

City of Raleigh General Contractor's Application for Eligibility to Bid on Community Development Housing Rehabilitation Program

Pre-Qualification Form



Company Name: Company Address: Contact Name: F TelephoneBe		-
Contact Name: F		
	orm of Business: Sole Prop	D
TelephoneBe		Partnership Corp
	eperMobile	Fax
Please list here the Names an	d Addresses of All Owners, P	artners, and Stockholders:
Tax ID# or Social Security# for	Owner:	
Number of Years in Business i	n the Raleigh Area:	
	he license number here(#)	ed to work in this program, but , and <u>send us a cop</u> er \$30,0000.
	ar to the ones we would ask	refer us to whole-house rehab you to do, and give us contact ts.
1. Client Name		
Address		
Brief description of		
project		

Start Date_____ Completion Date____ Contract Value\$____

	Phone	
AddressBrief description of		
•	JI	
Start Date	Completion Date Contract Value\$	
3. Client Name	Phone	
Brief description of project	of	
		_
Start Date	_ Completion Date Contract Value\$	
otare bate	_ completion bute contract valuey	
SUB-CONTRACTO	R REFERENCES	
	lame Sub-contractor Company name Address Phone	
Electrician:		
Plumber:		
Heating/Air:		
IDENCE OF INSUR		
ent's name, insuranc	ANCE COVERAGE ee company name, address and day-time telephone number of person of neral liability coverage:	wh
ent's name, insuranc	ee company name, address and day-time telephone number of person	wh
ent's name, insuranc	ee company name, address and day-time telephone number of person	wh

NOTE: Property Owners in the Housing Rehab Program select their own bidders. Rehab Specialists are prohibited from recommending or endorsing any particular contractor under

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conflict of interest laws. Bidders may be drawn from any source not just by referring to our collection of applications from interested contractors. However, checking references on bidders is required by the program, and contractors submitting applications need to be aware that references listed on this application will be contacted.

Housing Rehab Program participants are encouraged to look for the following qualifications in a rehab contractor:

Contractor <u>must be an experienced general contractor</u>. We prefer to see strong site management experience, a history of being responsible for legal and insurance matters, a pattern of relationships with a family of sub-contractors over time, and strong, recent references.

Contractor need not have a general contractor's license, but we would like to see evidence of <u>3 years experience</u> in general contracting-preferably with projects in our area, which are similar to the ones we do in this program.

Contractor must provide a <u>minimum of three, recent, local customer references</u>. Projects must have been completed within the last 2 years. Reports from these references should reveal no significant deficiencies or criticisms with regard to either the quality of work or nature of the relationship between contractor and client.

Contractor's sub-contractor references should indicate long-term relationships, with recent contracts, consistently timely payments, and generally good relationships.

Inspections Department records should indicate the following:

- That the contractor regularly does projects of the nature and size that we typically do.
- That they do not fail many inspections and re-inspections, and √ That he/she completes projects at a reasonable pace.

The routine occurrence of lapses of several weeks between a failed inspection and reinspection that was passed (or failed again) indicates some problem in site management. Many of our projects are in occupied homes where that behavior would be unacceptable.

The contractor must agree to the terms of the CD program under which he/she will be doing work in the program, namely:

 To carry the specified level and types of insurance (including Worker's Comp if required by NC State Law)

- To deposit money into a warranty trust account (amount determined by value of contract)
- To warranty his/her work for the period of time the contract, and
- To abide by the Standard Terms and Conditions statement, Part 1 of the contract. (Copy available upon request)

If a contractor is separated from the program due to disciplinary action, he/she may reapply for eligibility when 12 months have passed since the official notification of severance (whichever is the later date.) Applications will be reviewed by CD Director who reserves the right to consider the severity of the offence for which the contractor had been disciplined as a condition of reinstatement, and reserves the right to refuse the contractor's participation if it is deemed that the offence merits that decision.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE:						
Owner	Date	Owner	Date			

INSTRUCTIONS

When you have completed and signed this form, please submit via email to rehabs@raleighnc.gov or mail it to:

Attn: Leigh Ann Hobgood

Housing and Neighborhoods Department

Community and Small Business Development Division

421 Fayetteville St, Suite 1200

Raleigh, NC 27601

Questions? Please contact Leigh Ann Hobgood at rehabs@raleighnc.gov



Housing and Neighborhoods Community and Small Business Development Division

919-996-4330 cd.info@raleighnc.gov

raleighnc.gov/housing

