerning an employment practice, the contractor must provide copies of the investigation, order or judgment and/or may be disqualified.

- (13)** The contractor’s employees who will perform work on the public construction project are Covered under a current worker’s compensation policy; and properly classified under such policy.
- (14)** The contractor possesses all applicable professional and trade licenses required for performing the public construction project.
- (15)** The contractor is bondable for public construction projects.
- (16)** The contractor has a record of satisfactorily completing projects of similar size and complexity within the last ten (10) years. The criteria which will be considered in determining satisfactory completing projects of similar size may include, but are not limited to:
 - a. Completion of contracts in accordance with drawings and specifications.
 - b. Diligent execution of the work and completed contracts according to the established time schedules unless extensions are granted by the owner.
 - c. Fulfilled guarantee requirements of the contract documents.
- (17)** The contractor has, and diligently maintains, a written safety program.

NAME: _____(signature/date)

TITLE: _____

STATE OF _____)
) SS:
 COUNTY OF _____)

Personally came before me this ____ day of _____, 20____, _____,
 to me known to be the person(s) who attested to the above on behalf of
 _____ (contractor).

 Notary Public, _____ County, _____
 My Commission: _____