

Attachment C to City of Jonesboro Invitation for Bids

BIDDER QUALIFICATION STATEMENT FOR MUNICIPAL BID

GENERAL INFORMATION

BIDDER INFORMATION

Legal Business Name: _____

DBA (if applicable): _____

Principal Business Address: _____

City, State, ZIP Code: _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Website: _____

Federal Tax ID Number/EIN: _____

State Business License Number: _____

Year Business Established: _____

Type of Organization:

- ☐ Corporation - State of Incorporation: _____ Date: _____
- ☐ Partnership - Type: _____ Date Formed: _____
- ☐ Limited Liability Company - State of Formation: _____ Date: _____
- ☐ Sole Proprietorship - Date Established: _____
- ☐ Joint Venture - Date Formed: _____
- ☐ Other (specify): _____

AUTHORIZED REPRESENTATIVE

Name and Title: _____

Phone Number: _____

Email Address: _____

CERTIFICATION OF ELIGIBILITY

The undersigned hereby certifies that the Bidder:

1. Is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Has not within a three-year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification;
4. Has not within a three-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.
5. Is in compliance with all applicable Equal Employment Opportunity laws and regulations.

FINANCIAL INFORMATION

FINANCIAL CAPACITY

Annual Gross Revenue (Last 3 Years):

- Year _____ : \$ _____
- Year _____ : \$ _____
- Year _____ : \$ _____

Current Assets: \$ _____

Current Liabilities: \$ _____

Current Ratio (Assets/Liabilities): _____

Bonding Capacity: \$ _____

Surety Company: _____

Surety Agent Name: _____

Agent Contact Information: _____

BANKING REFERENCES

Primary Financial Institution: _____

Address: _____

Contact Person: _____

Phone Number: _____

Account Type(s) & Number(s): _____

Years with Institution: _____

CREDIT REFERENCES

1. **Company Name:** _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Business Relationship: _____

2. **Company Name:** _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Business Relationship: _____

3. **Company Name:** _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Business Relationship: _____

EXPERIENCE AND QUALIFICATIONS

BIDDER EXPERIENCE

1. Number of years Bidder has been in business under current name: _____
2. Number of years of experience in providing services similar to those requested in the bid solicitation: _____
3. Has the Bidder ever failed to complete a municipal or government contract?
 - ☐ [] Yes
 - ☐ [] No

If yes, provide details including dates, client, project description, and explanation:

4. Has the Bidder ever been declared in default on a municipal or government contract?
 - ☐ [] Yes
 - ☐ [] No

If yes, provide details including dates, client, project description, and explanation:

RELEVANT PROJECT EXPERIENCE

List a minimum of three (3) projects of similar scope and complexity completed within the past five (5) years. Additional projects may be attached if necessary.

Project 1

Project Name: _____

Client/Municipality: _____

Project Location: _____

Contract Value: \$ _____

Completion Date: _____

Contact Person & Title: _____

Contact Phone Number: _____

Contact Email: _____

Project Description: _____

Bidder's Role and Responsibilities: _____

Subcontractors Used (if any): _____

Project 2

Project Name: _____

Client/Municipality: _____

Project Location: _____

Contract Value: \$ _____

Completion Date: _____

Contact Person & Title: _____

Contact Phone Number: _____

Contact Email: _____

Project Description: _____

Bidder's Role and Responsibilities: _____

Subcontractors Used (if any): _____

Project 3

Project Name: _____

Client/Municipality: _____

Project Location: _____

Contract Value: \$ _____

Completion Date: _____

Contact Person & Title: _____

Contact Phone Number: _____

Contact Email: _____

Project Description: _____

Bidder's Role and Responsibilities: _____

Subcontractors Used (if any): _____

ORGANIZATIONAL STRUCTURE AND PERSONNEL

KEY PERSONNEL

List the key personnel who will be assigned to this project if awarded. Attach resumes for all key personnel.

Project Manager

Name: _____

Title: _____

Years with Company: _____

Years of Experience: _____

Education/Certifications: _____

Experience on Similar Projects: _____

Role and Responsibilities for This Project: _____

Other Key Personnel

1. **Name:** _____

Title: _____

Years with Company: _____

Years of Experience: _____

Education/Certifications: _____

Role and Responsibilities for This Project: _____

2. **Name:** _____

Title: _____

Years with Company: _____

Years of Experience: _____

Education/Certifications: _____

Role and Responsibilities for This Project: _____

SUBCONTRACTORS

List all subcontractors that will be used for this project. Attach additional sheets if necessary.

1. **Subcontractor Name:** _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

License Number (if applicable): _____

Years in Business: _____

Work to be Performed: _____

Percentage of Total Contract: _____

Previous Work Experience with Bidder: _____

2. **Subcontractor Name:** _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

License Number (if applicable): _____

Years in Business: _____

Work to be Performed: _____

Percentage of Total Contract: _____

Previous Work Experience with Bidder: _____

LICENSES, CERTIFICATIONS, AND REGISTRATIONS

List all relevant business licenses, professional certifications, and registrations held by the Bidder that are required to perform the work specified in the bid solicitation. Attach copies of all licenses and certifications.

1. **Type:** _____

Issuing Authority: _____

License/Certification Number: _____

Date Issued: _____

Expiration Date: _____

2. **Type:** _____

Issuing Authority: _____

License/Certification Number: _____

Date Issued: _____

Expiration Date: _____

3. **Type:** _____

Issuing Authority: _____

License/Certification Number: _____

Date Issued: _____

Expiration Date: _____

EQUIPMENT AND RESOURCES

EQUIPMENT RESOURCES

List major equipment and facilities available for use on this project. Indicate whether owned, leased, or rented.

1. **Equipment/Facility:** _____
Quantity: _____
Capacity/Size: _____
Age/Condition: _____
Owned/Leased/Rented: _____
2. **Equipment/Facility:** _____
Quantity: _____
Capacity/Size: _____
Age/Condition: _____
Owned/Leased/Rented: _____
3. **Equipment/Facility:** _____
Quantity: _____
Capacity/Size: _____
Age/Condition: _____
Owned/Leased/Rented: _____

COMPLIANCE AND LEGAL HISTORY

LEGAL PROCEEDINGS

1. Has the Bidder been involved in any litigation, arbitration, or mediation in the past five (5) years?
 - ☐ [] Yes
 - ☐ [] NoIf yes, provide details including court/jurisdiction, case number, parties involved, nature of dispute, and resolution:

2. Are there any pending judgments, claims, arbitration proceedings, or suits against the Bidder or its officers?

☐ [] Yes

☐ [] No

If yes, provide details:

3. Has the Bidder filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last five (5) years?

☐ [] Yes

☐ [] No

If yes, provide details:

SAFETY RECORD

1. Workers' Compensation Experience Modification Rate (EMR) for the past three years:

☐ Year _____ : _____

☐ Year _____ : _____

☐ Year _____ : _____

2. OSHA Recordable Incident Rate for the past three years:

☐ Year _____ : _____

☐ Year _____ : _____

☐ Year _____ : _____

3. Has the Bidder been cited for any OSHA violations in the past three (3) years?

☐ [] Yes

☐ [] No

If yes, provide details including dates, nature of violation, and resolution:

INSURANCE INFORMATION

INSURANCE COVERAGE

Provide information on current insurance coverage. Attach certificates of insurance.

General Liability Insurance:

- Carrier: _____
- Policy Number: _____
- Limits: \$ _____
- Expiration Date: _____

Automobile Liability Insurance:

- Carrier: _____
- Policy Number: _____
- Limits: \$ _____
- Expiration Date: _____

Workers' Compensation Insurance:

- Carrier: _____
- Policy Number: _____
- Limits: \$ _____
- Expiration Date: _____

Professional Liability Insurance (if applicable):

- Carrier: _____
- Policy Number: _____
- Limits: \$ _____
- Expiration Date: _____

Umbrella/Excess Liability Insurance:

- Carrier: _____
- Policy Number: _____
- Limits: \$ _____
- Expiration Date: _____

QUALITY ASSURANCE

Describe the quality assurance and quality control procedures that will be implemented for this project:

SCHEDULE MANAGEMENT

Describe the approach to developing and managing the project schedule to ensure timely completion:

REFERENCES

Provide a minimum of three (3) references from clients for whom the Bidder has performed similar work within the past five (5) years. Municipal references are preferred.

Reference 1

Client Name: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

Contract Value: \$ _____

Date(s) of Service: _____

Description of Services Provided: _____

Reference 2

Client Name: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

Contract Value: \$ _____

Date(s) of Service: _____

Description of Services Provided: _____

Reference 3

Client Name: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

Contract Value: \$ _____

Date(s) of Service: _____

Description of Services Provided: _____

ADDITIONAL INFORMATION

Provide any additional information that may be relevant to the evaluation of this qualification statement:

AFFIDAVIT AND SIGNATURE

I, the undersigned, being duly sworn, depose and state that I am an authorized representative of the Bidder and that the foregoing statements are true and accurate to the best of my knowledge and belief. I acknowledge that any false, deceptive, or fraudulent statements on this qualification statement will result in rejection of our bid and may be subject to legal action.

I hereby authorize the Municipality to contact any firm, institution, or person listed above to verify information provided in this qualification statement.

Signature of Authorized Representative: _____

Printed Name and Title: _____

Date: _____

Notary Public:

State of Illinois

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

[NOTARY SEAL]

ATTACHMENTS CHECKLIST

The following documents are attached to this Bidder Qualification Statement:

- ☐ Resumes of Key Personnel
- ☐ Financial Statements (if required)
- ☐ Certificates of Insurance
- ☐ Copies of Licenses and Certifications
- ☐ List of Equipment (if additional space needed)
- ☐ Safety Program Documentation
- ☐ Other (specify): _____

FOR MUNICIPALITY USE ONLY

Date Qualification Statement Received: _____

Received By: _____

Qualification Status:

- ☐ Approved
- ☐ Conditionally Approved (see attached conditions)
- ☐ Rejected (see attached reasons)

Reviewed By: _____

Title: _____

Date: _____

Comments:
