Document 00 45 13 - Bidder's Qualifications

State of Ohio Standard Requirements for Public Facility Construction

Project Number:					
	Project Name:				
۱.	Company Name:				
	Physical Address:	Street, Building, Unit			
		on oot, Dananig, Oint			
		City, State, Zip			
	Mailing Address (if different):				
	<u> </u>	P.O. Box			
		City, State, Zip			
	Telephone Number (w/ Area Code):	()			
Fax Number (w/ Area Code):		()			
	Email address:				

2. Overall Experience. Indicate Bidder's overall experience performing the trades bid, including the years in business performing the trade under <u>present and former</u> business names.

- 3. Financial. The apparent low Bidder shall submit, upon request of the Contracting Authority, either:
 - a) An annual financial statement prepared within the 12 months prior to the bid opening by an independent licensed accounting firm; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking; or,
 - b) A financial report generated within 30 days prior to the bid opening from Standard and Poor, Dun and Bradstreet or a similar company acceptable to the Contracting Authority documenting the financial condition of the Bidder; and the name, address, contact person and phone number of the bank normally used by the Bidder for its primary banking;

This information is not a public record under Ohio Revised Code Section 149.43; and shall remain confidential, except under proper order of a court.

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4.	Facilities & Equipment. Indicate Bidder's relevant facilities and major equipment (leased or owned).
5.	Ongoing & Relevant Projects. List all ongoing projects and projects completed in the last 5 years, which are similar in cost and type to the Project. Include scope of Work, Contract value, a description of EDGE participation and performance, and project name/contact person/address/phone number for each owner and the architect or engineer for each project.
6.	Regulatory / Contractual. Indicate all occurrences of the following in the last 5 years (indicate if none). For verification, attach documentation, and/or provide sufficient and appropriate detail information such as: project name, owner, contact person and phone number, amount of contract, etc. a) State or federal Prevailing Wage violations or judgments
	b) EDGE program violations
	c) Contract abandonment, contract termination, as either a prime- or sub-contractor, or Surety takeover
	d) Debarment by state, federal, or local jurisdictions

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	e) EPA/OSHA violations					
	f) Liquidated damages and Statutory Delay Forfe	iture assessed				
	g) Drug-Free Safety Program and Drug Free Worl Prevention and Recovery Program)	kplace Program viol	ations (currently titled Sul	ostance Use		
7.	Management. Identify individuals assigned to this Projection	ect.				
	Principal	Years with firm	Total Exp	_		
	Project Manager	Years with firm	Total Exp	_		
	Field Superintendent	_Years with firm _	Total Exp	_		
8.	EDGE Participation. Identify EDGE-certified Busines for this Project. <u>Attach a fully completed Document 00 Enterprise</u> .					
9.	. Certification. I hereby certify that the information in this entire Bidder's Qualifications form, including all attachment and referenced information, is factual and complete.					
	Company Name					
Authorized Official (please print or type)						
	Signature of Authorized Official	D	ate			

END OF DOCUMENT