

TO: HOUSING REHABILITATION CONTRACTORS

RE: CONTRACTOR'S APPLICATION AND REHABILITATION WORK

Contractor's Application:

The Office of Community Development requires any Contractor who proposes to do housing rehabilitation work through our office to file an application with the Office. The application is reviewed, references and credit checked, etc., after which the Office notifies the Contractor as to eligibility to participate in our programs. Applications must be complete, with all required attachments, before an eligibility determination will be made.

To file an application, a Contractor must complete and return the enclosed "Community Development Contractor's Application". If the business is predominately minority owned, the enclosed "Minority Business Development Certification Resume" must also be completed and returned with the application.

The Contractor is to submit the enclosed notices concerning Contractor and Occupational Licenses. Insurance and bank forms are to be sent to his/her insurance agent and banker, and request that they forward the completed forms directly to the Office. All Residential Contractors will be required to have a State Residential Contractors License and a City- Parish Occupational license. For State Residential Contractors licensing information contact Bertha Jenkins, Chief, Residential Licensing Division at (504) 765-0264, her Office is located at 7434 Perkins Road, Baton Rouge, Louisiana 70808. All application documents with the Office of community Development are to be sent to:

**Office of community Development
Post Office Box 1471
Baton Rouge, Louisiana 70821**

Rehabilitation Work:

The Office operates housing rehabilitation programs for the renovation of low income dwellings. Much of the work involves the repair of owner-occupied single-family dwellings, This work is undertaken through a public bid process and contracts are between the City-Parish and the contractor. All contract payments are made by the City-Parish. Contract values are generally between \$10,000 and \$20,000 per dwelling.

The Office also operates other loan programs for housing rehabilitation of owner and rental-occupied property. Contract amounts will vary, depending upon the type of property. Contracts are between the property owner and the contractor, with the Office providing construction monitoring, inspection and payment approvals.

Other Information:

Housing rehabilitation work under the Office's programs is financially assisted through funds from the U.S. Department of Housing and Urban Development. Contract payments are made by the City-Parish, and progress payment are made according to the amount of work satisfactorily completed. Potential bidders should become familiar with the Office's Materials and Workmanship specification, General condition, Construction Contract, and Bid proposal forms. Sample copies of these documents are available upon request.

Questions concerning the contractor's application, or related contract documents, can be addressed to Mr. Gerry Drago, Business Manager, at:

Office of Community Development
Post Office Box 1471
Baton Rouge, Louisiana 70821
(Phone: 504-389-3039)

Applicants are encouraged to conference with the Business Manager, in order to discuss program requirements prior to their first preparation of bid proposals.

INSURANCE REQUIREMENTS

CONTRACTOR'S AND SUB CONTRACTOR'S INSURANCE: Contractor and any subcontractor shall carry and maintain insurance as specified below until completion and acceptance of the work. Contractor shall not commence work under this contract until certificates of insurance have been received and approved by the City-Parish Purchasing Division. Insurance companies listed on certificates must have industry rating of B+, Class VI, according to Best's Key Rating Guide. Unless stated otherwise in the job specification, Contractor is responsible for assuring that its subcontractors meet these insurance requirements.

- a. Workers' Compensation and Employer's Liability insurance covering all employees engaged in services hereunder in compliance with the laws of the State of Louisiana.
- b. Commercial General Liability coverage shall be provided with limits of not less than \$300,000, for any one occurrence and not less than \$600,000. General Aggregate. Coverages are to include Personal Injury, Fire Damage Products/Completed Operations and Contractual Liability Coverages.
- c. Automobile Liability coverage shall be provided with limits of not less than \$300,00 for any occurrence. Coverages are to include all owned, Hired and Non-owned Automobiles.
- d. Excess Liability-Lower primary limits will be accepted if Excess coverage is provided with limits of at least \$300,000.00 in excess of primary coverage shown on the certificate.

The City of Baton Rouge, Parish of East Baton Rouge shall be named as Additional Insured on all Liability policies.

Certificates must provide for thirty (30) days written notice to Certificate Holder prior to cancellation or change. The Certificate Holder should be shown as:

City of Baton Rouge, Parish of East Baton Rouge
Purchasing Division
Post Office Box 1471
Baton Rouge, LA 70821

TO: INSURANCE AGENCY

RE: _____
(HOUSING REHABILITATIONS CONTRACTOR)

The above-named contracting business is seeking to qualify for participation as a housing rehabilitation contractor with the City of Baton Rouge-Parish of East Baton Rouge, A requirement for initial eligibility is that the contractor currently have, or be found to be insurable for, coverage at no less than those minimums specified for contractors on the attached page.

As a part of the contractor's application for participation eligibility, a certificate of insurance, evidencing the required insurance, or a statement from an insurance agency that the contractor is insurable and that an appropriate policy(s) will be issued upon payment of any required premiums.

Please return this notice to : Office of Community Development
P.O. Box 1471
Baton Rouge, LA 70821

(Check One)

_____ Certificates(s) of insurance enclosed.

_____ The referenced contractor is found to be insurable as required, and a policy can be issued upon contractor's formal application for insurance.

Comments: _____

Signature: _____ Date: _____

Typed/Printed name, address, phone: _____

TO: _____
(Bank)

SUBJECT: CREDIT SUMMATION

I respectfully request that a credit summation of my banking record be sent to:

The Office of Community Development
P. O. Box 1471
Baton Rouge, LA 70821-1471

COMPANY: _____

SIGNATURE: _____

_____ Satisfactory _____ Unsatisfactory

COMMENTS: _____

BANK: _____

ADDRESS: _____

PHONE: _____

DATE: _____ SIGNATURE: _____

ATTACHMENT

COMMUNITY DEVELOPMENT CONTRACTOR'S APPLICATION

All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate attachment sheets. The contractor may submit any additional information he desires.

PRINT OR TYPE ALL INFORMATION

- 1. FIRM NAME: _____
- 2. BUSINESS ADDRESS: _____
- 3. BUSINESS TELEPHONE NUMBER: _____ HOME#: _____
- 4. A. OCCUPATIONAL LICENSE NO. _____ IRS NO. _____
(ENCLOSE A COPY)
- 5. STATE RESIDENTIAL CONTRACTOR'S LICENSE NO. _____
(ENCLOSE A COPY)
- 6. Names, address and phone numbers, social security numbers, and date of birth of all owners, partners, major stockholders and/or officers:

NAME	ADDRESS	PHONE	(D.O.B.)	S.S.I. #

- 7. Type of Business: (1) Corporation _____ (2) Partnership _____ (3) Sole Proprietorship _____ (4) Other _____. If Corporation or Partnership, attach a copy of Articles of Incorporation or Partnership Agreement. In addition, corporation must provide a notarized corporate resolution that stipulates the individual(s) authorized to sign contracts on behalf of the corporation.
- 8. When organized/how long in business under present firm name:

- 9. List the construction experience of each of the principals:

10. Other cities in which your firm or principals have operated:

11. Major Tools: _____

12. Truck and Equipment: _____

13. Number of workers employed: _____

14. Have you been engaged in the contracting business under any other name?

15. General nature of work performed by your firm: _____

16. Have you ever failed to complete any work awarded to you?

_____ YES _____ NO

17. Have you ever defaulted on a contract?

_____ YES _____ NO

18. Bonding Capacity: \$ _____

19. Credit Business Reference:

BANK(S)

(Name)

(Telephone Number)

CABINET COMPANY

(Name)

(Telephone Number)

CONCRETE COMPANY:

(Name)

(Telephone Number)

MATERIAL SUPPLIERS:

(Name)

(Telephone Number)

(Name)

(Telephone Number)

PAINTING CONTRACTOR:

(Name)

(Telephone Number)

PLUMBING CONTRACTOR:

(Name)

(Telephone Number)

ROOFING CONTRACTOR:

(Name)

(Telephone Number)

INSURANCE AND/OR BONDING COMPANIES:

(Name)

(Telephone Number)

(Name)

(Telephone Number)

THE UNDERSIGNED CONTRACTOR CERTIFIES that all information given herein is substantially true and correct.:

(Company)

Signature (Your Name)

(Date)

CERTIFICATION FORM

8. CONTROL OF FIRM: Identify by name, race, sex, and title in the firm those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including, but not limited to those with prime responsibility for:

Name RACE SEX TITLE

FINANCIAL DECISIONS _____

MANAGEMENT DECISIONS, _____

such as estimating, _____

marketing/sales, hiring, _____

firing or management _____

personnel, and purchases _____

or major items/supplies _____

SUPERVISION OF FIELD

Operations _____

9. For each of those listed in question 8, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibilities given him/her.

10. Describe or attach a copy of any stock options or other ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict ownership or control of minority owners.

CERTIFICATION FORM

11. Identify any owner (see item 7) or management official (see item 8) of the named firm who is or has been an employee of another firm that had an ownership interest in or a present business relationship with the named firm. Present business relationships included shared space, equipment, financing or employees as well as both firms having some of the same owners.

12. What are the gross receipts of the firm for each of the last two years?

Year Ending _____ \$ _____
Year Ending _____ \$ _____

13. Name of bonding company, if any: _____

Bonding Limit _____

14. Are you authorized to do business in the state as well as locally?

Yes _____ No _____

License held: _____

15. Indicate if this firm or other firms with any of the same officers have previously received or been denied certification or participation as a DBE or WBE and describe the circumstance.

CERTIFYING AUTHORITY _____

DATE OF CERTIFICATION (OR DENIAL) _____

“The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ (Name of firm) as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or, if no prime, directly to the City of Baton Rouge, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.”

NOTE: If, after filing this Schedule A and before the work of this firm is completed on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the city of Baton Rouge of the change through the prime contractor, if no prime contractor, inform the city directly.

Signature

Name

Title

Date

Corporate Seal (where appropriate)

Date

State of

Parish/County of

NOTARIZED STATEMENT

On this _____ day of _____, 19 _____, before
me appeared _____, to me personally known,
who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly
authorized by _____ (Name of firm) to execute
the affidavit and did so as his/her free act and deed.

Notary Public

Commission Expires