

HCD CONTRACTOR LIST APPLICATION

The City of Tampa (City) is seeking to pre-qualify individuals or entities interested in performing rehabilitation and other work on certain state and federal grant and loan-funded projects (Projects) subject to its Housing and Community Development Division (HCD) Rehabilitation Programs Handbook for Contractors (Handbook) that may be viewed at www.tampagov.net/hcd

Date of Application: _____

This is a: new application renewal application reinstatement application

I. General Information

Name of Applicant: _____

Applicant is: Individual Partnership* Joint Venture* LLC Corp. Other: _____

Applicant's Fictitious Name (if any): _____ Year your business was started? _____

Applicant is organized under the laws of: State of Florida Other: _____

Applicant's FDOS (SUNBIZ) Doc. No.: _____ Federal Tax ID No. (FEI/EIN): _____

Applicant's Mailing Address: _____
Street Address City State Zip Code

Applicant Contact Name**: _____ Email: _____

Cell: (____) _____ Fax: (____) _____

Has your business operated under any other name? no yes. If yes, list all prior business names and dates you operated under those names: _____

Is your business currently for sale or involved in a transaction to expand or become acquired by another entity? no yes
If yes, please explain: _____

Describe the services your business offers: _____

Check if your business is | is NOT a US Dept. of Housing and Urban Development (HUD) certified Section 3 Contractor.
Section 3 qualifications/registration website is available at <https://portalapps.hud.gov/Sec3BusReg/BRegistry/BRegistryHome>

Is your business certified by the City of Tampa as a (check all that apply): Minority (MBE) Woman (WBE)
 Small Local (SLBE) Business Enterprise

II. Certifications, Registrations, Credentials and Education

Provide the Florida license numbers of all licenses your business holds.

General Contractor License No.: _____ HVAC Contractor License No.: _____

Building Contractor License No.: _____ Roofing Contractor License No.: _____

Electrical Contractor License No.: _____ Lead Paint Abatement License No. _____

Plumbing Contractor License No.: _____ Asbestos License No. _____

Check here if your business is Energy Star credentialed.

Check here if your business has a Lead Safe Work Certificate (is a Lead Safe Certified firm).

List all other licenses or permits your business possesses that are applicable to your business performing its services:

Describe any specialized experience, certification, and/or education of your businesses' current staff:

Attach a copy of all licenses, permits, credentials, or certifications noted.

* If a Partnership or Joint Venture you must attach a copy of your Partnership or Joint Venture Agreement.

** Name someone who may be contacted in reference to this Application.

III. Experience and References

Has your business ever performed any residential or rehabilitation work for the City of Tampa, another city, state, or government office? no yes. If yes, complete the following:

Jurisdiction (City/State/Govt Office Name) Program (ex: SHIP/HOME/CDBG.) Program Contact Person (Name & Phone Number)

Provide references from two (2) past jobs you have completed – refer us to whole-home rehabilitation projects similar to those we might ask you to do:

Client 1’s Name: _____ Daytime phone number: _____

Address: _____

Contract Amount: \$ _____ Start and Completion Dates: _____ to _____

Describe Client 1’s project: _____

Client 2’s Name: _____ Daytime phone number: _____

Address: _____

Contract Amount: \$ _____ Start and Completion Dates: _____ to _____

Describe Client 2’s project: _____

IV. Financial Information; Capacity

Bonding Indicate your company’s current bonding capacity: \$ _____ per project | \$ _____ aggregate.
 (Note: Bonds are not typically required for projects under \$100,000.)

Banks Provide names and addresses of the banks whom your company has done the major volume of business in the last two (2) years. (Do **NOT** provide bank account numbers)

| Bank Name | Bank Address | Bank Contact Name & Phone Number |
|-----------|--------------|----------------------------------|
| | | |
| | | |
| | | |

Equipment Suppliers and Material Suppliers Provide names and addresses of the equipment suppliers and material suppliers with whom your company has done the major volume of business in the last two (2) years.

| Name of Supplier Company | Supplier Company Address | Supplier Company Contact Name and Phone Number |
|--------------------------|--------------------------|--|
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| | | |

V. Insurance Requirements

By submitting this Application, you verify that Applicant shall comply with and agrees to be bound by the insurance requirements shown on the attached and incorporated Schedule of Insurance Requirements for each and every Project.

VI. Performance and Integrity

(If you answer "yes" to any question, you must provide details on a separate sheet. Check here if such a sheet is attached.)

Has your business ever failed to complete work awarded to it? no yes.

Has an officer or partner of your business ever been an officer or partner of another business that failed to complete work awarded to it? no yes. Failed to complete work awarded to the officer or partner as an individual? no yes.

In the past 10 years, has your business had any claims placed against a payment or performance bond? no yes.

Has your company ever had a bond or surety canceled or forfeited? no yes.

In the past 10 years, has your business filed for bankruptcy? no yes. (Note: if "yes" include in the details provided on a separate sheet the name of the bonding company, date, amount of bond, and reason for such cancellation/forfeiture.)

Have you or any officer or partner of your business ever filed for bankruptcy? no yes.

Have you or any officer or partner of your business ever been debarred or suspended by a public entity? no yes.

Has your company had any willful OSHA violations in the past 10 years? no yes.

Has your business ever been denied prequalification by any state, local, or federal agency? no yes.

Has any officer or partner of your company ever applied for City prequalification under a different name? no yes.

VII. Equal Employment Opportunity; Conflicts of Interest

Applicant HAS | does NOT have 50 or more employees. If Applicant has or later comes to have more than 50 employees, it has or shall provide the Employers Information EEO-1 Report (Standard Form 100) as required by Executive Order 112446 and Title IV of the Civil Rights Act of 1964 and shall require same of any subcontractor. I, for myself and my business (We or Us), agree that contractors on work paid by federal funds will be required to comply with the President's Executive Order Number 11246, "Equal Employment Opportunity," as amended by Executive Order Number 11375, and as supplemented by regulations at 41 CFR part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.

We agree no person who presently exercises any functions or responsibility on behalf of the City and/or PRE (as defined in the Handbook) in connection with any Projects has any personal financial interests, direct or indirect, with Us. We further agree that, in the performance of any Project, no person having such conflicting interest, shall be employed by Us. Any conflict of interest attributable to Us or our employees must be disclosed in writing to the City immediately upon discovery. We are aware of the conflict of interest laws of the City, particularly Sec. 2-523, City of Tampa Code; the State of Florida, particularly, Chapter 112, Part III, Fla Stats; and the US Department of Housing and Urban Development, particularly, 24 CFR Part 570 § 570.611, and agree We shall fully comply with all respects to those provisions as applicable.

IX. Certification and Financial Authorization

I, the undersigned authorized individual, certify that the information in this application is true and correct. I authorize the City of Tampa to obtain personal and business credit reports, for me and my business entity as may be deemed necessary. Permission is granted to contact any source named in this application. I understand that I and my business entity (as applicable) will be subject to removal from the HCD Contractor List if my or my entity's performance is unsatisfactory. By submitting this application, I and my business entity agree to be bound by the terms and conditions of the Handbook, including without limitation any review or dispute procedures described therein.

FAILURE TO COMPLETE THE ABOVE MAY RESULT IN YOUR APPLICATION BEING REJECTED

[SEAL]

Applicant Authorized Signature: † _____

Signer's Printed Name: _____

Signer's Title: _____

STATE OF _____

COUNTY OF _____

The forgoing instrument was sworn (or affirmed) on behalf of Applicant before me this ____ day of _____, 20____ by _____, who is personally known to me or produced a _____ driver's license as identification.

[NOTARY SEAL]

Notary Public, State of _____ Commission No. (if any): _____

Notary Printed Name: _____

My Commission Expires: _____

† must be a manual (wet) signature in blue of black ink

AUTHORIZATION TO RELEASE CREDIT INFORMATION

[HCD Contractor List Application]

In consideration for the City of Tampa, Florida (City) processing Applicant's **HCD Contractor List Application** (Application), the undersigned authorized representative of Applicant who is specifically empowered by Applicant to execute this Authorization to Release Credit Information (Authorization) and bind Applicant as stated herein specifically acknowledges and agrees for itself and Applicant that: (1) the City may verify or re-verify any information contained in the Application and this Authorization from any source named in the Application and/or this Authorization, including without limitation banks, credit unions, credit reporting agencies together with other sources not so specifically identified; and (2) the City may make copies of this Authorization for distribution to any party with which Applicant has a financial or credit relationship and that any such party may treat such copy, including a faxed or scanned/mailed copy, as an original; and (3) any banks, credit unions, credit reporting agencies, financial institution or other source contacted by the City or its agents are authorized to release information to the City or its agents and are released from any liability as a result of such inquiries or disclosures; and (4) the City and its agents are also released from any and all liability with respect to the release or dissemination of any such information. It is understood that the City at its discretion will determine the time period(s) for which financial records are needed. I authorize the City to fill in the time period(s) for which financial records are necessary. While signing this form is voluntary, it is understood that Applicant may fail to be pre-qualified or its Application rejected if it does not sign or based on the reports issued and/or information authorized by this Authorization to be released to the City.

It is understood that any individual signing below is consenting to allow the City to access and any all consumer credit reporting agencies to obtain their consumer credit reports in connection with the Application and this Authorization. Any individual who asks will be informed whether or not such a report was obtained and, if so the name and address of the consumer credit reporting agency that furnished the report. The information the City obtains is only to be used in processing the Application, determining Applicant is qualified to participate in City affordable housing programs and can be shared with various agencies that fund the City's affordable housing programs.

Complete and submit all information below.

Date of Application: _____

Applicant Name: _____ Phone No.: _____

Applicant is a/an: Individual Partnership JV LLC Corporation Other: _____

If an entity, Tax ID No. (FEI/EIN) _____ | If an individual: date of birth _____ and last 4 of SSN: _____

Fictitious Name (if applicable): _____

Has your business operated under any other name? no yes. If yes, list all prior company names and dates you operated under those names: _____

Applicant's Present Address: _____
Street Address City State Zip Code

Immediate Prior Address: _____
Street Address City State Zip Code

Bank References:

| Bank Name | Bank Address | Bank Contact Name & Phone Number |
|-----------|--------------|----------------------------------|
| | | |
| | | |
| | | |

Credit References (Business Suppliers):

| Reference Name | Reference Address | Reference Contact Name & Phone Number |
|----------------|-------------------|---------------------------------------|
| | | |
| | | |
| | | |

Applicant Authorized Signature: ‡ _____ Date: _____

Print Name and Title: _____

‡ must be a manual (wet) signature in blue or black ink

SCHEDULE OF INSURANCE REQUIREMENTS

[HCD Contractor List Application]

In consideration for the City of Tampa, Florida (City) processing Applicant's HCD Contractor List Application (Application), each Applicant (sometimes Contractor) agrees to carry and maintain at Applicant's sole cost insurance coverage prior to commencing and unbroken during the course of any work awarded as a result of the Application under any agreement (Contract) with one or more project (home) owner(s) (Owner) together with any project-specific supplementary provisions or additional coverage or minimum limits as may be deemed appropriate by the City and/or Program Responsible Entity (PRE), as defined in the Handbook, in consultation with the Owner. These are only the minimum limits required and do not in any way represent or imply that such coverage is sufficient to adequately cover the liability involved. You should check with your Insurance advisors to verify compliance and determine if additional coverage or limits may be needed to adequately insure your obligations under any particular Contract.

The full coverage and limits afforded under your policies of insurance shall be available to the City, PRE, and Owner and these requirements shall not in any way act to reduce coverage that is broader or exclude higher limits than those required. Applicant's insurance obligations shall be the greater of: 1—all the insurance coverage and limits carried by or available to the Applicant; or 2—the minimum Insurance requirements of this Schedule; or 3— as shown in any particular Contract. Any insurance proceeds in excess of the specified minimum limits and coverage required, which are applicable to a given loss, shall be available to the City, PRE, and/or Owner. Prior to commencing work under a Contract, Contractor shall provide the PRE with Certificates of Insurance (COI) together with all required endorsements and a copy of the Declarations and Endorsement Page listing all endorsements. A right to from time to time require full-certified copies of all insurance coverage and endorsements is reserved to the City, PRE, and Owner. Regardless, the receipt, acceptance, and/or approval of certificates or other documentation of insurance or policies or copies of policies by the City, PRE, or Owner, their respective employees, representatives, and agents, which indicate less coverage than required shall not constitute a waiver of Contractor's obligation to fulfill these requirements.

MINIMUM SCOPE AND LIMITS OF INSURANCE ¹

Coverage shall be at least as broad as:

- A. Commercial General Liability (CGL) Insurance on the most current Insurance Services Office (ISO) Form CG 00 01 or its equivalent on an "occurrence" basis, incl. premises and operations, independent contractors, contractual liability, products and completed operations, property damage, bodily, personal and advertising injury, contractual liability, explosion, collapse, underground coverages, personal injury, death, employees-as-insureds. Products & completed operations liability coverage maintained for at least 3 years after completion of work. Limits shall not be less than \$1M per occurrence/\$2M general aggregate. Gen aggregate limit shall apply separately to the project/location/home (ISO CG 25 03 or 25 04 or equivalent).
- B. Automobile Liability (AL) Insurance in accord with Florida law, as to the ownership, maintenance, and use of all hired, leased, owned, or non-owned, with limits no less than \$500,000 combined single limit each occurrence bodily injury and property damage. If transportation of hazardous material involved, the MCS-90 endorsement (or equivalent).
- C. Worker's Compensation (WC) as required by the State of Florida, with statutory limits.
- D. Employer's Liability Insurance with minimum limits of \$1M each employee and \$1M per accident for bodily injury by disease policy limit.
- E. Builder's Risk (Course of Construction) and/or Installation Floater. Builder's Risk coverage with limits equal to the completed value of the project. Installation Floater only when Builder's Risk will not respond to cover damage or destruction to renovations, repairs or equipment being installed or otherwise being handled or stored by Contractor (including off-site storage, transit and installation) at full replacement value. Both must be "All Risk" form have no coinsurance penalties, eliminate the "occupancy clause", cover Contractor (together with its subcontractors and suppliers), and name as Loss Payee the City, PRE, and individual property owner(s).
- F. Contractor's Pollution Legal Liability and/or Asbestos Legal Liability and/or Errors and Omissions (if project involves environmental hazards) with limits no less than \$1M per occurrence or claim, and \$2M policy aggregate.
- G. Excess (Umbrella) Liability Insurance may compensate for a deficiency in CGL, AL, or WC.

ADDITIONAL REQUIREMENTS

Acceptability of Insurers - Insurance is to be placed with insurers with a current A.M. Best rating of no less than **A-: VII**, unless otherwise acceptable to the City, PRE, and the Owner.

Additional Insured - Owner, any applicable state or federal funding agency, PRE, and the City, together with their respective elected officials, departments, officers, officials, employees, and volunteers (ISO Program Parties) shall be covered as additional insureds on all liability coverage (e.g. CGL, AL, and Excess (Umbrella) Liability) as to liability arising out of work or operations performed by or on behalf of Firm including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired, or borrowed by or on behalf of Firm. Coverage can be provided by endorsement to Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or **both** CG 10 20, CG 20 26, CG 20 33, or CG 20 38 **and** CG 20 37 if later revisions used).

Waiver of Subrogation - Contractor hereby agrees to waive rights of subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City and the individual project homeowner(s) for all work performed by the Contractor, its employees, agents and subcontractors.

Subcontractors - Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that the City, individual project homeowner(s), and any federal or state agency required are additional insured on insurance required from subcontractors. For CGL coverage subcontractors shall provide coverage with a form at least as broad as CG 20 38 04 13.

Special Risks or Circumstances - The City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other circumstances.

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¹"M" indicates million(s), for example \$1M is \$1,000,000