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 <u>all</u> 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@mvpo.org

Thank you in advance for your cooperation.

Application Date:

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION		
Name:	Address:	
City:		
Phone:Fax:		
E-Mail: Fec		
Company Name:	_ Address:	
City: State:	Zip: _	
Contact Person: Phone:		Fax:
2) <u>ORGANIZATION</u> (Check):		
Sole Proprietorship/Owner's Name		
Partnership/Partner's Name		
Corporation/Company Name		
Other/Specify		
Business Classifications (Check All That Apply)		e demographic information of the
DBE (Disadvantaged Business Enterprise)	ownership or y	your company (Check All That Apply) Male-Owned Female-Owned
MBE (Minority Business Enterprise)	30/1-14 - A	
WBE (Women-Owned Business Enterprise) Other (Classification Please List)	White America	
	African Americ	. — : :
	Hispanic / Lat	
	Native Americ	,
Union Non-Union	Aslan America	an [] []
	Other:	
When organized?Where Incorporate	d?	
How long contracting under present name?		
Have you contracted under any other name(s)?		
Have you ever falled to complete work awarded to y	ou?Yes _	
Have you ever defaulted on a contract?Yes _ If yes, explain	No	
Are you currently listed on any federal or State of Of		0
Are you currently listed as an ineligible contractor in		
Yes No If yes, explain	•	

		last ten years? Please explain in sur	
	<u> </u>		
LICENSES HELD	Please attach co	pies of all types of licenses you p	ossess.
A) Do any Em Yes	ployees have the E No	EPA's Lead Renovate, Repair and P If yes, how many?	ainting Certificate (RRP)? –
B) Is the Com	pany RRP Certified	d?Yes No	
) AREAS OF SPECIAL	.IZATION (Non-Sub <u>c</u>	ontracted Work) (Check Which Catego	ry Best Apply):
Electrical	Plumbing	General Contracting	HVAC
Roofing	Masonry Siding/Windows	Excavation/Grading Water, Sewer Installs	Lead Abatement Foundation Repair
PROJECT AT A TI INSURANCE: (See a Insurance Cor	ittached) <u>NO</u>	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT
PROJECT AT A TI INSURANCE: (See a Insurance Cor	ittached) <u>NO</u>	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT
PROJECT AT A TI INSURANCE: (See a Insurance Cor Agent Name:	ntached) <u>NO</u>	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT
INSURANCE: (See a Insurance Cor Agent Name: Address:	ntached) <u>NO</u>	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT
PROJECT AT A TI) INSURANCE: (See a Insurance Cor Agent Name: Address: Liability Insura	nttached) <u>NO</u>	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT xpiration Date:
PROJECT AT A TI INSURANCE: (See a Insurance Cor Agent Name: Address: Liability Insurance Auto Insurance () PROJECT EXPERIE ages if necessary) Type of Work:	npany:nnce Policy Number:	TE; CERTIFICATION OF INSURANCE MU	ST BE PROVIDED BY AGENT xpiration Date: iration Date: ect (feel free to attach additional
PROJECT AT A TI INSURANCE: (See a Insurance Cor Agent Name: Address: Liability Insura Auto Insurance PROJECT EXPERIE ages if necessary) ype of Work: erm of Work:	npany:nnce Policy Number:	TE; CERTIFICATION OF INSURANCE MU Phone Number: Expi Clowing Information on your largest projections of the projection of the projectio	ST BE PROVIDED BY AGENT xpiration Date: iration Date: ect (feel free to attach additional
INSURANCE: (See a Insurance Cor Agent Name: Address: Liability Insurance Liability Insurance Insuran	npany:nnce Policy Number:nnce Policy Number:	TE; CERTIFICATION OF INSURANCE MU Phone Number: Expi Collowing Information on your largest projections of Units Services at One Time:	ST BE PROVIDED BY AGENT xpiration Date: ect (feel free to attach additional

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal oppor	tunity employer and will not discriminate					
against any employee or applicant for employment because of race, creed, color, sex, national origin						
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-disc	crimination 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					
Company	Fiedse Fillit Name					
DRUG FREE WORKPLAC	<u>CE</u>					
This is to certify that the undersigned Contractor complies with the D	Drug Free Workplace Act of 1988:					
1. Any individual contractor must agree not to engage in the u	ınlawful manufacture, distribution,					
dispensation, possession or use of a controlled substance i	in the performance of this contract.					
All organizations covered by the Drug-Free Workplace Act drug-free workplace.	of 1988 are required to provide a					
In the event of the Contractor's non-compliance with the drug free	e workplace certification, contracts					
may be cancelled, terminated, or suspended in whole or in part, a	•					
ineligible for further contracts.						
Date	Authorized Signature of Contractor					

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MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under the <u>Community Housing Improvement Program (CHIP)</u>, 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 <u>CERTIFICATE</u> <u>OF INSURANCE</u> 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

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before	y	ou begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.						
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the or entity's name on line 2.)	wner's na	ame on line	1, and enter	the bus	siness/di:	sregarded
ļ	2 Business name/disregarded entity name, if different from above.							
Print or type. Specific Instructions on page	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor				4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.)			
- 1	6	City, state, and ZIP code						
		List account number(s) here (optional)						-
Part		Taxpayer Identification Number (TIN)						
backup residen	w ta , it	r TiN in the appropriate box. The TIN provided must match the name given on line 1 to avoithholding. For individuals, this is generally your social security number (SSN). However, for lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see How to get	ora [or	ldentificatio		Der	
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.			-	T				
Part		Certification						
Under p	oer	nalties of perjury, I certify that:						•
2. I am Servi no lo	no ice ng	mber shown on this form is my correct taxpayer identification number (or I am waiting for a t subject to backup withholding because (a) I am exempt from backup withholding, or (b) if (IRS) that I am subject to backup withholding as a result of a fallure to report all interest over subject to backup withholding; and	l have n	ot been no	tified by th	e Inter		
		J.S. citizen or other U.S. person (defined below); and						
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting						
because acquisit	e y ior	on instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retininterest and dividends, you are not required to sign the certification, but you must provide you	ns, item rement a	2 does not rrangemer	t apply. For nt (IRA), and	mortga , gener	age inter rally, pa	rest paid, yments
Sign Here		Signature of U.S. person Da	ate					

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they