

INDIAN RIVER COUNTY
HOUSING REHABILITATION PROGRAM
COMMUNITY DEVELOPMENT BLOCK GRANT
(CDBG)

CONTRACTORS' APPLICATION PACKET



Prepared by
Guardian CRM Inc.

PROJECT PLANNING & MANAGEMENT - CONSTRUCTION OVERSIGHT - GRANT-LOAN WRITING
Rev 07/6/19

**HOUSING REHABILITATION PROGRAM
APPLICATION FOR CONTRACTOR CERTIFICATION**

***Please complete the following application in its entirety, including the attached debarment forms,
and provide all requested items:***

A. Name: _____

 Company Name: _____

 Business Address: _____

 Telephone Number(s): Office _____ Cell _____

 Fax Number: _____

 E-mail Address: _____

 License Number(s): _____ / _____

 FEIN: _____

*A completed and signed W-9 must be provided with your application, providing your FEIN or Social Security number. .

INDIAN RIVER COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER IN LIEU OF EIN, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Submitted W-9 forms containing social security numbers are used to confirm contractor against convicted databases and enter into our accounting system for payment and 1099 reporting purposes. Once the information is entered, the form is deleted and protected from release to the public.

B. Business is a State of Florida: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation:

Owner(s) and address(es):

1. Owner 1: _____
 Address: _____
2. Owner 2: _____
 Address: _____
3. Additional Owner(s): _____
 Address: _____

Officers (name and title) and addresses:

1. _____
2. _____
3. _____

C. Name of Insuring Company: _____
Address: _____
Policy Number(s): _____

Comprehensive Public Liability Coverage: \$ _____
Property Damage Coverage: \$ _____
Workmen's Compensation Coverage: \$ _____
Automobile-Accident Coverage: \$ _____

D. Number of years in business under present name: _____

Ownership of a previous business _____ Yes / _____ No

If yes: 1. Name: _____

From (mm/dd/yy) _____ / _____ / _____ to _____ / _____ / _____

Location of Previous Business: _____

2. Name: _____

From (mm/dd/yy) _____ / _____ / _____ to _____ / _____ / _____

Location of Previous Business: _____

E. **Creditors:** (Banks, Credit Unions, Retail Suppliers, Etc.):

Name

Address

1. _____
2. _____
3. _____
4. _____
5. _____

F. **Suppliers:** (Current):

	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

G. **Subcontractors:** (Minimum-1 listing for each sub-type)

	Name	Contact Number
Electrical:	1. _____	_____
	2. _____	_____
Plumbing:	1. _____	_____
	2. _____	_____
Mechanical:	1. _____	_____
	2. _____	_____
Other:	1. _____	_____
	2. _____	_____

H. **Recent Customers:** (Minimum-3 Recent Customers)

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I. **Current Employees:**

	Name	Address	Telephone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Superintendent for jobs is usually (check one): Contractor ____ Employee____

Name and Contact Information for Superintendent(s):

1. _____

2. _____

J. Have you (personally or under present or past business) been declared bankrupt during the past five (5) years? Yes_____ No_____

If yes, have debts been paid? Yes_____ No_____

Please provide statement(s) of satisfaction of debts paid*

SIGNATURE AND ATTACHMENT PAGES TO FOLLOW

The undersigned Contractor certifies that all information given herein is correct and further agrees:

1. That his/her contractor license(s) is (are) current, and that all required licenses will maintain in a current status as required by the County, State, and any other applicable oversight agency.
2. That insurance and worker's compensation will be maintained as required by the Housing Rehabilitation Program, County, State, and any other applicable oversight agency.
3. To allow the Housing Rehabilitation Program to check any reference named herein or elsewhere in determining his/her competence, credit worthiness, and integrity as a contractor.
4. That the work will be performed in accordance with all code standards, zoning regulations and specifications, subject to a clear final inspection by the Housing Rehabilitation Program, Building Inspection Department, and Property Owner.
5. That if the work is found to be unsatisfactory by the Housing Rehabilitation Program, or the Building Inspector, or if contract relations between the Contractor and the Homeowner or other parties are found to be unsatisfactory, the Contractor's name may be removed from the approved list, with such accompanying publicity as deemed necessary.
6. That he/she will abide by regulations pertaining to Equal Employment Opportunity.
7. That he/she and all employees of said firm will adhere to a strict drug free work place policy as set forth by the County.
8. That he/she has a satisfactory record regarding complaints filed against the contractor at the state, federal or local level and is not on any list of debarred contractors issued by the Federal or State DOL, HUD or the Florida Department of Economic Opportunity (DEO).
9. I understand if I or my firm are 1) found to be qualified to participate in the County's CDBG Program and 2) eligible to receive work from the program, that: I and any member of my firm or any person employed to provide any services directly related to the County's Housing Rehabilitation Program may be subject to a background check consisting of a criminal history check and a sex offender registry check. Such procedures will be employed solely to ensure that the persons or entity are eligible to participate in the program or any HUD funded programs. Additionally:

I warrant and assure that I have not been convicted of a State or Federal felony crime involving fraud, bribery, theft, misrepresentation of material fact, misappropriation of funds, or similar criminal offenses within ten years preceding execution of this application.

I warrant and assure that I have not defaulted on any obligation covered by a surety or performance bond, or been the subject of a claim under an employee fidelity bond.

Print Name: _____
Contracting Firm President

Date

Signature: _____
Contracting Firm President

**Certification Regarding
Debarment, Suspension,
And Other Responsibility Matters
Primary Covered Transactions**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name

Project Name

Title

Project Number

Firm

Street Address

City, State, Zip

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this document, 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 the above statement, the prospective participant shall attach an explanation to this form.

Name

Project Name

Title

Project Number

Firm

Street Address

City, State, Zip

WMBE/Veteran and Section 3 Compliance Statement
(Construction Prime Contractor)

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the Indian River County CDBG Program, along with the completed application.

By: _____
[Print individual's name and title]

For: _____
[Print name of entity submitting sworn statement]

Whose business address is _____: And (if applicable) its Federal Employer Identification Number (FEIN) is _____ (If the Entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: **SUBMIT SS # ON LAST PAGE**)

1. I attest that I will employ equal and fair employment standards for the duration of any project that I am awarded under the Indian River County CDBG Housing Rehab Program. I and/or my firm will undertake any and all reasonable actions to seek out and utilize Women and Minority/Veteran Owned, as well as Section 3 individuals, businesses, and/or sub-contractors. I will employ the same practice(s) shall be I be required make any new hires as a result of any awarded Indian River County CDBG Housing Rehabilitation contracts.

NOTE 1: WMBE/Veteran and Section 3 information and directory tools:

Download Section 3 information from HUD's website:

<http://www.hud.gov/offices/fheo/section3/section3.cfm>

Download Section 3 information from Florida Jobs website: <http://www.floridajobs.org/community-planning-and-development/assistance-for-governments-and-organizations/community-development-block-grant-program/section-3-economic-opportunities>

Download WMBE and Veteran Owned Business information from the Florida Department of Supplier Diversity website: <https://osd.dms.myflorida.com/directories> or from <http://www.veteranownedbusiness.com/fl>

[Contracting Entity Signature]

Sworn to and subscribed before me this day _____ of _____, 20____.

Personally known: _____ OR Produced identification _____ (Type of Identification) _____

Notary Public - State of Florida: Commission Expiration: /_____/_____

(Printed typed or stamped Commissioned name of Notary Public)

**SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the Indian River County CDBG Program, along with the completed application.

By: _____
[Print individual's name and title]

For: _____
[Print name of entity submitting sworn statement]

Whose business address is _____: And (if applicable) its Federal Employer Identification Number (FEIN) is _____ (If the Entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: **SUBMIT SS # ON LAST PAGE**)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes**, means:

a. A predecessor or successor of a person convicted of a public entity crime; or

b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Indicate below which statement applies.]**

___ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[Attach a copy of the final order]**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[Signature]

Sworn to and subscribed before me this day _____ of _____, 20____.

Personally known: _____ OR Produced identification _____ (Type of Identification) _____

Notary Public - State of _____ My commission expires _____ / _____ / _____

(Printed typed or stamped Commissioned name of Notary Public)