

# Document 00 45 13 - Bidder's Qualifications

## State of Ohio Standard Requirements for Public Facility Construction

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Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

1. Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street, Building, Unit

\_\_\_\_\_  
City, State, Zip

Mailing Address (if different): \_\_\_\_\_  
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 present and former 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.**



e) EPA/OSHA violations

f) Liquidated damages and Statutory Delay Forfeiture assessed

g) Drug-Free Safety Program and Drug Free Workplace Program violations

7. **Management.** Identify individuals assigned to this Project.

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 Business Enterprises proposed as Subcontractors and Material Suppliers for this Project. Attach a fully completed Document 00 45 39 - "EDGE Affidavit" for each EDGE-certified Business Enterprise.

9. **Certification.** I hereby certify that the information in this entire Bidder's Qualifications form, including all attachments and referenced information, is factual and complete.

Company Name \_\_\_\_\_

Authorized Official (please print or type) \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

**END OF DOCUMENT**