

**CITY OF OSHKOSH**

**BIDDER'S PROOF OF RESPONSIBILITY**

**FOR CONSTRUCTION YEAR 2024**



ALL BIDDERS ON PUBLIC WORKS CONTRACTS  
SHALL PROVIDE PROOF OF RESPONSIBILITY IN ACCORDANCE  
WITH *SECTION 66.0901(2), WISCONSIN STATE STATUTES.*

RETURN QUESTIONNAIRE TO:

DIRECTOR OF PUBLIC WORKS  
CITY HALL, ROOM 301  
215 CHURCH AVENUE  
PO BOX 1130  
OSHKOSH, WI 54903-1130  
E-MAIL: [ttaylor@ci.oshkosh.wi.us](mailto:ttaylor@ci.oshkosh.wi.us)

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.

(REVISED JANUARY 19, 2024)

**DO NOT REMOVE THIS COVER SHEET FROM THIS DOCUMENT**  
**ANSWERS MUST BE TYPEWRITTEN OR IN INK.**

**PREQUALIFICATION STATEMENT**

There is submitted herewith for your consideration, pursuant to **Section 66.0901(2)**, Wisconsin State Statutes, a statement of qualifications of the undersigned to furnish the necessary labor, materials, and skills required to enter upon and complete Public Works Contracts to be let by the City of Oshkosh.

**I. IDENTIFICATION**

A. Official Firm Name \_\_\_\_\_

B. General Telephone \_\_\_\_\_ FAX \_\_\_\_\_

C. Mailing Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

D. General E-Mail Address \_\_\_\_\_

E. Number of years in business under present firm name \_\_\_\_\_

F. Please check (1), (2) or (3):

(1) A Corporation or LLC     (2) A Co-Partnership     (3) An Individual

G. Principal Individuals:

**(If a Corporation or LLC, answer below)    (If a Co-Partnership, answer below)**

President \_\_\_\_\_    Name of Partner \_\_\_\_\_

Vice Pres. \_\_\_\_\_    Name of Partner \_\_\_\_\_

Secretary \_\_\_\_\_    **(If a Sole Trader, answer below)**

Treasurer \_\_\_\_\_    Name of Sole Trader \_\_\_\_\_

H. If a Corporation or LLC, answer below:

(1) When incorporated \_\_\_\_\_    (2) In what State \_\_\_\_\_

I. Contact information for questions regarding this form:

Person's Name \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Total Contract Amount for which firm is seeking prequalification:**

Firm must have been the Prime Contractor and have completed at least two (2) contracts/projects of similar scope/type within the last three (3) years with a Total Contract Amount of at least the amount for which firm is seeking prequalification. **If approved, Contractor will be automatically approved for all lower amounts.**

\$500,000

\$750,000

\$1,500,000

\$3,000,000

\$5,000,000

In Excess of \$7,000,000

Class of work in which firm is seeking prequalification (check below – may check multiple boxes):

**STREET, UTILITY, & SITE CONSTRUCTION**

- Roadway Grading
- Concrete Pavement Construction, including Grading
- Bituminous Paving
- Bituminous Street Construction, including Concrete Curb and Gutter, and Roadway Grading and Graveling
- Mudjacking
- Joint Sealing
- Sidewalk Construction
- Sanitary and Storm Sewer Construction
- Site Grading
- Street Lighting
- Reinforced Concrete Construction, i.e. Foundations, Storm Drainage Structures, Retaining Walls
- Landscaping
- Bridge Painting
- Water Main Construction
- Boring or Tunneling
- Sanitary and Storm Sewer Trenchless Rehabilitation

**GENERAL BUILDING CONSTRUCTION**

- Building Construction, Renovation, or Remodeling

**SPECIFIC CATEGORIES OF BUILDING CONSTRUCTION**

- Building Demolition
- Elevator
- Electrical
- Heating, Ventilating, and Air Conditioning
- Painting
- Plumbing
- Treatment Facilities, Pump Houses and Lift Stations
- Roofing
- Riverwalk Construction

**OTHER MISCELLANEOUS CATEGORIES**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**II. EXPERIENCE**

A. What is the construction experience of the principal individuals, including superintendents and/or foremen, of your present organization?

Individual's Name	Present Position of Individual in your Organization	Years of Construction Experience	Magnitude & Type of Work, In What Capacity	Names of Previous Employers for Past 10 Years*

\*If this is their current employer, so state.

Average number of employees during the last 12 months:

Office \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_

**B. WORK ON HAND**

List below the present contracts held by you (**not as subcontractor**). If none, please enter "NONE". Attach additional sheets, if necessary. **Additional sheets must contain same information as listed on this page.**

Date Awarded	Owner/Location	Type of Work	Percent Completed	Anticipated Completion Date	Cost of Work

**C. PREVIOUS CONTRACTS**

List below construction contracts held by the company completed for the last three (3) years (**not as subcontractor**). Attach additional sheets, if necessary. **Additional sheets must contain same information as listed on this page.**

Date Awarded	Owner/Location	Type of Work	Cost of Work

D. Are you currently prequalified by the WDOT?  Yes  No

If yes, please submit a copy of the WDOT Notice of Contractor's Prequalification.

**III. EQUIPMENT**

A. List below major pieces of equipment currently owned and available when needed for proposed work, or submit a **current** copy of your depreciation schedule. **All columns must be completed.** Attach additional sheets, if necessary. **Additional sheets must contain same information as listed on this page.**

NUMBERS OF ITEM	DESCRIPTION, SIZE, CAPACITY, ETC.	ORIGINAL COST	ACCUMULATED DEPRECIATION	PRESENT BOOK VALUE	YEARS OF SERVICE

**IV. CONTRACTUAL RESPONSIBILITY**

**Answering “yes” to any of the following questions will not disqualify a company from becoming approved to bid by the City of Oshkosh. However, failure to answer truthfully may result in disqualification for the entire year.**

- A. Has your firm or any officer or partner of your firm ever been debarred, suspended, or disapproved by the State of Wisconsin or the Federal Highway Administration in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner’s Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

- B. Has your firm or any officer or partner of your firm ever been debarred, suspended, disapproved, or not pre-qualified by any government entity in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner’s Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

C. Has your firm or any officer or partner of your firm had any type of business, contracting, or trade license, certification, or registration revoked or suspended in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

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D. Has your firm or any officer or partner of your firm ever committed a violation of federal, state, or local government safety or environmental laws as determined by a fine, settlement, administrative order, or final decision of a court or government agency authority in the past ten (10) years? **This includes, but is not limited to, any OSHA or WDNR violations.**  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

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E. Does your firm or any officer or partner of your firm have an open or ongoing investigation of a violation of federal, state, or local government safety or environmental laws? **This includes, but is not limited to, any OSHA or WDNR violations.**  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

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F. Has your firm ever worked on any contract or work awarded to it that resulted in a lawsuit in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

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G. Has your firm or any officer or partner of your firm ever declared bankruptcy while performing work on a contract or work awarded to it, or while an officer or partner of another firm in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

H. Has your firm ever defaulted on or failed to complete any contract or work awarded to it in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

I. Has your firm ever been assessed liquidated damages or other penalties for failure to meet the contract requirements for work awarded to it in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, resolution, and amount of penalties assessed):

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J. Has any officer or partner of your firm ever defaulted or failed to complete a construction contract handled in their own name in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Name of Officer/Partner: \_\_\_\_\_

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

Project Owner's Mailing Address: \_\_\_\_\_  
(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

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K. Has any officer or partner of your firm ever been an officer or partner of some other organization that defaulted or failed to complete a construction contract in the last ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Name of Officer/Partner: \_\_\_\_\_

Name and Mailing Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Name and Mailing Address of Project Owner: \_\_\_\_\_

\_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_

\_\_\_\_\_

L. Has your firm or any officer or partner of your firm asked to be relieved from a bid submitted by it to a public awarding authority in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Project Owner: \_\_\_\_\_

Project Owner's Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_

\_\_\_\_\_

M. Has your firm or any officer or partner of your firm ever been charged with or convicted of a violation of any wage schedule in the past ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Claimant: \_\_\_\_\_

Claimant's Mailing Address: \_\_\_\_\_

(At that time or preferably now if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

N. Has your firm; any of its owners; a subsidiary or corporate parent; or any officer, director, or partner thereof, been convicted of violating **Section 133.03 Wisconsin Statutes (Unlawful Contracts: Conspiracies)** in the last ten (10) years?  Yes  No

If so, state:

Date: \_\_\_\_\_ Claimant: \_\_\_\_\_

Claimant's Mailing Address: \_\_\_\_\_

(At that time or preferably now, if there is a difference)

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_  
\_\_\_\_\_

**V. SAFETY**

A. Does your firm require the following safety training programs:

- 1. Right to Know/Hazard Communication  Yes  No
- 2. Fire Prevention  Yes  No
- 3. Hot Work Permits  Yes  No
- 4. Environmental Compliance  Yes  No
- 5. Excavation/Trenching  Yes  No
- 6. Working at Elevation > four feet (4')  Yes  No
- 7. Confined Space Entry  Yes  No
- 8. Control Hazardous Energy (Lockout)  Yes  No
- 9. Operation of Powered Equipment/Vehicles  Yes  No
- 10. Working with Hazardous Voltages  Yes  No
- 11. Personal Protective Equipment  Yes  No
- 12. Process Safety  Yes  No

If you answered **NO** to any of the above, please comment:

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B. Are the training records available upon request?  Yes  No

C. Please provide your Total OSHA Incident Rate and Lost Workday Rate for each of the last three (3) years by completing the table below:

1. Year	_____	_____	_____
2. Number of Employee Hours Worked	_____	_____	_____
3. Number of Lost Workday Cases	_____	_____	_____
4. Number of Cases Due to Injury or Illness Defined as Recordable	_____	_____	_____
5. Total Number of Recordable Cases (Add 3 and 4 Above)	_____	_____	_____



- C. Has any bonding company ever taken over a contract or made payments because of your firm's failure to carry out a contract?  Yes  No

If so, state:

Date: \_\_\_\_\_ Name of Bonding Company: \_\_\_\_\_

Bonding Company's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Full particulars in each instance: (including type of work, amount of contract, cause of violation, and resolution):

\_\_\_\_\_

\_\_\_\_\_

## VII. CONTRACTOR'S FINANCIAL STATEMENT

- A. Attach your firm's latest complete financial report (including Balance Sheet, Income Statement, and Statement of Cash Flows) with the name of the Accountant who prepared it.

- B. Are any of your assets assigned? If so, which are assigned?

\_\_\_\_\_

- C. For what purpose are they assigned?

\_\_\_\_\_



**VIII. AFFIDAVIT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

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

is the \_\_\_\_\_ of \_\_\_\_\_  
(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 Oshkosh, with any information deemed necessary to verify this statement.

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

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

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

\_\_\_\_\_/\_\_\_\_\_  
County State

My Commission Expires \_\_\_\_\_

APPROVED BY:

**for Contracts with Prequalification  
Limits of Not More Than:**

\_\_\_\_\_  
Director of Public Works

Date \_\_\_\_\_

\_\_\_\_\_  
City Manager

Date \_\_\_\_\_