

City of Beaverton, Oregon

2019 – 20 BIDDER RESPONSIBILITY FORM
(CONTRACTOR’S QUALIFICATIONS AND FINANCIAL INFORMATION)
Effective September 1, 2019 through August 31, 2020

FAILURE TO SUBMIT THIS FORM WITH BID PROPOSAL PACKET OR HAVE A CURRENT BIDDER RESPONSIBILITY FORM ON FILE WITH THE CITY WILL RESULT IN A NON-RESPONSIVE BID

INSTRUCTIONS

1. The information provided in this form is part of the City’s inquiry concerning bidder responsibility. Please print clearly or type. If you need more space, use plain paper.
2. This form supplements any information submitted in a “Prequalification Application.” This form is not an amendment to a “Prequalification Application.” Do not use this form as a bidder pre-qualification application.
3. Answer all questions. Submission of a form with unanswered questions, incomplete or illegible answers may result in a finding that you are not a responsible bidder.
4. Submit completed Bidder Responsibility Form with bid OR have a current Bidder Responsibility Form on file with the City.

SECTION I – GENERAL INFORMATION

1. BIDDER’S NAME AND ADDRESS:	2. TELEPHONE, FAX AND EMAIL: (a) TELEPHONE: (b) FAX: (c) EMAIL:
3. TAXPAYER ID NUMBER:	4. DATE AND STATE ORGANIZATION FORMED:
5. CITY OF BEAVERTON BUSINESS LICENSE NO.:	6. CONTRACTORS CONSTRUCTION BOARD LICENSE NO.:
7. TRADE STYLE NAME:	8. KIND OF PRODUCT OR SERVICE PROVIDED:
9. FORMER BUSINESS NAME(S):	10. KIND OF BUSINESS (check one): (a) <input type="checkbox"/> MANUFACTURER (b) <input type="checkbox"/> CONTRACTOR (c) <input type="checkbox"/> WHOLESALE (d) <input type="checkbox"/> RETAILER (e) <input type="checkbox"/> OTHER (Specify)
11. PARENT COMPANY NAME AND ADDRESS (if applicable):	12. BUSINESS ORGANIZATION (check one) (a) <input type="checkbox"/> CORPORATION (b) <input type="checkbox"/> LIMITED LIABILITY COMPANY (c) <input type="checkbox"/> PARTNERSHIP (d) <input type="checkbox"/> SOLE PROPRIETORSHIP (e) <input type="checkbox"/> JOINT VENTURE (f) <input type="checkbox"/> OTHER (Specify)

SECTION II – CONSTRUCTION/SERVICE CONTRACTS INFORMATION
(Public Buildings Construction/Service and Infrastructure Construction Contracts Only)

LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS AS THE PRIME CONTRACTOR

ITEM	13. JOB 1	14. JOB 2
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		
ITEM	15. JOB 3	16. JOB 4
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		
ITEM	17. JOB 5	18. JOB 6
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		

LARGEST JOBS YOU HAVE COMPLETED IN THE LAST FIVE YEARS AS A SUBCONTRACTOR

ITEM	19. JOB 1	20. JOB 2
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		
ITEM	21. JOB 3	22. JOB 4
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		
ITEM	23. JOB 5	24. JOB 6
A. Name of Project		
B. Location		
C. Contact's Name		
D. Address (Street Address City, State, Zip)		
E. Telephone		
F. Type of Work		
G. Contract Amt. (\$)		
H. Amount Sublet (\$)		
I. Type of Contract:	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum	<input type="checkbox"/> Itemized Bid or <input type="checkbox"/> Lump Sum
J. Estimated Completion Date		

SECTION III - EXPERIENCE AND QUALIFICATIONS

25. Is your company a resident Oregon bidder as defined by ORS 279A.120? Yes No

Note: "Resident bidder" means a bidder that has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the bid, has a business address in this state, and has stated in the bid whether the bidder is a "resident bidder."

26. Your company shall agree to and comply with applicable prevailing rate of wage provisions of ORS 279C.838, ORS 279C.840 – 279C.870 or the Davis-Bacon Act (40 USC 314 to 3148) for any completed public works project.
Yes No

LIST COMPANIES FROM WHOM YOU OBTAIN SURETY BONDS

ITEM	27. SURETY COMPANY 1	28. SURETY COMPANY 2
A. Company Name		
B. Contact's Name		
C. Telephone		
D. Fax		
E. Address (Street Address, City, State, Zip)		
29. PRESENT AMOUNT OF BONDING COVERAGE (\$)	30. HAS YOUR APPLICATION FOR SURETY BOND EVER BEEN DECLINED <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	31. DURING THE PAST 2 YEARS, HAVE YOU BEEN CHARGED WITH A FAILURE TO MEET THE CLAIMS OF YOUR SUBCONTRACTORS OR SUPPLIERS <i>(If Yes, please provide detailed information in Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV – RELIABILITY AND REFERENCES

32. List six references, three of whom are **project owners** and three of whom are **subcontractors**. Provide the name of each reference, the reference's telephone number and the name of reference's business or employer. References may be contacted to discuss submitting contractor's qualifications.

ITEM	33. REFERENCE – PROJECT OWNER	34. REFERENCE – PROJECT OWNER
A. Name		
B. Business or Employer		
C. Telephone		
ITEM	35. REFERENCE – PROJECT OWNER	36. REFERENCE – SUBCONTRACTOR
A. Name		
B. Business or Employer		
C. Telephone		
ITEM	37. REFERENCE – SUBCONTRACTOR	38. REFERENCE – SUBCONTRACTOR
A. Name		
B. Business or Employer		
C. Telephone		

39. Has your company ever been in breach of any contract for unperformed or defective work, or for lack of completing and submitting necessary contract documentation and/or proper invoicing?
Yes No If "yes," please explain.
40. Has any employee or agent of your company ever been convicted of a criminal offense arising out of obtaining, attempting to obtain, or performing a public or private contract or subcontract?
Yes No If "yes," please explain.
41. Has any employee or agent of your company been convicted under state or federal law of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty?
Yes No If "yes," please explain.
42. Has your company or any employee or agent of your company been convicted under state or federal antitrust laws?
Yes No If "yes," please explain.
43. Has any Officer or Partner of your organization ever been an Officer or Partner of another Organization that failed to complete a construction contract?
Yes No If "yes," please explain.
44. Has your company complied with all state and local tax laws, including but not limited to, ORS 305.620 and ORS chapters 316, 317, and 318?
Yes No

SECTION V – FINANCIAL RESOURCES

45. Indicate the total amount of work, expressed in dollars, your company reasonably believes it is capable of bonding at any one time: \$ _____ .
 What portion of this amount remains available at time of completion of this form: \$ _____ .
46. Has your firm ever been at any time in the last ten years the debtor in a bankruptcy case?
 Yes No If "yes," please explain.
47. Does your firm have any outstanding judgments pending against it?
 Yes No If "yes," please explain.
48. In the past ten years, has your firm been a party to litigation, arbitration or mediation where the amount in dispute exceeded \$25,000?
Yes No If "yes," please explain.
49. In the past ten years, has your firm been a party to litigation, arbitration or mediation on a matter related to payment to subcontractors or work performance on a contract? Check "yes" even if the matter proceeded to arbitration or mediation without court litigation.
Yes No If "yes," please explain.
50. Have you or any of your affiliates (officially attached or connected to) discontinued business operation with outstanding debts?
Yes No If "yes," please explain.

SECTION VI – KEY PERSONNEL

List the principal individuals of your company, their current job title, the total years of experience they have in the construction industry and their current primary responsibility for your company. Corporations list current officers and those who own 5% or more of the corporation’s stock. Limited liability companies list members who own 5% or more of company. Partnerships list all partners. Joint ventures list each firm that is a member of the joint venture and the percentage of ownership the firm has in the joint venture.

ITEM	51. PRINCIPAL INDIVIDUAL	52. PRINCIPAL INDIVIDUAL
A. Name		
B. Position		
C. Years in Construction		
D. Current Primary Responsibility		
ITEM	53. PRINCIPAL INDIVIDUAL	54. PRINCIPAL INDIVIDUAL
A. Name		
B. Position		
C. Years in Construction		
D. Current Primary Responsibility		

Provide attachment if additional space is required.

SECTION VII – EQUIPMENT

List major items of equipment your company owns or has available for long-term use on the proposed work.

ITEM	55. EQUIPMENT		56. EQUIPMENT	
A. Description				
B. Capacity of items				
C. Condition				
D. Quantity		E. Age in Years		E. Age in Years
ITEM	57. EQUIPMENT		58. EQUIPMENT	
A. Description				
B. Capacity of items				
C. Condition				
D. Quantity		E. Age in Years		E. Age in Years
ITEM	59. EQUIPMENT		60. EQUIPMENT	
A. Description				
B. Capacity of items				
C. Condition				
D. Quantity		E. Age in Years		E. Age in Years

Provide attachment if additional space is required.

SECTION VIII – ADDITIONAL REMARKS

List the question each additional remark relates to. If more space needed, attach additional sheet(s) and check the following: Additional pages are attached to this Bidder Responsibility Form:

SECTION IX – DECLARATION AND SIGNATURES

The undersigned hereby declares that the he or she is duly authorized to complete and submit this Bidder Responsibility Form and that the statements contained herein are true and correct as of the date set forth below. Incomplete, incorrect or misleading information will be reason for a determination by City of non-responsibility.

SIGNED: _____
Signature of Authorized Official

REPRESENTING: _____
Company Name

Printed Name

Date

Title

