

COMMUNITY HOUSING IMPACT & PRESERVATION (CHIP) PROGRAM Contractor Application Procedure

NOTE TO CONTRACTORS:

The CHIP Program requires that its contractors be qualified prior to bidding on projects. The CHIP Program is administered by Maumee Valley Planning Organization. Contracts for CHIP projects are awarded only to pre-qualified Contractors.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Contractor's Qualification in its entirety and return it to Maumee Valley Planning Organization.
- Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Opportunity Employment statement (part of the Qualification form) and agree to hire employees who may have some barriers to employment when feasible
- Agree to warranty all work performed under the CHIP Programs, as evidenced by Contractor's signature on the Contractors Warranty (part of the Qualification form)
- Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program
- Submit a completed W-9 Tax Form and OPERS form
- Submit copy of Worker's Compensation Certificate or Evidence of adequate private medical insurance
- Submit EPA/RRP Lead Abatement Certificates/Licenses

If, in the opinion of Maumee Valley Planning Organization, the contractor meets the program's standards for qualified contractors, the Contractor's name will be placed on list of Qualified Contractors.

Maumee Valley Planning Organization reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

If you have questions about the requirements listed on this form, please call Maumee Valley Planning at 419.784.3882 or housing@mvp.org

Thank you in advance for your cooperation.

Application Date: _____

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____

E-Mail: _____ Federal Tax I.D. # or Social Security # _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

2) ORGANIZATION (Check):

_____ Sole Proprietorship/Owner's Name _____

_____ Partnership/Partner's Name _____

_____ Corporation/Company Name _____

_____ Other/Specify _____

Business Classifications (Check All That Apply) _____ DBE (Disadvantaged Business Enterprise) _____ MBE (Minority Business Enterprise) _____ WBE (Women-Owned Business Enterprise) _____ Other (Classification Please List) _____ Union _____ Non-Union	Please provide demographic information of the ownership of your company (Check All That Apply) Male-Owned Female-Owned White American _____ [] [] African American _____ [] [] Hispanic / Latino _____ [] [] Native American _____ [] [] Asian American _____ [] [] Other: _____
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When organized? _____ Where Incorporated? _____

How long contracting under present name? _____

Have you contracted under any other name(s)? _____ Yes _____ No If yes, explain _____

Have you ever failed to complete work awarded to you? _____ Yes _____ No
If yes, explain _____

Have you ever defaulted on a contract? _____ Yes _____ No
If yes, explain _____

Are you currently listed on any federal or State of Ohio contracting debarment list?
_____ Yes _____ No If yes, explain _____

Are you currently listed as an ineligible contractor in any community?
_____ Yes _____ No If yes, explain _____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

Litigation Information:

Has any kind of judgment been rendered against you or your company in the last ten years? Have you been convicted of any crime in the last ten years? Please explain in summary.

3) LICENSES HELD Please attach copies of all types of licenses you possess.

A) Do any Employees have the EPA's Lead Renovate, Repair and Painting Certificate (RRP)?
_____ Yes _____ No If yes, how many? _____

B) Is the Company RRP Certified? _____ Yes _____ No

4) AREAS OF SPECIALIZATION (Non-Subcontracted Work) (Check Which Category Best Apply):

<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	General Contracting	<input type="checkbox"/>	HVAC
<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Excavation/Grading	<input type="checkbox"/>	Lead Abatement
<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Siding/Windows	<input type="checkbox"/>	Water, Sewer Installs	<input type="checkbox"/>	Foundation Repair

OTHER: _____

CAN YOUR COMPANY HANDLE MORE THAN ONE \$25,000-\$40,000 HOUSING REHABILITATION PROJECT AT A TIME? NO YES If YES, how many? _____

5) INSURANCE: (See attached) **NOTE: CERTIFICATION OF INSURANCE MUST BE PROVIDED BY AGENT**

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Address: _____

Liability Insurance Policy Number: _____ Expiration Date: _____

Auto Insurance Policy Number: _____ Expiration Date: _____

6) PROJECT EXPERIENCE - Provide the following information on your largest project (feel free to attach additional pages if necessary)

Type of Work: _____ Primary Contract Amount: _____

Term of Work: _____ Number of Units Services at One Time: _____

Location of current project(s): _____

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex; national origin, sexual orientation, or gender identity or expression. Such action shall include, but are not limited to, employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the CHIP Programs may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

DRUG FREE WORKPLACE

This is to certify that the undersigned Contractor complies with the Drug Free Workplace Act of 1988:

1. Any individual contractor must agree not to engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract.
2. All organizations covered by the Drug-Free Workplace Act of 1988 are required to provide a drug-free workplace.

In the event of the Contractor's non-compliance with the drug free workplace certification, contracts may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under the Community Housing Improvement Program (CHIP), shall purchase, maintain current and furnish evidence of the following insurance:

- GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with a MINIMUM limit of liability of \$1,000,000 each occurrence, \$2,000,000 aggregate.
- WORKERS COMPENSATION COVERAGE.

Additionally, upon the award of any contracted work, the contractor shall provide evidence of a **CERTIFICATE OF INSURANCE** on the contractor's above policy.

NOTE: Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.

I certify that the information provided here is, to the best of my knowledge and belief, true, accurate and complete. I have attached a completed copy of IRS Form W-9 and acknowledge that the CHIP Grantees are required by law to report any income earned by me in conjunction with work performed.

Date

Authorized Signature of Contractor

Company

Print Name

Please Return Completed Form To:

**Maumee Valley Planning Organization
1300 E. Second St., Suite 200
Defiance OH 43512**

