

Village of Allouez

BIDDER'S PROOF OF RESPONSIBILITY (PREQUALIFICATIONS)



All bidders on Village of Allouez contracts shall provide proof of responsibility in accordance with Chapter 66.0901(2) of the Wisconsin State Statutes.

This form shall be filed with the Village of Allouez Department of Public Works following the instructions provided in the advertisement for bid. If the Village is not satisfied with the sufficiency of the answers to the questionnaire and financial statement, it may reject the bid or disregard the same or require additional information.

The contents of this questionnaire are considered confidential.

CONTRACTOR'S STATEMENT OF EXPERIENCE

Construction Firm Name: _____

☐ Corporation

☐ Partnership

☐ Individual

Mailing Address: _____

Street

City

State

Zip

1. How many years has your organization been in business as a contractor under your present business name and where and when was it organized?

2. How many years of experience in _____ construction work has your organization had?
(A) As a principal contractor _____ years. (B) As a subcontractor _____ years.

3. Have you ever failed to complete or defaulted on any contract for any work awarded to you? (Give details)

Has any Officer, Member, or Partner of your organization ever been an Officer, Member, or Partner in an organization that failed to complete any work awarded to it? If yes, state the details, naming the Officer(s) or Person(s) and Organization(s) and reasons for such failure(s) and the name(s) of the surety(ties).

4. In what other lines of business are you financially interested?

5. List at least three references from whom you have performed work and give complete names, titles, addresses, and dollar volume of work involved in all references.

1. Company Name	Address
Main Contact (Name & Title)	Dollar Value of Work Performed
Description of Work Performed	

2. Company Name	Address
Main Contact (Name & Title)	Dollar Value of Work Performed
Description of Work Performed	

3. Company Name	Address
Main Contact (Name & Title)	Dollar Value of Work Performed
Description of Work Performed	

6. State your experience in the construction of work similar in importance to this project.
- _____
- _____
- _____

7. Furnish written evidence, preferably from a bank, of available credit.

8. What is the construction experience of the principal individuals, including superintendents and/or forepersons at your present organization?

Name	Current Position at your Organization	Yrs of Const Experience	Type of Work	In What Capacity

9. List below your major equipment.

Quantity	Description

10. Construction Experience: List below construction work performed by you of any projects pertinent to the type of work for which prequalification is desired. Under “Capacity”, state whether as a contractor, engineer, superintendent, foreman, etc.

Year	Type of Work	Capacity	Cost of Work

11. Work on Hand: List below the present contracts held by you.

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

CONTRACTOR'S FINANCIAL STATEMENT

This statement shall show the condition of the business at the end of the previous calendar year or at a subsequent date if so directed by the Village or if so desired by the contractor.

Condition at close of business on: _____
Date

Assets	Amount
1. Cash	
2. Notes Receivable	
3. Accounts Receivable from Completed Contracts Exclusive of Claims not Approved for Payment	
4. Sums Earned on Incomplete Contracts as shown by Engineer's or Architect's Estimate	
5. Accounts Receivable from Sources Other than Construction Contracts	
6. Deposits with Bids or Other Guarantees	
7. Interest Accrued on Loan, Securities, etc.	
8. Stocks and Bonds	
9. Materials in Stock (not included in item 4)	
10. Real Estate	
11. Construction Equipment, Book Value	
12. Furniture and Fixtures	
13. Other Assets	
Total Assets	\$

Liabilities	Amount
1. Accounts, Notes, and Interest Payable	
2. Other Liabilities Including Accrued Payrolls, Accrued Social Security Taxes, Compensation, Interest, etc.	
3. Real Estate Encumbrances	
Total Liabilities	\$

Net Worth (Total Assets – Total Liabilities)	\$
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CERTIFICATE OF ACCOUNTANT

Notice to Accountant: The signing of the following certificate implies that the accountant has made at least the equivalent of a balance sheet audit.

To 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.

_____ (accountant name) have audited the books of account and record of _____
_____ (construction firm name) for the period beginning _____
(date) and ending _____ (date) and hereby certify that the attached balance sheet and supporting
schedules in correctly reflect the financial condition of _____
(construction firm name) as of _____ (date).

Accounting Firm Name: _____

Mailing Address: _____
Street City State Zip

Prepared By: _____
Name Title Date

CERTIFICATE OF CONTRACTOR

State of _____)

County of _____)

_____ (officer/owner name) being duly sworn, says that he/she is the
_____ (Title) of _____ (construction firm
name) and that the answers to the foregoing questions and all statements contained are true and correct.

Signature Date

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

Notary Public

Print Name

County, State

My Commission Expires: _____