

WELL PUMP MAINTENANCE AND REPAIR SERVICES FOR THE LAKE COUNTY PUBLIC WORKS DEPARTMENT
CONTRACTOR QUALIFICATIONS **July 2022**

Name and Address of Office from which this contract will be administered
(ATTACH ADDITIONAL PAGES AS NEEDED)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address _____

Project Manager: _____

Years in Business: _____

Number of Employees: _____

Annual Sales: \$ _____

Dunn & Bradstreet #: _____

Indicate if firm is a certified M/W/DBE and attach certification: _____

List employees who will be dedicated to the Project: (Attach additional pages as necessary)

NAME	POSITION TITLE	NUMBER OF YEARS	AREA OF RESPONSIBILITY/TASK EXPERIENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form with all Bid Documents by the date and time shown on the Invitation to Bid.

Pursuant to applicable sections of the Lake County Purchasing Ordinance, the Purchasing Division is required to determine whether or not a bidder is responsible. A responsible bidder is defined as "an entity (business) who has the capability in all respects to perform fully the contract requirements, and the tenacity, perseverance, experience, integrity, reliability, capacity, facilities, equipment, and credit which will assure good faith performance." Information furnished by a bidder will be reviewed by the Purchasing Division, using department, and the project architect /engineer. Said information shall not be otherwise disclosed without prior written consent by the bidder. Failure to submit this form by the date and time specified shall be cause for rejection of your bid.

QUALIFICATIONS OF A RESPONSIBLE BIDDER

BIDDER shall comply with the following requirements:

Business duration: Minimum 10 years in business.

- a. References and Example Projects as identified in Section 4.0 shall meet the requirements listed therein.
- b. Safety: Worker's compensation premium modifier not more than 1.0 or an explanation of special circumstances.
- c. Contract completion history: No defaults of any construction.
- d. Reference check: Positive references and confirmation of firm's capabilities.

The contracting authority reserves the right to request written documentation of these qualifications. Project experience documentation shall include, at a minimum, the following information: Project name, brief project description, construction cost, construction start and completion dates, owner, owner's agent and architect including contact names and phone numbers.

1. For the current proposed project, list work to be performed by your own forces:

2. List Proposed Major Subcontractors for this Project:

Trade	Name	Amount (\$)	Apprenticeship Program Name	U.S. Dept. of Labor Registration Number

3. Bank Reference:

Address:

Contact:

4. Bonding Company:

Agency Name:

Address:

Contact:

5. Insurance Company:

Agency Name:

Address: _____

Contact: _____

6. Trade References (list Four):

Name: _____
Address: _____

Contact: _____
Telephone #: _____

Name: _____
Address: _____

Contact: _____
Telephone #: _____

Name: _____
Address: _____

Contact: _____
Telephone #: _____

Name: _____
Address: _____

Contact: _____
Telephone #: _____

7. A. Have you within the last five years failed to complete a contract?

Yes _____ No _____

B. Are there any judgments, claims or suits pending or outstanding against you?

Yes _____ No _____

If answer to either question is Yes, submit details on a separate sheet.

C. List all claims that have been filed by or against your firm due to construction contracts in the last five years, including arbitration:

9. Financial Statement- attach separate sheet(s) as necessary:

Current Assets:	\$	
Fixed Assets (Depreciated):	\$	
Other Assets:	\$	
Total Assets:		\$
Current Liabilities:	\$	
Long Term Liabilities:	\$	
Total Liabilities:		\$
Net Worth:		\$

Date of Latest Balance Sheet: _____

Accounting Firm: _____

(Lake County reserves the right to request a copy of financial statement.)

10. Major Contracts Completed During Last Five Years:

Year	Name of Project	Architect/Engineer	Contract Amount (\$)

11. Average Annual Billing for Last Five Years: \$ _____

12. Total Work in Progress and Under Contract: \$ _____

13. List All Major Work Currently Under Contract:

% Completed	Name of Project	Architect/Engineer	Contract Amount (\$)

The undersigned hereby certifies that answers to the foregoing questions and all statements therein contained are true and correct. Surety, bank, subcontractor, supplier, or any other persons, firms or corporations with whom we have done business, or who have extended any credit to us are hereby authorized to furnish you with any information you may request concerning our organization including, but not limited to, information concerning performance on previous work or credit standing with any of them. We hereby release any and all such parties from any legal responsibility whatsoever of having furnished such information to you.

Name of Organization: _____

By: _____

Title: _____ Date: _____

CONTRACTOR QUALIFICATIONS (continued)

Contractor shall respond to each of the following **minimum** requirements indicated below. Contractor shall provide an explanation for each "Non-Compliant" response. Attach additional pages if necessary.

NOTE: Award will consider all value-added services and all optional value-added services. Please list all optional value-added services on the Contractor Qualifications sheet included herein.

Qualifications shall include, at a minimum:

	Qualifications	Compliant	Non-Compliant	Explanation
1.	Quality of workmanship/reliability			
2.	Providing similar service to other organizations of similar size for a minimum of five (5) years			
3.	Technicians certifications (factory-trained), both mechanical and electrical			____ Number of certified technicians ____ Average years of experience
	Certifications: (Check "Compliant" or "Non-Compliant" for each manufacture)			
	* Berkeley			
	* Crown			
	* Goulds			
	* Grundfos			
	* Red Jacket			
	* Simmons			
	(Attach certification copies)			
4.	Compliance with Service Schedule as specified in Paragraph #6			
5.	Sufficient O.E.M. replacement parts inventory with availability within 24 hours			
6.	Ability to perform in accordance with bid specifications			
7.	Equipment capability (provide list of equipment owned/leased on Equipment Capability Form)			
8.	References			
9.	Timeliness of service. Provide service within time frame stipulated in contract			