

This Proof of Responsibility is required pursuant to Section 66.0901 of the Wisconsin Statutes and Section 2-400 of the City of Sheboygan Municipal Code.

This form must be filed with the Engineering Division not less than five (5) days prior to the time set for opening of bids. Completed responses will be evaluated to determine whether the prospective bidder is qualified to submit a bid. The City reserves the right if it is not satisfied with the sufficiency of the completed response, to request additional information.

Prequalification shall be valid for one year from the approval date. The Director of Public Works may suspend or revoke prequalification status for good cause. Such decision shall be made in writing and the contractor shall be provided timely notice and an opportunity to be heard by the Director.

It shall be the obligation of the contractor to timely renew its prequalification and to report information regarding any material changes to its business or operations that are relevant to its prequalification application, including information that would affect its ability to make the certifications required by this ordinance. Any such information must be reported within fifteen (15) days of the contractor's knowledge of the information. Failure to report information may result in suspension or revocation of the contractor's prequalification, debarment from City contracts for a period of up to three years and other sanctions available under applicable law.

**Prequalification Statement**

1. Name of Bidder: \_\_\_\_\_  
 Corporation     Partnership     Individual
  
2. Bidder's Address: \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
  
3. When Organized: \_\_\_\_\_ When Incorporated: \_\_\_\_\_
  
4. Are you authorized to do business in the State of Wisconsin?     Yes     No
  
5. How many years have you been engaged in the contracting business under the present firm name? \_\_\_\_\_
  
6. Contracts on hand. Attach a list of present contracts, including a schedule as to estimated completion date and gross amount of each contract.:
  
7. General character of work performed by your firm.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If additional space is required, file separate sheet with details.)*

Internal Use Only: Approved: \_\_\_\_\_

8. Major Equipment. Attach a list of major Equipment owned.
9. Completed Contracts. Attach a list of contracts which have been awarded to you in the last three years. The list shall include: Name, Owner, Amount, Engineer/Architect
10. Show Background and Experiences of the principal members of your personnel including the officers.

Name	Position Held or Office Held	Years of Construction Experience	Magnitude and Type of Work	Capacity

*(If additional space is required, file separate sheet with details.)*

11. Have you ever failed to complete any work awarded to you?  Yes  No  
*If yes, file separate sheet with details.*
12. Have you ever defaulted on a contract?  Yes  No  
*If yes, file separate sheet with details.*
13. Are any of the above-listed principal members debarred, suspended, proposed for debarment or declared ineligible from contracting with any unit of federal, state or local government?  Yes  No  
*If yes, file separate sheet with details.*
14. Have you ever been the subject of any investigation, order or judgment from any state or federal agency or court concerning an employment practice?  Yes  No  
*If Yes, attach a copy of the investigation, order or judgment.*
15. Within the last 5 years, have you been found by a court or government agency to be in violation of any law relating to your contracting business including, but not limited to environmental laws, bid-rigging or price-fixing, antitrust or tax laws, where the penalty for such violation resulted in a fine, damages or other penalty equal to or greater than \$10,000?  Yes  No  
*If Yes, attach a copy of the final order.*
16. Are you in compliance with 42 U.S.C. 2000e (Federal Equal Opportunity Employment)?  Yes  No
17. Are you in compliance with 40 U.S.C. §§ 3141-3148 (Federal Davis Bacon Act)?  Yes  No
18. Do you participate in a Registered Apprenticeship Program validated by the U.S. Dept. of Labor or the WI Dept. of Workforce Development?  Yes  No

19. Do you have a written substance abuse prevention program that meets the requirements of Wis. Stat. §103.503?  Yes  No
20. Do you have a written safety plan?  Yes  No
21. Have you received a serious, willful or repeated violation from OSHA in the last 10 years?  Yes  No  
*If yes, file separate sheet with details.*

**Contractor's Financial Statement**

22. 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 \_\_\_\_\_

**ASSETS**

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:	\$ _____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>

**LIABILITIES**

h. Accounts, Notes & Interest Payable	\$ _____
i. Other Liabilities	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>NET WORTH</b>	<b>\$ _____</b>

23. Credit available. Furnish written evidence, preferably from banks.
24. Additional information may be submitted if desired., \_\_\_\_\_ .



**Affidavit**

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

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

\_\_\_\_\_ 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 Sheboygan, with any information deemed necessary to verify this statement.

\_\_\_\_\_  
(Signature of Officer/Owner) (Date)

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
County, State

My commission expires: \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
Director of Public Works (or designee) Date