

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

TO: Village Board  
Menomonee Falls, WI

RE: Submission of Prequalification Form for the year 2022

To Whom It May Concern:

Here is the approved Pre-qualification form which was approved by the Utilities & Public Works Committee of the Village Board of Trustees as Official Policy on April 5, 2004 and only this form will be accepted by the Village of Menomonee Falls and no other form will be acceptable.

This pre-qualification will be used in determining whether your firm is qualified and capable to bid, perform, and furnish the necessary labor, materials, and skill on the basis of our work record, experience, equipment, and staff as required to enter upon and complete those various types of projects indicated below as may be awarded by the Municipality during the current calendar year.

It is understood that the determination and decisions of the Municipality with regard to qualifications shall be final; and further, that the information herein will be considered confidential. A finding of "qualified" for one project does not bind the Municipality on other projects, and that the Municipality expressly reserves the right to review and reverse its findings on later projects.

Sincerely yours,

\_\_\_\_\_  
Officer

\_\_\_\_\_  
Firm

***FOR VILLAGE USE ONLY***

THIS PREQUALIFICATION:

Has been ACCEPTED by the Village of Menomonee Falls for the year **2022**

Has been DENIED for the following reason(s):

Needs Village Pre-Qual Form

Needs company's most recent financials

Other: \_\_\_\_\_

APPROVING AUTHORITY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

ADDITIONAL COMMENTS:

**PRE-QUALIFICATION STATEMENT**

TO: Village Board  
Menomonee Falls, WI

There is submitted herewith for your consideration, pursuant to Sec. 66.0901 Wis. Stats., 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 Municipality through its several departments.

**1. IDENTIFICATION**

A. Official Firm Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address \_\_\_\_\_ Fax \_\_\_\_\_

C. Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

E. Class of work in which firm is seeking qualification \_\_\_\_\_  
\_\_\_\_\_

F. Please check (1), (2), or (3):  
(1) A Corporation (2) A Co-Partnership (3) An Individual

G. Principal Individuals:  
**If a Corporation answer below:**  
President \_\_\_\_\_  
Vice-President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_  
**If a Co-Partnership answer below:**  
Name of Partner \_\_\_\_\_  
Name of Partner \_\_\_\_\_  
**If a Sole Trader answer below:**  
Name of Sole Trader \_\_\_\_\_

H. **If a Corporation answer below:**  
(1) Date licensed to do business in Wisconsin: \_\_\_\_\_  
(2) When Incorporated \_\_\_\_\_ (3) In what State \_\_\_\_\_

**2. EXPERIENCE**

A. Tabulation of major contracts which firm has completed during the past five years:

**See attached**

Year	Class of Work	Contract Amount	Location of Work	For Whom Performed Name & Address

B. Tabulation of construction experience of principal individuals in organization:

**See attached**

Individual's Name	Present Position or Office	Years of Experience	Class of Work

Average number of employees during the last twelve months:

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

**3. EQUIPMENT**

A. List below major pieces of equipment owned and available when needed for proposed work:

**See attached**

Quantity	Item	Description Size, Capacity, Etc.	Condition (Good – Fair)	Years of Service

**3. EQUIPMENT continued**

Quantity	Item	Description Size, Capacity, Etc.	Condition (Good – Fair)	Years of Service

**4. CONTRACTUAL RESPONSIBILITY**

A. Has firm ever failed in the past ten years to complete on time work awarded to it? \_\_\_\_\_

(1) Date \_\_\_\_\_ (2) Owner \_\_\_\_\_

(3) Owner's Mailing Address \_\_\_\_\_

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

(4) Full particulars in each instance: \_\_\_\_\_

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

B. Has any officer or partner of the firm ever failed in the past ten years to complete on time a construction contract handled in his own name?

\_\_\_\_\_  
If so, state:

(1) Date \_\_\_\_\_ (2) Name of Officer or Partner \_\_\_\_\_

(3) Owner \_\_\_\_\_

(4) Owner's Mailing Address \_\_\_\_\_

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

(5) Full particulars in each instance: \_\_\_\_\_

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

C. Has any officer or partner of the firm ever been an officer or partner of some other organization during the past ten years that failed to complete on time a construction contract?

\_\_\_\_\_

If so, state:

(1) Date \_\_\_\_\_ (2) Name of Officer or Partner \_\_\_\_\_

(3) Name and Mailing Address of Organization \_\_\_\_\_

(4) Name and Mailing Address of Owner \_\_\_\_\_

(Above addresses at that time, or now – preferably now if there is a difference.)

(5) Full particulars in each instance: \_\_\_\_\_

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

D. Has the firm asked to be relieved from a bid submitted by it to a public awarding authority during the past 10 years?

\_\_\_\_\_

If so, state:

(1) Date \_\_\_\_\_ (2) Owner \_\_\_\_\_

(3) Owner's Mailing Address \_\_\_\_\_

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

(4) Full particulars in each instance: \_\_\_\_\_

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

E. Has the firm ever been charged with or convicted of a violation of any wage schedule?

\_\_\_\_\_

If so, state:

(1) Date \_\_\_\_\_ (2) Claimant \_\_\_\_\_

(3) Claimant's Mailing Address \_\_\_\_\_

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

(4) Full particulars in each instance: \_\_\_\_\_

\_\_\_\_\_

**5. BONDING RESPONSIBILITY**

A. (1) Names and addresses of bonding companies which generally execute bid and surety bonds:

**See attached**

---

---

---

(2) Names and addresses of all bonding companies other than those listed in A (1) above which have written Bid and surety bonds during the last five years:

---

---

---

B. Has any bonding company ever taken over a contract, or made any payments, because of the firm's failure to carry out a contract?

\_\_\_\_\_   
 If so, state:

(1) Date \_\_\_\_\_

(2) Name of Bonding Co. \_\_\_\_\_

(3) Bonding Company's Mailing Address \_\_\_\_\_

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

(4) Full particulars in each instance: \_\_\_\_\_

---

---

C. What is your approximate total bonding capacity?

\$100,000 to \$500,000

\$500,000 to \$2,000,000

\$2,000,000 to \$5,000,000

\$5,000,000 to \$10,000,000

\$10,000,000 or more

**6. CONTRACTOR'S FINANCIAL STATEMENT**

- A. Provide dated copies of your most recent balance sheet date including current assets and liabilities (preferably audited or reviewed by independent accounting firm).
- B. Provide dated copies of your most recent income statement and cash flow statement (preferably audited or reviewed by independent accounting firm).
- C. Who prepared such balance sheet? \_\_\_\_\_
- D. Are any of your assets assigned? If so, which are assigned?

\_\_\_\_\_

For what purpose are they assigned? \_\_\_\_\_

**7. DATA**

- A. Are you familiar with the provisions of the form of contract used by this Municipality? \_\_\_\_\_
- B. With its terms and conditions? \_\_\_\_\_
- C. With its specifications? \_\_\_\_\_
- D. With the regulations of the Municipality relating to bidding and awarding of contracts? \_\_\_\_\_

8. AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn, deposes and  
(Name)

says that he is the \_\_\_\_\_ of the above  
(Official Capacity)

\_\_\_\_\_ and that the answers to the forgoing  
(Name of Firm)

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 with any information deemed necessary to verify this statement.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

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

FILED ORIGINALLY WITH \_\_\_\_\_ Department \_\_\_\_\_ Date

PREQUALIFIED BY \_\_\_\_\_ DATE \_\_\_\_\_

CLASS OF WORK \_\_\_\_\_ DESCRIPTION OF JOB \_\_\_\_\_

LOCATION OF JOB \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

APPROVED AS QUALIFIED \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Clerk