



## BIDDERS STATEMENT OF QUALIFICATIONS

Submitted to: **City of Cedarburg**

Date Filed: \_\_\_\_\_

Project: \_\_\_\_\_

*NOTE: If the municipality, board, public body, or officer, is not satisfied with the sufficiency of the answers to the questionnaire and financial statement, the Bid may be rejected or disregarded, or additional information may be required. Submit bids to: City of Cedarburg, Engineering Department, PO Box 49, Cedarburg WI 53012*

Complete **all** of the following items; if not applicable, print N/A.

1. Name of Bidder: \_\_\_\_\_
2. Bidder's Address: \_\_\_\_\_
3. Direct any questions regarding information provided on this form to:  
\_\_\_\_\_  
(Name) (Phone No.)
4. Type of Organization (check one):  
☐ Corporation ☐ Partnership  
☐ Individual ☐ Joint Venture ☐ Other \_\_\_\_\_  
If "Other," attach a brief statement describing the organization. \_\_\_\_\_  
\_\_\_\_\_
5. When organized: \_\_\_\_\_
6. If a corporation, when and where incorporated: \_\_\_\_\_  
\_\_\_\_\_
7. Attach a statement listing the corporate officers, partners or other principal members of your organization. Detail the background and experience of the principal members of your personnel, including the officers.
8. How many years has your organization been engaged in the contracting business under the present firm name? \_\_\_\_\_
9. General character of work performed by your firm: \_\_\_\_\_  
\_\_\_\_\_
10. Attach a list of contracts on hand, for both public and private construction, including for each contract: the class of work, the contract amount, the percent completed, the estimated completion date, and the name and of the owner and contracting officer.
11. Has your organization ever defaulted on a contract or failed to complete any work awarded to it? (select one) ☐ Yes; ☐ No. If yes, attach a statement explaining where and why.
12. Has any officer or partner or your organization been an officer or partner of some other organization within the past 5 years that failed to complete a construction contract during that period? (select one) ☐ Yes; ☐ No. If yes, attach a statement indicating the name of the individual, other organization and reason, therefore.

13. Has any officer or partner of your organization with the past 5 years failed to complete a construction contract handled in his or her own name? (select one) ☐ Yes; ☐ No. If yes, attach a statement indicating the name of individual, name of owner and reason, therefore.
14. Has your organization, any of its owners, a subsidiary or corporate parent, or any officer or director thereof, been convicted in the last 3 years of violating Sec. 133.03, Wisconsin Statutes (Unlawful Contracts: Conspiracies)? (select one) ☐ Yes; ☐ No. If yes, indicate:
  - a. Date \_\_\_\_\_
  - b. Claimant: \_\_\_\_\_
  - c. Claimant's Mailing Address: \_\_\_\_\_
  - d. Attach a statement reciting the particulars of such violation(s).
15. Attach a list of major projects your organization has completed within the past 3 years, including for each project: the class of work, the contract amount, the completion date, and the name and address of the owner or contracting officer.
16. List any projects previously completed for the City of Cedarburg in the last 10 years.
17. Attach a list of the major equipment which is available to your organization for the proposed Work.
18. Attach a statement of your organization's experience in the construction of work similar in nature and importance to this Project.
19. Credit Available: \_\_\_\_\_

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

20. Name of Bonding Company and name, address and telephone number of agent.

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21. Financial Statement:

Condition of close of business on \_\_\_\_\_, 20\_\_\_\_\_

#### **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 .....	\$	_____
Total Assets .....		\$ _____

#### **Liabilities**

h. Accounts, Notes and Interest Payable .....	\$	_____
i. Other Liabilities .....	\$	_____
Total Liabilities .....		\$ _____

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_  
(Print Name/Title)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Being duly sworn says that he/she is \_\_\_\_\_ of  
(Name/Title)

\_\_\_\_\_ and that answers to the foregoing questions and all  
(Name of Organization)

statements contained herein and in the attachments are true and correct.

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

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

End of this Section