

To: Curt Czarnecki, General Manager
Kenosha Water Utility
4401 Green Bay Road
Kenosha, Wisconsin 53144

Re: Submission of Prequalification Forms for the Year 2024

Submitted herewith please find our statement for your consideration in determining whether our firm is qualified to bid, perform and furnish the necessary labor materials and skill on the basis of our work record, experience, equipment, staff and financial resources including bond ability, as required to enter upon and complete those various types of projects indicated below as may be awarded by the Kenosha Water Utility during the calendar year above specified.

It is understood that the determinations and decisions of the Kenosha Water Utility 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 Kenosha Water Utility on other projects, and the Kenosha Water Utility expressly reserves the right to determine if a bidder is qualified on a project by project basis.

Sincerely yours,

Officer

Firm

APPLICANT _____

To: All Bidders on Kenosha Water Utility Projects

From: Curt Czarnecki, General Manager

Subject: Prequalification Statements

In addition to the attached prequalification statement, please answer the following questions:

(1) Your Wisconsin Unemployment Compensation Number _____

(2) Outline the construction projects your organization has in progress as of the date of this statement. (If contract is as a sub., give name of prime contractor, amount of total contract and amount of sub.)

| | Amt. of Contract | Type of Work | Scheduled Date of Completion | Owner |
|-----|------------------|--------------|---------------------------------|-------|
| (a) | _____ | _____ | _____ | _____ |
| (b) | _____ | _____ | _____ | _____ |
| (c) | _____ | _____ | _____ | _____ |
| (d) | _____ | _____ | _____ | _____ |

(3) Have any of your contracts resulted in law suits? _____

If so, describe the case _____

(4) What volume of work do you currently have unfinished? _____

(5) How much cash or credit does this require? \$ _____

(6) How much cash or credit does this leave free for other work? _____

1. PREQUALIFICATION STATEMENT

There is submitted herewith for your consideration, pursuant to Sec. 66.0901(2) 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.

A. Official Firm Name _____

B. Telephone/Fax _____

C. Address _____
(Street) (City) (State) (Zip Code)

D. Number of years in business under present firm name _____

E. Class of Work in which firm is seeking qualification _____

F. Please check one:

A Corporation

A Co-Partnership

An Individual

G. Principal Individuals:

If a Corporation answer below:

If a Co-Partnership answer below:

President _____ Name of Partner _____

Vice-Pres. _____ Name of Partner _____

Secretary _____ If a Sole Trader answer below:

Treasurer _____ Name of Sole Trader _____

H. If a corporation answer below:

(1) Utility Contractors License Number _____

(2) Licensed to do business in Wisconsin _____ Year _____

(3) When Incorporated _____

(4) In what State _____

2. EXPERIENCE

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

| Year | Class of Work | Contract Amount | Location of Work | For whom work performed: Name, Address, Telephone |
|------|---------------|-----------------|------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. Tabulation of Construction Experience of Principal Individuals in Organization:

| Individuals Name | Present Position or Office | Years of Experience | Class of Work |
|------------------|-------------------------------|---------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Average number of employees during the last 12 months:

Office _____ Skilled _____ Unskilled _____

3. EQUIPMENT

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

| Quantity | Item | Description, Size, Capacity, etc. | Condition (Good or Fair) | Years of Service |
|----------|------|-----------------------------------|-----------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
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4. CONTRACTUAL RESPONSIBILITY

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

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:

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

- (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 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 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 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 all bonding companies which generally execute bid and surety bonds:

(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 firm's failure to carry out a contract?

If so, state:

(1) Date_____

(2) Name of Bonding Company_____

(3) Bonding Company's Mailing Address_____

(4) Full particulars in each instance_____

6. CONTRACTOR'S FINANCIAL STATEMENT

- A. Itemize your current assets as of latest balance sheet date. Give date.
(Include copy of balance sheet)
- B. Itemize your current liabilities as of latest balance sheet date. Give date.
- 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 Kenosha Water Utility? _____
- B. With its terms and conditions? _____
- C. With its specifications? _____
- D. With the regulations of the Municipality relating to bidding and awarding of contracts? _____

Contractor Safety and Health Qualification Form

Contractor Name: _____

Per the requirement of the Board of Water Commissioners, all bidders shall have safety and health qualification forms on file with the Kenosha Water Utility. In an effort to go paperless, KWU is requiring all prequalified firms to provide a PDF copy of their Safety and Health Programs.

Does the program address the following key elements?:

| | | |
|--|-----|----|
| ◦ Management commitment and expectations? | Yes | No |
| ◦ Clearly defined goals and objectives? | Yes | No |
| ◦ Employee participation and involvement? | Yes | No |
| ◦ Accountability and responsibility for managers, supervisors and employees? | Yes | No |
| ◦ Resources for meeting safety and health requirements? | Yes | No |
| ◦ Periodic safety and health performance appraisals for all employees? | Yes | No |
| ◦ Safety recognition program? | Yes | No |
| ◦ Hazard recognition program? | Yes | No |
| ◦ Disciplinary action? | Yes | No |

Does the program include the following components?:

| | | | |
|--------------------------------------|-----|----|-----|
| ◦ Safety and health orientation? | Yes | No | N/A |
| ◦ Medical evaluation and monitoring? | Yes | No | N/A |
| ◦ Substance abuse program? | Yes | No | N/A |
| ◦ Industrial hygiene program? | Yes | No | N/A |

Does the program include the following practices?:

| | | | |
|---|-----|----|-----|
| ◦ Hazard control? | Yes | No | |
| ◦ Hazard reporting? | Yes | No | |
| ◦ Preventative maintenance of equipment? | Yes | No | N/A |
| ◦ Trend analysis of injury and illness rates? | Yes | No | |
| ◦ Routine self-inspections/evaluations? | Yes | No | N/A |

Highest Ranking health and safety professional in the company:

Name: _____

Title: _____

Telephone: _____

Do you have or provide:

- | | | |
|--|-----|----|
| ◦ Designated Safety/Health Director? | Yes | No |
| ◦ Designated Site Safety/Health Director? | Yes | No |
| ◦ Designated Job Safety/Health Coordinator? | Yes | No |
| ◦ Certified safety and health professionals and other License health care professionals, as needed? | Yes | No |

Injury and Illness Data: **Please attach copies of your OSHA 300A forms for the last three years.**

| | 2021 | 2022 | 2023 |
|--|------|------|------|
| Employee Hours | | | |
| Number of Employees | | | |
| Total No. of Recordable Injuries/Illnesses | | | |
| Total No. of Fatalities | | | |
| OSHA Recordable Incident Rate* | | | |
| Experience Modification Rating (EMR)** | | | |

*Use the following formula to calculate Incident Rate:

$$\frac{\text{Number of recordable cases} \times 200,000 \text{ hours}}{\text{Number of annual hours worked}} = \text{Incident Rate}$$

**If EMR is 1.0 or above, please explain why. If you do not have an EMR, please explain.

Has your firm received any regulatory citations in the last 3 years? (OSHA, EPA, etc.)?

Yes No

If yes, please attach copies of each citation, including fines levied as well as pertinent information documenting corrective action measures for regulatory compliance.

Attachment Checklist:

Did you include the following with your submittal?

- Safety Program (PDF version)
- OSHA 300A Forms for Last Three Years
- Regulatory Citation(s) for Last Three Years, If Applicable

8. ORDINANCE NO. 37-23 REQUIREMENTS

Per Ordinance No. 37-23, The Common Council of the City of Kenosha, Wisconsin, do ordain as follows: Section 5.001 of the Code of General Ordinances for the City of Kenosha is hereby enacted as follows:

5.001. Protection In Public Bidding.

A. Purpose. Pursuant to Wisconsin Statute § 66.0901, a municipality intending to enter into a public contract may, before delivering any form for bid proposals, plans, and specifications to any person, except suppliers, and others not intending to submit a direct bid, require the person to submit a full and complete statement sworn to before an officer authorized by law to administer oaths. The sworn statement is to consist of information relating to financial ability, equipment, experience in the work prescribed in the public contract, and other matters that the municipality requires for the protection and welfare of the public in the performance of a public contract. Determining specific criteria to be included in the sworn statement requires the exercise of discretion by the municipality. This ordinance is intended as an exercise of this discretion and to ensure that bids are reviewed by the City of Kenosha and its departments, officials, or employees under reasonably consistent criteria when they exercise discretion in selecting criteria for inclusion in the sworn statement.

B. Definitions. In this section, the following definitions shall apply:

1. "Contractor" means a person, corporation, partnership or any other business entity that performs work on a public works contract as a general contractor, prime contractor or subcontractor at any tier.

2. "Class A Apprenticeship Program" means an apprenticeship program that is currently approved by the U.S. Department of Labor or a state apprenticeship agency and has graduated apprentices to journeyperson status for three (3) years. In addition, a new apprenticeship program that has been registered with the federal or state government within the last three (3) years will be considered a Class A Apprenticeship Program, provided that such new program graduates apprentices to journeyperson status within the indenture period.

3. "Public works contract" means a contract for the construction, alteration, execution, repair, remodeling or improvement of a public work or building, where the contract is required to be bid pursuant to Wisconsin Statute § 62.15(1) and (6).

Criteria for the Sworn Statement. The City of Kenosha will require all contractors submitting bids pursuant to Wisconsin Statutes §§ 62.15 or 66.0901 to submit a sworn statement pursuant to Wisconsin Statute § 66.0901(2) showing their satisfaction of the following criteria, in addition to any other criterion that may apply.

1. The contractor maintains a permanent place of business.

Yes No

2. The contractor is authorized to do business in the State of Wisconsin.

Yes No

3. The contractor, or agent, partner, employee or officer of the contractor, is not debarred, suspended, proposed for debarment or declared ineligible from contracting with any unit of federal, state or local government.

Yes No

4. The contractor is in compliance with provisions of Subchapter VI of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 and any amendments to it.

Yes No

5. The contractor has general liability, workers' compensation and automobile insurance at levels sufficient to protect the City of Kenosha.

Yes No

6. The contractor participates in a Class A Apprenticeship Program.

Yes No

7. The contractor has a written substance abuse prevention program meeting the requirements of Wisconsin Statute § 103.503.

Yes No

8. The employees who will perform work on the project are properly classified as employees or independent contractors under all applicable state and federal laws.

Yes No

9. The contractor has not been the subject of any investigation, order or judgment from any state or federal agency or court concerning an employment practice, including but not limited to, classification of employees, unemployment insurance, or discrimination. If the contractor has been the subject of any investigation, order or judgment from any state or federal agency or court concerning an employment practice, the contractor must provide copies of the investigation, order or judgment.

Yes No

10. The contractor's employees who will perform work on the project are covered under a current workers' compensation policy and properly classified under such policy.

Yes No

11. The contractor's employees who will perform work on the project have the health insurance coverage required by the federal Affordable Care Act.

Yes No

12. The contractor possesses all applicable professional and trade licenses required for performing the public works.
Yes No
13. The contractor has adequate financial resources to complete the public works contract, as well as all other work the bidder is presently under contract to complete.
Yes No
14. The contractor is bondable for the terms of the proposed public works contract.
Yes No
15. The contractor has a record of satisfactorily completing at least five projects of similar size and complexity within the last five years.
Yes No
16. The Contractor has, and diligently maintains, a written safety program.
Yes No
17. The contractor has not received a serious, willful or repeated violation from OSHA in the last 10 years.
Yes No

9. AFFIDAVIT

STATE OF _____)
) SS.
COUNTY OF _____)

_____ being duly sworn, deposes and says
that they are the _____ (Official Capacity) of the
above _____ (Name of Firm) and that the answers to the
foregoing 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 _____, 20____ .

My commission expires _____, 20____ .

(Notary Public)