

COMMUNITY HOUSING IMPACT & PRESERVATION (CHIP) PROGRAM

Contractor Application

Updated: 01/20/2023

NOTE TO CONTRACTORS:

The CHIP Program requires that its contractors be qualified prior to bidding on projects. **The CHIP Program in the City of Medina/City of Brunswick, Auglaize County, Logan County, City of Sidney/Shelby County and Wood County is administered by Kleinfelder, Inc. Contracts for CHIP and/or CDBG projects are awarded only to pre-qualified Contractors.**

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- a) Complete the Contractor's Qualification in its entirety and return it to Kleinfelder, Inc., via email to bcowell@kleinfelder.com
- b) 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 with feasible.
- c) 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).
- d) Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program.
- e) Submit a completed W-9 Tax Form and OPERS form.
- f) Submit copy of Worker's Compensation Certificate or Evidence of adequate private medical insurance.
- g) Submit EPA/RRP and Lead Abatement Certificates/Licenses. This is a requirement to be a part of this CHIP program.

If, in the opinion of *Kleinfelder, Inc.* the contractor meets the program's standards for qualified contractors, the Contractor's name will be placed on the list of Qualified Contractors.

Kleinfelder, Inc. reserves the right to require additional information, including a financial statement from contractors, as necessary prerequisite to pre-qualification.

If you have questions about the requirements listed on this form, please contact Brandi Cowell, Housing Specialist at *Kleinfelder, Inc.* at (567) 331-2679 or you may also e-mail: bcowell@kleinfelder.com

Thank you in advance for your cooperation. We look forward to working with you.



Application Date: _____

PROSPECTIVE BIDDERS QUALIFICATIONS and EVIDENCE OF RESPONSIBILITY

GENERAL CONTRACTOR INFORMATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Telephone: _____ Fax: _____ Mobile: _____

Federal Tax I.D. Number or Social Security Number: _____

Company Name: _____ Email: _____

Address: _____ City: _____ State: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Mobile: _____

ORGANIZATION (Check):

_____ Sole Proprietorship/Owner's Name: _____

_____ Partnership/Partner's Name: _____

_____ Corporation/Company Name: _____

_____ Other/Specify: _____

_____ Union _____ Non-Union

Business Classifications (Check all that Apply):

_____ DBE (Disadvantage Business Enterprise)

_____ MBE (Minority Business Enterprise)

_____ WBE (Women-Owned Business Enterprise)

_____ Other (Classifications Please List)

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: _____

Litigation Information:

Has any kind of judgment been rendered against you or your company in the last ten years? ___ Yes ___ No

If yes, explain: _____

Have you been convicted of any crime in the last ten years? _____ Yes _____ No

Please explain in summary: _____

LICENSES HELD (if any) Please describe the type of licenses you possess and the correspondence identification number for each license.

License Number: _____ Expiration Date: _____

License Number: _____ Expiration Date: _____

License Number: _____ Expiration Date: _____

Other: _____

Do any employees have the EPA's Lead Renovate, Repair and Painting Certificate (RRP)? ___ Yes ___ No

If yes, how many? _____

Please list names of employee(s) that hold the EPA/RRP: _____

Is the company RRP Certified: _____ Yes _____ No

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

____ Electrical ____ Plumbing ____ HVAC ____ Roofing ____ Masonry
____ Concrete ____ Lead Abatement ____ General Contracting ____ Foundation Repair
____ Siding/Windows ____ Excavation/Grading ____ Water - Septic/Sewer Installs
____ Other: _____

INSURANCE (see page 4):

NOTE: Certification of Insurance must be provided by Agent

Insurance Company: _____

Agent Name: _____ Telephone #: _____

Address: _____

Liability Insurance Policy Number: _____ Expiration Date: _____

Auto Insurance Policy Number: _____ Expiration Date: _____

Can you handle more than one \$25,000-\$55,000 Housing Rehabilitation project at a time?

_____ Yes _____ No If yes, How many? _____

MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under the Community Housing Impact and Preservation 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 a subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any CHIP work.

PROJECT EXPERIENCE – Provide the following information on your largest project (feel free to attach additional pages where necessary).

Type of Work: _____ Primary Contract Amount: _____

Number of Units Serviced at One Time: _____ Location of current project: _____

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

Name of Company	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Please Print Name

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 canceled, 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:

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.

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

Please Return Completed Application To:

Kleinfelder, Inc.
Attn: Brandi Cowell, Housing Specialist
CHIP Program
1168 North Main Street
Bowling Green, Ohio 43402
Telephone: (567) 331-2679
Email Questions to: bcowell@kleinfelder.com