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www.greenbaywi.gov

CITY OF GREEN BAY 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: 920-448-3102
Office: 920-448-3100
dpwmail@greenbaywi.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 ONE (1) YEAR AFTER THE DATE OF FILING** WITH THE DIRECTOR OF PUBLIC WORKS.

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 City of Green Bay through the City's Improvement & Service Committee, Redevelopment Authority, and Housing Authority.

IDENTIFICATION

A. Official Firm 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 firm 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. Check Type of Work Requesting to Perform:

STREET, UTILITY AND SITE CONSTRUCTION

- A. Asphalt street construction (prime contractor)
- B. Asphalt paving
- C. Bridge construction and/or repairs
 - 1. Equal to, or less than, \$250,000
 - 2. \$250,000 to \$500,000
 - 3. Over \$500,000
- D. Bridge painting
- E. Concrete street construction (prime contractor)
- F. Concrete paving
 - 1. Slipform mainline
 - 2. Slipform curb and gutter
 - 3. Hand pour
- G. Concrete pavement repairs
 - 1. Terrace restoration
- H. Joint sealing
- I. Landscaping
- J. Mudjacking
- K. Pile driving
- L. Reinforced concrete construction (such as foundations, poured-in-place Structures, retaining walls)
- M. Roadway grading and graveling
- N. Sanitary and storm sewer construction
 - 1. Mainline and lateral construction
 - 2. Lateral construction only
 - 3. Cured-in-place pipe (CIPP)
 - 4. Manhole rehabilitation
- O. Water main construction
 - 1. Mainline and lateral construction
 - 2. Lateral construction only
- P. Site excavation and grading and graveling
- Q. Directional drilling and/or boring
 - 1. Sewer and water
 - 2. Electrical
 - 3. Telecommunications

- R. Pump houses and lift stations
 - 1. Structural construction
 - 2. Mechanical construction
 - 3. Pre-manufactured mechanical systems
- S. Storm water management facilities
 - 1. Ponds
 - 2. Propriety devices
 - 3. Native planting/vegetation
- T. Street lighting
 - 1. Electrical
 - 2. Conduit and base installation
- U. Traffic control during construction

BUILDING TRADES

- V. New building construction only
 - 1. \$0 to \$100,000
 - 2. \$100,000 to \$250,000
 - 3. Over \$250,000
- W. Remodel or rehab of buildings only
 - 1. \$0 to \$100,000
 - 2. \$100,000 to \$250,000
 - 3. Over \$250,000
- X. Parking ramp repairs
- Y. Asbestos abatement
- Z. Building demolition
- AA. Electrical
- BB. Elevators
- CC. Fire protection
- DD. Heating, ventilating, air conditioning
- EE. Painting
- FF. Plumbing
- GG. Roofing

MISCELLANEOUS CATEGORIES

Submit additional categories not listed on separate sheet.

EXPERIENCE

A. What is 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

CONTRACTUAL RESPONSIBILITY

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

If YES, state:

Date_____ Owner_____

Owner's Mailing Address_____

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? YES NO

If YES, state:

Date_____ Name of Officer/Partner_____

Owner_____

Owner's Mailing Address_____

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? YES NO

If YES, state:

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

If YES, state:

Date _____ Claimant _____

Owner's Mailing Address _____

Full particulars in each instance: _____

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

If YES, state:

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, state:

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:

Company Name	Address	City State Zip	Phone	Contact Name

Firm'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 firm's failure to carry out a contract? YES NO

If YES, state:

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 City of Green Bay?

B. With its terms and conditions?

C. With its standard specifications?

D. With the regulations of the City of Green Bay relating to bidding and awarding of contracts?

E. List at least three (3) references for whom you have performed work:

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

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 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 Green Bay, 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 _____

APPROVED BY:

Director of Public Works

Date