

BIDDER'S QUALIFICATION STATEMENT

In accordance with the requirements of the Wisconsin State Statutes, and the rules adopted by the City of Hartford pursuant thereto, for the qualification of Bidders to bid upon public work for which bids are advertised by the City of Hartford, (I) (We) hereby submit the following information:

The contents of this statement are CONFIDENTIAL.

Submitted by:

Name of Organization: _____

Name of Individual: _____

Title: _____

Address: _____

Telephone: _____

Submitted to:

Name: _____

Address: _____

Telephone: _____

Project Name and Description (if applicable)

Contractor's General Business Information

Check if:

Corporation

Partnership

Joint Venture

Sole Proprietorship

If Corporation:

a. Date and State of Incorporation

b. List of Executive Officers

Name

Title

If Partnership:

a. Date and State of Organization

b. Names of Current General Partners

c. Type of Partnership

General Publicly Traded

Limited Other (describe): _____

If Joint Venture:

a. Date and State of Organization

b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing partner by an asterisk*)

If Sole Proprietorship:

a. Date and State of Organization

b. Name and Address of Owner or Owners

1. On Attachment A, list major engineered construction projects completed by this organization in the past five (5) years. (If joint venture list each participant's projects separately.)
2. On Attachment B, list current projects under construction by this organization. (If joint venture, list each participant's projects separately.)
3. Provide a list of equipment which is available to be assigned to the job in the event the contract is awarded to the Bidder.
4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?
 Yes No

If yes, show names and addresses of affiliated companies.

5. Furnish on Attachment C details of the construction experience of the principal individuals of your organization directly involved in construction operations.
6. Has your organization ever failed to complete any construction contract awarded to it?
 Yes No
If yes, describe circumstances on attachment.
7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?
 Yes No
If yes, describe circumstances on attachment.
8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?
 Yes No
If yes, describe circumstances on attachment.
9. Has your firm/organization asked to be relieved from a bid submitted by it to a public awarding authority during the past 5 years:
 Yes No

If yes, describe the circumstances of each occurrence on attachment.

10. Has your organization, any of its owners, a subsidiary or corporate parent, or any officer or director thereof, been convicted in the last 5 years of violating Sec. 133.03, Wisconsin Statutes (Unlawful Contracts: Conspiracies)?
 Yes No

If yes, describe circumstances on attachment.

11. Has your firm/organization ever been charged with or convicted of a violation of any wage schedule?
 Yes No

If yes, describe circumstances on attachment.

12. Indicate general types of work performed with your own work force.

13. If required, can your organization provide a bid bond for this project? Yes No

14. What is your approximate total bonding capacity?

- \$500,000 to \$2,000,000
 \$2,000,000 to \$5,000,000
 \$5,000,000 to \$10,000,000
 \$10,000,000 or more

15. Name of bonding company and name, address and phone number of agent.

16. Please provide the name, address and telephone number of all bonding companies with whom you have contracted for the past three (3) years.

17. Describe the permanent safety program you maintain within your organization. Use attachment if necessary.

18. Furnish the following information with respect to an accredited banking institution familiar with your organization.

Name of Bank _____

Address _____

Account Manager _____

Telephone _____

19. Credit Available: _____

Attach a letter from your bank(s) or other finance institution(s) advising line of credit set up for your organization.

20. Please complete the Financial Statement found on Attachment D.

I hereby certify that the information submitted herewith, including any attachment, is true to the best of my knowledge and belief.

Name of Organization: _____

By: _____

Title: _____

Dated: _____

Notary Public Signature

Date Commission Expires

ATTACHMENT A

PRIOR EXPERIENCE

Project		Owner	Design Professional	Date Completed	Contract Price
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		
Name:		Organization:	Firm Name:		
Location:		Contact:	Contact:		
Description:		Telephone:	Telephone:		

ATTACHMENT B

CURRENT EXPERIENCE

Project	Owner	Design Professional	Contract Price	Amount Completed	Date of Scheduled Completion
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			
Name: Location: Description:	Organization: Contact: Telephone:	Firm Name: Contact: Telephone:			

ATTACHMENT C - PERSONNEL

Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction

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Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction
Name:	Position:	Date started with this organization	Date started in construction	Prior positions and experience in construction

Attachment D

Financial Statement

The City of Hartford will accept the following:

- A Compilation
- A Review
- An audited financial statement prepared by an independent accountant.

Condition at close of business on: Date: _____

a.	Cash	\$ _____
b.	Accounts receivable	\$ _____
c.	Real estate equity	\$ _____
d.	Materials in stock	\$ _____
e.	Equipment, book value	\$ _____
f.	Furniture & fixtures, book value	\$ _____
g.	Other assets	\$ _____
	TOTAL ASSETS	\$ _____

Liabilities

h.	Accounts, notes & interest payable	\$ _____
i.	Other liabilities	\$ _____
	TOTAL LIABILITIES	\$ _____
	NET WORTH	\$ _____

Additional information may be submitted if desired.