

SECTION 00 11 53

STATEMENT OF BIDDER'S QUALIFICATIONS
STATE OF WISCONSIN

All Contractors intending to submit a bid for the listed Project shall submit with their bid a full and complete written statement on this form sworn to before an officer authorized by law to administer oaths. No bid will be accepted without this form.

To be considered qualified, Bidder's must have successfully constructed a minimum of 20 acres of composite (clay/geomembrane) lined landfill liner and/or final cover in the State of Wisconsin within 5 years of the date of the bid. Bidder's that have successfully completed an earthwork project in excess of 500,000 cubic yards at a licensed Wisconsin landfill in the past 5 years will also be considered qualified.

The Outagamie County Recycling & Solid Waste Department will evaluate the statement and find the maker of the statement either qualified or unqualified. If not satisfied with the sufficiency of any answers contained in the statement, the bid may be rejected or disregarded.

Project Information

Project Name and Description: NWLF Phase 1 Construction

Project Identification Number: 25223132.02

Owners Name: Outagamie County Recycling & Solid Waste Department

Address: 1419 Holland Road, Appleton, WI 54911-8985

Contractor Information

Name of Organization: _____

Name of Individual: _____

Title: _____

Contractor's Address: _____

Telephone Number: _____ Fax Number: _____

If contractor is a Corporation:

Date and State of Organization: _____

List of Executive Officers, Names and Titles: _____

If contractor is a Partnership:

Date and State of Organization: _____

Names of Current and General Partners: _____

If contractor is a Joint Venture:

STATEMENT OF BIDDER'S QUALIFICATIONS STATE OF WISCONSIN

00 11 53 - 1

Date and State of Organization: _____

Name and Address and Form of Organization of Joint Venture Partners: _____

If contractor is a Sole Proprietorship:

Date and State of Organization: _____

Name and Address of Owner or Owners: _____

Is organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?

Yes _____

If yes, show names and addresses of affiliated companies: _____

If contractor is a Limited Liability Company (LLC):

Date and State of Organization: _____

Name and Address of all Members and any Managing Members: _____

Experience, Performance and Capabilities

1. On Attachment A or an equivalent attachment provide details of related construction experience of the principal individuals of your organization directly involved in construction activities. Include name, position, date started with your organization, experience in your organization, and previous experience.
2. On Attachment B or an equivalent attachment provide details of projects currently under construction by your organization. (If joint venture, list participant's projects separately.) Include name, location, description of project, owner, design engineer, contract price, percent completed, date of scheduled completion, reference/contact including address and phone numbers.
3. On Attachment C or an equivalent attachment list major related construction projects completed by your organization in the past five years. Include name, location, description of project, owner, design engineer, contract price, percent completed, date of scheduled completion, reference/contact including address and phone numbers.
4. Has your organization ever defaulted on a contract? Yes___ No___ If yes, provide details on an attachment.
5. Has the organization ever failed to complete any work awarded to you? Yes___No___ If yes, provide details on an attachment
6. 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, provide details on an attachment.
7. In the last five years, has your organization ever failed to substantially complete a project in a timely manner? Yes___ No___ If yes, provide details on an attachment.
8. State the general types of work performed by your company with your own work force.

9. Describe your organization's permanent safety program, and provide name of individual responsible for safety procedures on this project.

10. Provide the following information with respect to an accredited Financial Institution familiar with your organization.

Name of Institution: _____

Address: _____

Account Manager: _____

Telephone Number: _____

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

Dated at _____ this ____ day of __, 20_____.

Name of Organization: _____

By: _____ Title: _____

Subscribed and Sworn before me this _____ day of _____, 20_____

Notary Public: _____

My Commission Expires: _____

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Attachment A - Related Construction Experience of the Principal Individuals

Name	Position	Date Started with Organization	Experience in Your Organization	Prior Positions and Experience

Attachment B - Projects Currently Under Construction

Name, Location and Description of Project	Owner's Name, Contact Person, Address and Phone Number	Design Engineer's Name, Contact Person, Address and Phone Number	Contract Price	Percent Complete and Date of Scheduled Completion

Attachment C – Landfill Composite Liner/Cover Construction Projects Completed in Past 5 Years

Name, Location and Description of Project	Owner's Name, Contact Person, Address and Phone Number	Area of geomembrane installed (acres)	Contract Price	Date Completed