

Responsible Bidder Checklist KDOT
To be completed by Contractor/Subcontractor

Project:

Contract Number:

Business Name:

Business Address:

Contact Person:

Fax:

Phone:

E-mail:

For Office Use Only

Evidence of prequalification through the Illinois Department of Transportation Yes [] No []

Evidence of (i) participation in applicable registered apprenticeship programs Yes [] No []
and (ii) evidence that each program has met the graduation requirement Yes [] No []

Contractor's verification of compliance with the requirements of
Kane County Ordinance No. 23-340. Yes [] No []

Each Sub-Contractor's verification of compliance with the requirements of
Kane County Ordinance No. 23-340 Yes [] No []

Documentation Attached (Contractor must initial next to each item):

_____ **Table A:** Name and address of subcontractors from whom Contractor has accepted a bid or intends to hire to perform work on any part of the project.

NOTE: All subcontractors shall complete and submit an Affidavit of Compliance no later than the date the subcontractor commences work on the project.

_____ **Evidence of Prequalification through the Illinois Department of Transportation**

_____ **Evidence of participation in applicable registered apprenticeship programs**

_____ **Evidence that each apprenticeship program meets RBO graduation requirement**

CONTRACTOR VERIFICATION

I certify that I am authorized to execute this Contractor Verification on behalf of the Contractor set forth on page one (1), that I have personal knowledge of all the information set forth herein, and that all statements, representations, information and documents provided in or with this Form and attachments hereto are true and accurate and are submitted in compliance with the requirements of Kane County Ordinance No. 23-340. Failure to comply with all submission requirements set forth in Kane County Ordinance No. 23-340 is grounds for the County of Kane to determine that a submission is incomplete, which may result in a determination that Contractor is not a responsible bidder.

The Contractor shall report any change in any of the facts stated in this Form within fourteen (14) days of the effective date of such change by completing and submitting a new Form. Failure to comply with this requirement is grounds for the Contractor to be deemed a non-responsible bidder.

Signature of Authorized Officer

Name of Authorized Officer (Print or Type)

Title

Telephone Number

Subscribed and sworn to
before me this ____ day of
_____, 20__.

Notary Public Signature & Seal

SUBCONTRACTOR VERIFICATION

I certify that I am authorized to execute this Subcontractor Verification on behalf of the Subcontractor set forth on page one (1), that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provided in or with this Form and attachments hereto are true and accurate and are submitted in compliance with the requirements of Kane County Ordinance No. 23-340.

The Subcontractor shall report any change in any of the facts stated in this Form within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit. Failure to comply with this requirement is grounds for the project owner to withhold payment due for work performed.

Signature of Authorized Officer

Name of Authorized Officer (Print or Type)

Title

Telephone Number

Subscribed and sworn to
before me this _____ day of
_____, 20__.

Notary Public Signature & Seal