

This form available at the Town of Grand Chute
Website: www.grandchute.net

**DO NOT
FAX**

**TOWN OF GRAND CHUTE
PUBLIC WORKS & UTILITIES
BIDDER'S PROOF OF RESPONSIBILITY**



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

THIS PROOF OF RESPONSIBILITY
SHALL ONLY BE VALID FOR THE CALENDER YEAR
BEGINNING JANUARY 1, 2016 AND SHALL BE ON FILE
WITH THE TOWN CLERK A MINIMUM OF 5 DAYS PRIOR TO THE
BID SUBMITTAL.

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.

THE PROSPECTIVE BIDDER SUBMITTING THIS QUESTIONNAIRE SHALL
HAVE THE SOLE RESPONSIBILITY FOR MAINTAINING THE MOST UP TO
DATE INFORMATION. INVALID OR EXPIRED INFORMATION WILL RESULT IN THE
DISQUALIFICATION OF THE BID

(DO NOT REMOVE THIS COVER SHEET FROM DOCUMENT)

**To: Karen Weinschrott
Town Clerk
1900 W. Grand Chute Boulevard
Grand Chute, WI 54913-9613**

Re: Submission of Bidder's Proof of Responsibility Forms for the Year 2016

(DO NOT FAX)

Dear Madam:

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified to bid, perform and furnish the necessary labor materials and skill on the basis of our work record, experience, equipment, staff and financial resources including bond ability, as required to enter upon and complete those various types of projects indicated below as may be awarded by the Town of Grand Chute during the calendar year above specified. It is understood that the determinations and decisions of the Town of Grand Chute with regard to qualifications shall be final, and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the Town of Grand Chute on other projects, and the Town of Grand Chute expressly reserves the right to determine if a bidder is qualified on a project by project basis. It is also understood that this Bidder's Proof of Responsibility is good for one calendar year and must be renewed annually at the beginning of the year and that pursuant to Section 66.0901 (2) Wis. Stats. The form provided for "Bidder's Proof of Responsibility" shall be completed and returned to the Town Clerk not less than five days before the date of bid opening.

Sincerely,

Officer

Firm

APPLICANT

Received (for Town use)

Date: _____

Time: _____

Initials: _____

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 or utility contracts to be let by the Town of Grand Chute.

IDENTIFICATION

A. Official Firm Name _____

B. Telephone _____ Fax _____ E-mail _____

C. Address _____
(Street) (PO Box)

(City) (State) (Zip Code)

D. Number of years in business under present firm name _____

E. Please check (1), (2), or (3):

(1) A Corporation _____ (2) A Co-Partnership _____ (3) An Individual _____

Federal Tax Identification No. _____

F. Principal Individuals:

(If a Corporation or LLC, answer below) (If a Co-Partnership, answer below)

President or Manager _____ Name of Partner _____

Vice Pres. _____ Name of Partner _____

Secretary _____ (If a Sole Trader, answer below)

Treasurer _____ Name of Sole Trader _____

G. If a Corporation or LLC, answer below:

(1) When incorporated _____,

(2) In what state _____

EXPERIENCE

A. 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 Organization	Years of Construction Experience	Magnitude and 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, Foreman, etc.

YEAR	TYPE OF WORK	CAPACITY	COST OF WORK

C. C. WORK ON HAND

List below the present contracts held by you.

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

CONTRACTUAL RESPONSIBILITY

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

Date _____ Owner _____

Owner's Mailing Address _____
(At that time, or now--preferably now, if there is a difference.)

Full particulars in each instance: _____

B. Has any officer or partner or firm ever failed in the past ten years to complete on time a construction contract handled in his own name? _____
If so, state:

Date _____ Name of Officer _____
or Partner

Owner _____

Owner's Mailing Address _____
(At that time, or now--preferably now, if there is a difference)

Full particulars in each instance: _____

C. Has any officer or partner of firm ever been an officer or partner of some other organization during the past ten years that failed to complete on time a construction contract? _____
If so, state:

Date _____ Name of Officer _____
or Partner

Name of Mailing Address of Organization _____

Name and Mailing Address of Owner _____

(Above addresses at that time, or now--preferably now, if there is a difference.)

Full particulars in each instance: _____

D. Has firm asked to be relieved from a bid submitted by it to a public awarding authority during the past 10 years? _____

If so, state:

Date _____ Claimant _____

Owner's Mailing Address _____
(At that time, or now--preferably now if there is a difference.)

Full particulars in each instance: _____

E. Has firm ever been charged with or convicted of a violation of any wage schedule?

If so, state:

Date _____ Claimant _____

Claimant's Mailing Address _____
(At that time, or now--preferably now, if there is a difference.)

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)? _____

If so, state:

Date _____ Claimant _____

Claimant's Mailing Address _____
(At that time, or now--preferably now, if there is a difference.)

Full particulars in each instance: _____

BONDING RESPONSIBILITY

A. Names, addresses, and telephone numbers of bonding companies which generally execute bid and surety bonds:

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 firm's failure to carry out a contract?

If so, state:

Date _____ Name of Bonding Co. _____

Bonding Company's Mailing Address _____

Full particulars in each instance:

CONTRACTOR'S FINANCIAL STATEMENT

Condition at close of business of _____, 2_____

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?

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, Town of Grand Chute, 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 _____