



**APPLICATION FOR HOUSING REHABILITATION
CONTRACTORS QUALIFICATION**

Name: _____

Type of Business: Individual Partnership Corporation

Address: _____

Office Address: _____

Telephone Number: _____

Telephone Number: _____

Persons to Contact:

Officer _____

Field Supervisor _____

FEIN No. _____

IL. EMP. No. _____

Social Security No. of Principal Owner _____

Does your firm or employees hold a current license for any of the following listed below:
(Please attach a copy of each license held.)

Plumbing Electrical Roofing Lead Abatement

Name of Insurance Carrier _____ Policy No. _____
(Please attach a current Certificate of Insurance.)

Are You Bondable? Yes No

Financial: A minimum of \$8,000 of working capital or credit must be shown in Banking, Credit Card and/or supplier credit accounts.

BANK REFERENCES:

Name, Address & Telephone Number of Institution	Account Number	Type	Reference (Credit Manager)
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Credit Card	
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Credit Card	
		<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Credit Card	

SUPPLIER REFERENCES: (Please submit the most recent statement for Cooperate Credit accounts, i.e. Home Depot.)

Business Name, Address & Telephone Number	Type of Charge & Account No.	Maximum Amount	Credit Status	Credit Manager
	<input type="checkbox"/> 30 day Acct. <input type="checkbox"/> Revolving Acct #		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
	<input type="checkbox"/> 30 day Acct. <input type="checkbox"/> Revolving Acct #		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
	<input type="checkbox"/> 30 day Acct. <input type="checkbox"/> Revolving Acct #		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

WORK REFERENCES:

Name, Address & Telephone Number	Type of Work Done	Completion Dates of Project	1. May We Contact Individual? 2. Do a site visit?
			1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No
			1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No
			1. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained in this Prequalification Application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred,

suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.

In consideration of the City of Carbondale, Illinois processing my Prequalification Application for Contracting, I/we hereby voluntarily and knowingly execute this release of information, and hereby authorize the City of Carbondale to undertake a full and complete check to verify the information submitted on the Contractor's Prequalification Application.

I/we with the intention of binding myself, my heirs, executors, administrators and assigns releases and discharges the City of Carbondale, its officials, employees, agents, and all persons, companies or agencies contacted by the City of Carbondale to verify the Contractor's Prequalification Application information from all claims, demands, actions, judgements and executions which I/we ever had, or now have, or which my heirs, executors, administrators or assigns may have, or claim to have against the City of Carbondale, its officials, employees, and agents and all persons, companies, or agencies contracted by the City of Carbondale to verify the Contractor's Prequalification Application information arising out of the performance of any and all such verifications.

I/we further authorize the financial institutions, suppliers, material men, individuals and/or companies, firms, organizations, or other entities, that have or have had business relationships with _____ (applicant) to disclose to the City of Carbondale such information as is necessary to verify the information I/we have provided in the Contractor's Prequalification Application.

By: _____
(Signature of Authorizing Agent)

Date: _____

CONTRACTOR & SUBCONTRACTOR

DEMOGRAPHIC INFORMATION

The purpose for this information is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this information is optional. If you choose to volunteer the requested information, please note that all information is kept in an Affirmative Action File and is not a part of your application for employment or personnel file.

Name of Contractor _____

Use the codes listed below and enter the code in the appropriate place

Ethnicity of the principal of the firm _____

Ethnicity of your employees (if applicable) and please list number of people with code

- 11 - White
- 12 - Black or African American
- 13 - Asian
- 14 - American Indian or Alaska Native
- 15 - Native Hawaiian or Other Pacific Islander
- 16 - American Indian/Alaska Native & White
- 17 - Asian & White
- 18 - Black or African American & White
- 19 - American Indian or Alaska Native & Black or African American
- 20 - Other Multi Racial

Gender of the principal of the firm _____
(enter one of the following codes)

- 1 - Female
- 2 - Male

Does your company have a written drug policy?	Yes	No
If no, would your company be willing to adopt our policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would your company be willing to create a written drug policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a written dress and language policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would your company be willing to adopt our policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would your company be willing to create a written dress and language policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a written conflict resolution policy?	Yes	No
If no, would your company be willing to adopt our policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would your company be willing to create a written conflict resolution policy?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the requested information for your subcontractors:

Name and Address	Phone Number	Subcontractor Type	State or City License #
		Plumber	
		Electrician	
		Roofing	
		HVAC	Not Applicable

If you have other subcontractors not listed above, please input that information below.

Please note that you do not have to have these current when you apply or bid for a contract, but you must have the insurance requirements during the contract.

**Illinois Housing Authority Projects
(SFOOR & HOMEbuyer)**

1. **Worker's Compensation and Employer's Liability**-worker's compensation of not less than the statutory amount, and employers liability of not less than \$100,000 per person.
2. **Automobile**-Minimum combined single limit of not less than \$500,00 for accidents or injuries, including accidental death, or damages caused by the contract's vehicle on site.
3. **Comprehensive Public Liability**-Not less than \$500,000 for accidents or injuries, including accidental death, for each occurrence, and not less than \$1,000,000 in the aggregate for the policy term.
4. **Additional Insured**-The contractor's certificates of insurance shall name the Homeowner, the Program Sponsor (City of Carbondale), and the Illinois Housing Development Authority as additional insured.

**Illinois Department of Commerce and Community Affairs Projects
(CDAP)**

1. **Worker's Compensation and Employer's Liability**-worker's compensation of not less than the statutory amount, and employers liability of not less than \$100,000 per person
2. **Comprehensive Public Liability**-Not less than \$300,000 for accidents or injuries, including accidental death ,for each occurrence, and not less than \$600,000 in the aggregate for the policy term.
3. **Additional Insured**-The contractor's certificates of insurance shall name the Homeowner and the City of Carbondale as additional insured.

Professional Licenses and Bonds

If you or your employees are not licensed in these areas, please list your subcontractor.

1. **Electrical License**-A copy of your current license and a Surety bond for \$3500.00 in the name of the City of Carbondale are to be on file.
2. **Lead Abatement License**- A copy of your current Lead Abatement Contractor's license and all licensed employees to be kept on file.
3. **Roofing License**- A copy of your current Illinois Roofing License, proof of a bond with the State of Illinois and proof of insurance as a roofing contractor.

City of Carbondale

Check the appropriate boxes. Fill in the blank for any "A" item checked.

I _____, as Owner of (company name) _____, at
(address) _____ state as follows:

1. A. I own the following business other than listed above, individually, or in conjunction with another person, which engages in business with the City:

- B. I own no interest in any other such business.
2. A. I own at least five percent (5%) of the stock in the following corporation, other than listed above, which engages in some type of business with the City or with a contractor which does business with the City:

- B. I do not own five percent (5%) or more stock in any other such corporation.
3. A. My spouse, son, daughter, brother, sister, father or mother or any of their direct relatives as listed is a direct employee of the City of Carbondale, its Elected or Appointed Officials.

- B. None of my above mentioned relatives as listed is a direct employee of the City of Carbondale or its Elected or Appointed Officials
4. A. My spouse, son, daughter, brother, sister, father or mother or any of their direct relatives as listed is a direct employee of the State of Illinois, its Elected or Appointed Officials.

- B. None of my above mentioned relatives as listed is a direct employee of the State of Illinois or its Elected or Appointed Officials.

Explain any of the "A" items checked above: _____

Please print name _____

Signature _____

Date _____

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12459. You may contact the person to which this proposal is submitted in assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause title “Certificate Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction,” without modification in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible or voluntarily excluded from the covered transaction unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List (Tel 312.866.1921).
8. Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these transactions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification, Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature of Contractor

Print Name

Title