

*City of*

# BLACK RIVER FALLS, WISCONSIN

*A Fine Place to Raise Your Family • A Dynamic Location for Your Business*



## CITY OF BLACK RIVER FALLS BIDDER'S PROOF OF RESPONSIBILITY

The Bidder's Proof of Responsibility shall be filed with the Director of Public Works not later than five (5) days prior to opening of bids for the projects which the bidder wishes to qualify.

This Bidder's Proof of Responsibility shall be valid for a period of one (1) calendar year and does not need to be completed for each bidding project.

All bidders on City of Black River Falls contracts shall provide proof of responsibility in accordance with Section 66.0901(2) Wisconsin State Statutes.

Return Questionnaire to:

City of Black River Falls  
Director of Public Works  
101 S. 2<sup>nd</sup> Street  
Black River Falls, WI 54615

---

**Note:** 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.

## STATEMENT OF BIDDER'S QUALIFICATIONS

This 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 contracts to be let by the City of Black River Falls.

If the Director of Public Works is not satisfied with the sufficiency of the answers to this questionnaire and financial statement, he may require additional information, reject the bid or disregard the same. (Sec. 66.0901(4), Wis Stats.)

### A. GENERAL INFORMATION

1. Name:  
Street Address:  
City/State/Zip:  
Phone:
2. When Organized:
3. Where Incorporated:
4. Specify maximum rating you desire for your firm:
5. Specify maximum rating if any, of your firm with the Wisconsin State Highway Commission:
6. Have you ever failed to complete any work awarded to you or defaulted on a contract? If yes, explain.
7. Specify types and classes of work for which you request approval and qualifications:

B. FINANCIAL ABILITY

If financial statement is prepared by CPA or by registered accountant, attach a certified copy in lieu of completing section 2 below.

1. Cash credit available \$ \_\_\_\_\_. Attach verification as to source, date and amount.
2. Financial statement (attach)

C. EQUIPMENT

List your major equipment that is available for this work. Attach such listing including description, number of units and condition of equipment.

D. EXPERIENCE – Attach documents where necessary.

1. How many years have you been engaged in the contracting business under the present firm name?
2. Contracts on hand. List gross amount of each contract and percentage of completion to date.
3. Describe general character of work performed by your firm.
4. How many years of experience have you had in the type of work described in #3 above?
5. What is the background of experience of the principal members of your personnel, including the officers?
6. List of major contracts completed in the past 5 years with the name of owner, address, type of work and cost.
7. Do you have any objections to our inquiring of any or all of the owners of completed projects listed in #6 above relative to your performance of such work?
8. List any other references you wish us to contact relative to your work.

**Note:** Bidder shall answer all applicable questions and include essential verifications and supporting statements. Answers to questionnaire shall be legible, preferably typed.

Dated at (City, Town) \_\_\_\_\_, State of \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

Business Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

\_\_\_\_\_, being duly sworn says that he/she is the  
(Title) \_\_\_\_\_ of \_\_\_\_\_

and that the answers to the foregoing questions and all statements contained are  
true and correct.

Signed: \_\_\_\_\_

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

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

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

County of \_\_\_\_\_, State of \_\_\_\_\_.