

HOUSING and NEIGHBORHOODS DEPARTMENT

HOUSING SERVICES DIVISION

CONTRACTOR APPLICATION

The Housing and Neighborhoods Department, Housing Services Division maintains a list of approved, licensed general, residential and building contractors, for the purpose of inviting bids on rehabilitation work for its various owner-occupied and rental programs.

The mission of the Housing Services Division is to assist low and moderate-income homeowners in obtaining and/or maintaining decent, safe and sanitary housing. Federal, State and private funds will be used to provide comprehensive housing repairs to low-income residents throughout the consolidated City of Jacksonville. Rehabilitation may include, but is not limited to, the replacement of roofs, windows, doors, and repairs to the electrical, plumbing, kitchens, bathrooms, structural systems and exterior painting. Depending on the various programs, rehabilitation cost may range from \$5,000 to \$150,000.

Businesses or individuals interested in being considered for the contractor's list must complete the attached application and submit the following documentation to the Housing Services Division, 214 N. Hogan Street, 8th Floor, Jacksonville, Florida 32202.

- Certificate of competency or registration as a contractor from the State of Florida Occupational Licensing Board.
- Current City of Jacksonville occupational license number.
- If incorporated, provide a copy of Articles of Incorporation filed with the State of Florida.
- Proof of Insurance (property damage, liability) and worker's compensation.
- Most recent two years business tax returns complete with all schedules (or) if sole proprietorship, the most recent two years tax returns complete with all schedules.
- Current profit and loss statement and balance sheet on this business must be no older than 120 days.
- Current signed personal financial(s) from the principals(s) of the company, must be no older than 120 days.
- Current builder's resume.
- List of all major suppliers and subcontractors.
- Performance bonds may be required for large multi-family rehabilitation projects.
- Abide by Equal Opportunity provisions of the Civil Rights Act.

The Housing Services Division will obtain a Lumberman's Report on your company. Letters of explanation for all 60-90 day late payments, liens and judgements must also be submitted with your application.

If you have any questions or require additional information, please contact Travis Jeffrey at 255-8227. We appreciate your interest in our programs.

CONTRACTOR APPLICATION

TO: Housing & Neighborhoods Dept.
Housing Services Division
214 N. Hogan Street, 8th Floor
Jacksonville, Florida 32202

DATE _____

The undersigned contracting firm hereby applies to perform contracting work for the Housing Services Division and certifies that the information given below is complete, and that no unfavorable information has been withheld.

Business Name _____ Phone _____
Address * _____ Fax _____

Home Address * _____ Phone _____
*(No P.O. Box Numbers)

Email contact* _____

Firm's Service Capabilities: _____

Names, titles and addresses of all owners, partners and stockholders: use an additional sheet if necessary:

Name _____ Address _____

Title _____

Name _____ Address _____

Title _____

Name _____ Address _____

Title _____

Other contracting firm name under which the principals have operated, with former addresses & cities:

Applicants must hold a valid certificate of competency or registration as a contractor from the State of Florida Occupational Licensing Board.

- City of Jacksonville Occupational License # _____
- Contractor Type _____
- Expiration Date _____
- Audit Control # _____
- File or License # _____
- Taxpayer I.D. or Social Security # _____

REFERENCES

Banks

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Materials Dealers

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Subcontractors

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

List three (3) recent customers for which you have done major structural work:

1. _____

Address _____

2. _____

Address _____

3. _____

Address _____

RESPONSIBILITIES OF CONTRACTOR AND SUBCONTRACTORS

- (a) Contractor will supervise and direct the construction of the Project using his best skills and attention.
- (b) Contractor will provide Owner with evidence that it has secured and paid for all licenses and permits necessary for the proper execution of the Project, and upon completion will provide evidence that all the work has been inspected and approved by the appropriate building officials.
- (c) Contractor agrees that ALL work shall be completed in a professional manner and shall be carefully inspected by him/her for completeness prior to requesting a final inspection. All work must pass a final inspection by the Housing Services Division Rehab Inspector and the Building Inspection Division before final payment is made.
- (d) Contractor will not employ any person(s) on the Project who are unqualified or unskilled in their assigned tasks or duties. Contractor will not allow any employee to work upon the job site who cannot perform his assigned tasks and duties in a professional manner.
- (e) Contractor will be responsible for the acts and omissions of all its employees, and all subcontractors, their agents and employees, and all other persons performing any work on the Project.
- (f) Contractor at all times will keep the Property free from accumulation of waste materials or rubbish caused by his work.
- (g) Contractor will be responsible for the protection of all supplies, materials, equipment, completed work, and incomplete work at the job site during the Contract period.

If any work performed is considered unsatisfactory or not in accordance with the contract specifications and such unsatisfactory work is not corrected within a reasonable time after notification, the contractor's name will be removed from the List of Eligible Contractors.

INSURANCE. The Contractor and subcontractors will at their sole expense maintain adequate insurance coverage for liability and workers compensation as required by state law. Proof of such insurance coverage must be provided to the Owner and the Housing Services Division Program Administrator.

WARRANTY. For goods and valuable consideration, Contractor hereby agrees to provide a full one-year warranty to the Owner, which shall extend to subsequent owners of the property to be improved. The warranty shall provide that improvements, hardware and fixtures of whatever kind or nature installed or constructed on said property by the Contractor are of good quality, and free from defects in workmanship or materials or deficiencies subject to the warranty contained in this paragraph provided. Contractor and Owner agree, however, the warranty set forth in this paragraph shall apply only to such deficiencies and defects as to which Owner or subsequent owners shall have given written notice to the Contractor, at his principal place of business, within one (1) year from the date of Contractor's request for final payment. A five year warranty will be provided on the labor on all roof coverings installed. The manufactures warranty will apply to all roofing products. The Contractor further warrants that failure by the Contractor to respond to valid complaints by the Owner, or subsequent Owners, that causes additional damage to the property are also subject to the warranty contained in this paragraph.

We agree to comply with the aforementioned conditions on all rehabilitation work regardless of whether Federal financing is used by the owner:

Under the penalties of perjury, I (we) certify that all information provided is true and accurate to the best of my (our) knowledge; if falsified information is provided, that this application would not be valid and my company or agency will be immediately removed from the program. I further certify that all my subcontractors and I are currently not disbarred, suspended or ineligible from participating in any City, State or Federally funded program.

Firm's Name

Authorized Signature

Title

Date

Authorized Signature

Title

Date

FROM: _____
Name of Company

Address

City, State, Zip

TO: Housing and Neighborhoods Department – Housing Services Division

RE: Authorization

The below named person(s) is/are authorized by the above named company to conduct normal business with the Housing and Neighborhoods Department – Housing Services Division dealing with rehabilitation and also authorized to pick up checks on behalf of the company.

Name (Print)

Signature Date

Name (Print)

Signature Date

Name (Print)

Signature Date

Signature of Owner