

**Ohio Department of Administrative Services  
General Services Division  
Office of the State Architect  
Standard Conditions of Contract for Construction**

**RESPONSIBLE BIDDER INFORMATION FORM**  
(Attach additional pages as needed. Photocopy pages as needed.)

**SAO Project No.:** < Associate insert >

**Project Name:** < Associate insert >

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

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

\_\_\_\_\_

City, State, Zip

Mailing Address (if different): \_\_\_\_\_  
Street, Building, Unit

\_\_\_\_\_

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 Department, either:

- a) An annual financial statement prepared within the twelve (12) months prior to the bid 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 from Standard and Poors, Dun and Bradstreet or a similar company acceptable to the State 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 Section 149.43, ORC; and will remain confidential, except under proper order of a court.**

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 four (4) years which are similar in cost and type to the Project being bid. Include scope of Work, Contract value and Project name/contact Person/address/phone number for each Owner and Associate for each Project.

6. **Regulatory / Contractual.** Indicate all occurrences of the following in the last four (4) years (if none, so state). For verification by the State, attach documentation, and/or provide sufficient and appropriate detail information such as: Project name, Owner, contact person and phone number, Contract amount, etc.

- a) Prevailing Wage violations or judgments
- b) Affirmative Action violations
- c) Contract abandonment, Contract termination or Surety takeover
- d) Debarment by State, federal or local jurisdictions
- e) EPA/OSHA violations
- f) Liquidated damages assessed

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. \_\_\_\_\_

CPM Scheduler \_\_\_\_\_ Years with firm \_\_\_\_\_ Total Exp. \_\_\_\_\_

8. **Certification.** I hereby certify that the information in this entire Responsible Bidder Information Form, including any and all attachments and referenced information, is factual and complete.

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

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

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

## EDGE PARTICIPATION

### Certified Statement of Intent To Contract and To Perform

**Bidder:** Submit one fully-completed form for each EDGE Business Enterprise

**SAO Project No.:** < Associate insert >

**Project Name:** < Associate insert >

**A. Bidder Company Name:** \_\_\_\_\_

**B. Certified EDGE Business Enterprise information** (for project contract at ANY tier)

**Mark all that apply:**

Bidder     Subcontractor     Material Supplier     Professional Services     Goods/Services

EDGE Business Name: \_\_\_\_\_

EDGE Business Address: \_\_\_\_\_

EDGE Business Federal Tax I.D. \_\_\_\_\_ email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Insert a brief description of materials, supplies, labor, etc. to be provided** (may use industry codes)

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

**C. Certification of Intent**

By signing below, Bidder certifies that it intends to contract with the certified EDGE Business Enterprise for the portion of the contract described above related to this project contract and for the estimated cost shown below. By signing below, the certified EDGE Business Enterprise certifies that it intends to contract with the Bidder and intends to provide the portion of the contract described above related to this project contract for the *estimated cost* of:

\_\_\_\_\_ and \_\_\_\_\_ /100 dollars ( \$ \_\_\_\_\_ ).

In the event the named Bidder is NOT the successful bidder, this Statement shall be null and void.

***EDGE Business Enterprise***

***Bidder***

\_\_\_\_\_  
Authorized representative name, title (print or type)

\_\_\_\_\_  
Authorized representative name, title (print or type)

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Signature of authorized representative