

CONTRACTOR PRE-QUALIFICATION APPLICATION PACKET

for

HOUSING REHABILITATION PROJECTS



Any contractor desiring to bid as a prime contractor on Leon County Housing Division Rehabilitation projects must be pre-qualified with Leon County.

This packet contains the instructions and forms required for the pre-qualification process. All applicants who submit a Pre-Qualification Packet will be notified in writing of their status in a timely manner. A determination of pre-qualification is good for one year from the date of notice and may be renewed annually as stated in the attached instructions.

The completed application and all supporting materials required in this packet are to be submitted to the:

Leon County Purchasing Division
2284 Miccosukee Road
Tallahassee, Florida 32308

For assistance or if you have questions on the process, please call the Purchasing Division at (850) 606-1600

Submission checklist: Please submit the items on the following list and any other items required by any section of this application packet. The checklist is provided as a courtesy and may not be inclusive of all items required within the application packet.

- | | |
|---|---|
| <input type="checkbox"/> Contractor Pre-Qualification Application | <input type="checkbox"/> Financial Capability Statement |
| <input type="checkbox"/> Insurance Certification Form | <input type="checkbox"/> References for prior projects |
| <input type="checkbox"/> Equal Opportunity/Affirmative Action Form | <input type="checkbox"/> References for supply vendors |
| <input type="checkbox"/> Affidavit Certification Immigration Laws | <input type="checkbox"/> References for sub-contractors |
| <input type="checkbox"/> Statement of Contractor's Qualifications/Information | |

CONTRACTOR PRE-QUALIFICATION APPLICATION PACKET

INTRODUCTION

Leon County, Florida provides housing rehabilitation services to persons who own and occupy homes located in unincorporated Leon County and who meet eligibility requirements of the State Housing Initiative Partnership (SHIP), Community Development Block Grant (CDBG), Housing Finance Authority, and other programs.

The rehabilitation services involve construction on currently sub-standard owner-occupied single family homes in order to bring these homes up to current code. The typical work includes but is not limited to demolition, framing, roofing, drywall, siding, painting, masonry, electrical, mechanical, plumbing, and sanitary sewer/septic.

Any contractor desiring to bid on these rehabilitation projects must be pre-qualified with Leon County. Once pre-qualified, a contractor must provide proof of licensing renewals to remain eligible to respond to any invitation to bid for appropriate housing construction projects.

DISCLAIMER

Pre-qualification of a contractor does not guarantee that any contractor will be awarded a project. Pre-qualified contractors will be eligible to participate in the competitive procurement process for construction projects in accordance with the Leon County Housing and the Purchasing and Minority/Women Business Enterprise Policies.

CONTRACTOR MINIMUM QUALIFICATIONS

1. Contractor must have been in the construction business a minimum of 5 years.
2. Contractor must possess and maintain proper construction licensing as provided in Chapter 489, Florida Statutes, and appropriate city and county business and occupational licenses.
3. Further, the person serving as Contract Manager for any project to be awarded must have a minimum of no less than three (3) years experience in the construction business with proven supervisory experience.
4. Contractor must receive favorable references on prior work in reference checks performed by county staff.
5. Contractor must provide adequate proof of financial capacity and stability to properly perform rehabilitation work without harm to the County and homeowner.

INSURANCE REQUIREMENTS

The County's insurance requirements are described in Attachment A of this pre-qualification package. You should confer with your respective insurance carriers or brokers to determine the availability of insurance certificates and endorsements as prescribed in the Attachment. The Insurance Certification Form attached hereto as Attachment B is to be completed and submitted as part of your pre-qualification application.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

Each contractor and any subcontractors of that contractor must agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national origin, sex, age, handicap, marital status, and political affiliation or belief. Further, the contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein. As part of the response to this solicitation, please complete and submit Attachment C, "Equal Opportunity Statement."

BONDS

No bonds, whether bid, performance, payment and materials, or warranty, are required for the housing rehabilitation projects.

UNAUTHORIZED ALIEN(S)

The Contractor understands and agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The County shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for unilateral termination of this Agreement by the County. As part of the response to this solicitation, please complete and submit Attachment D, "Affidavit Certification Immigration Laws."

RENEWAL OF PRE-QUALIFIED STATUS

Automatic annual renewal will be made for contractors that maintain:

1. The licensing (or an equivalent or higher level license) used for the original pre-qualification as verified through a current listing in the Florida Department of Business and Professional Regulation (DBPR) licensing database, and;
2. Current city/county occupational and/or business licenses.

It is the contractors' responsibility to provide the Purchasing Division updated contact information and any additions or changes in licenses not less than 30 days prior to the expiration of the contractor's pre-qualified status. Upon receipt and verification of these materials, the County will issue a letter of renewal of pre-qualification status.

EVALUATION

The County reserves the right to determine, at its sole discretion, whether a Contractor's statement of qualifications satisfactorily meets the criteria established in the pre-qualification questionnaire. Further, the County reserves the right to seek clarification from any Contractor, any reference provided by the Contractor, Owner's for whom the Contractor has provided services, foreknowledge of Contractor's work for the County or others, collateral public sources, and licensing authorities for any Contractor submitting a statement of qualifications. The following factors will be evaluated:

1. Contractor's qualifications and experience - Age of the company, qualifications of key personnel to be assigned to rehabilitation projects, extent of Contractor's activities, location of Contractor's office(s)
2. References - Contractor's considerable and readily quantified experience in providing similar services; Contractor's proven ability to effectively manage multiple sites; Maintenance, safety, and security of work sites; Handling punch lists; Adequate cost controls; Timely work, sequencing, and completion; Proper invoicing and accounting practices; Proper management and payment of subcontractors and supply vendors.
3. The financial stability and capacity of Contractor.
4. Quality Assurance - management of work quality by contractor and subcontractors; quality of materials and supplies used; follow-up on quality issues, punch list items; and overall quality assurance plan and execution.
5. Miscellaneous - Standards of workplace conduct; Supervisory plan; Policies in recruitment and assignment to ensure that only fit and proper person(s) and subcontractors are hired with appropriate skill sets are deployed to fit site specific needs.

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CONTRACTOR PRE-QUALIFICATION APPLICATION

Name of Legal Entity: _____

Mailing Address: _____

Telephone (_____) _____ Fax (_____) _____

E-mail: _____

Florida Construction Industries Licensing Board Licensure

Please provide the following information for all licenses required by Florida statutes of the Prime Contractor for the performance of the work in this project.

Primary Licensee _____

Alternate Licensee _____

License Type _____

License Number: _____ Expiration Date _____

Qualified Business License (certificate of authority) number _____

Bidder may use additional sheets to provide information for all applicable licenses and shall provide copies of each license as a part of the bid submittal.

Type of Business Organization

() Sole Proprietorship () Partnership () Joint Venture () Corporation () Other - please explain

State of Incorporation _____

FEIN _____

Authorized Signatories/Negotiators

The Contractor represents that the following persons are authorized to sign and/or negotiate contracts and related documents to which the bidder will be duly bound:

Name and Title	Telephone Number	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED, A DULY AUTHORIZED OFFICER OR EMPLOYEE, HEREBY CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HAS HEREUNTO SET HIS SIGNATURE THIS _____ DAY OF _____, 20__.

By: _____ Title: _____

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Contractor's Printed Name: _____

To assist the County in evaluation of a Contractor's work performance, capabilities, financial capability and capacity, Contractor shall submit as a part of their pre-qualification application the following items:

1. A statement from the Contractor that: addresses the required qualifications for a Contractor and any supervisory staff; provides information on the age and size of the firm; an overview of the type of work typically performed; a review of the volume of work over the last three years;
2. A letter from their bank or accountant stating their financial capability to handle this contract (meet payroll and adequately secure supplies and equipment)
3. A listing of not less than three references nor more than five from projects that have been completed within the last three (3) years. The references must include Company name, address, point of contact, phone number. Contact information and/or phone numbers that do not connect to a responsible person shall be determined to be non-responsive.
4. A listing of not less than three references nor more than five of both supply vendors and sub-contractors that have been used within the last two (2) years. The references must include Company name, address, point of contact, phone number. Contact information and/or phone numbers that do not connect to a responsible person shall be determined to be non-responsive.
5. Completed Attachments B, C, and D of the Pre-Qualification Application Packet.
6. Answer the following questions:

a. Are there any disciplinary actions against the qualifier for the contractor within the past five(5) years?

Yes No If the answer is yes, please provide an explanation below.

b. Are there any judgments, claims, mediation proceedings or suits pending against the Contractor or its officers?

Yes No If the answer is yes, please provide an explanation below.

c. Has any officer or partner of your firm ever failed to complete a contraction contract handled in his (her) own name or as a qualifier for another in the past five (5) years?

Yes No If the answer is yes, please provide an explanation below.

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ATTACHMENT A

INSURANCE REQUIREMENTS

Contractor shall procure and maintain for the duration of any contract with Leon County insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The particular coverages and deductibles are listed below.

1. Minimum Limits of Insurance. Contractor shall maintain limits no less than:
 - a. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
 - b. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage. (Non-owned, Hired Car).
 - c. Workers' Compensation and Employers Liability: Insurance covering all employees meeting Statutory requirements in compliance with the applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident, \$500,000 disease policy limit, \$500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

2. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

3. Other Insurance Provisions The policies are to contain, or be endorsed to contain, the following provisions:

- a. General Liability and Automobile Liability Coverages (County is to be named as Additional Insured).
 1. The County, its officers, officials, employees and volunteers are to be covered as insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.
 2. The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
 3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.
 4. The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.

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b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers. Insurance is to be placed with insurers with a Best's rating of no less than A:VII.
5. Verification of Coverage. Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional Insured and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.

Cancellation clauses for each policy should read as follows: *Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.*

6. Subcontractors. Contractor shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

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ATTACHMENT B

INSURANCE CERTIFICATION FORM

To indicate that Contractor understands and is able to comply with the required insurance, as stated in Attachment A, Contractor shall complete and submit this insurance certification form, signed by the company Risk Manager or authorized manager with risk authority.

- A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

YES NO

Commercial General Liability:	Indicate Best Rating: _____	_____
	Indicate Best Financial Classification:	_____

Business Auto:	Indicate Best Rating: _____	_____
	Indicate Best Financial Classification:	_____

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES NO

Indicate Best Rating: _____
Indicate Best Financial Classification: _____

If answer is NO, provide name and address of insurer:

2. Is the Respondent able to obtain insurance in the limits as required in Attachment A?

YES NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.

Required Policy Endorsements and Documentation

Certificate of Insurance will be provided evidencing placement of each insurance policy responding to requirements of the contract.

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ATTACHMENT C

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

1. The contractor and any subcontractors of the contractor hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: _____

Title: _____

Firm: _____

Address: _____

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ATTACHMENT D

AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

Leon County will not intentionally award County contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 A(e) {Section 274a(e) of the Immigration and Nationality Act ("INA").

Leon County may consider the employment by any Contractor of Unauthorized Aliens a violation of Section 274A(e) of the INA. **Such violation by the Recipient of the employment provision contained in Section 274A(e) of the INA shall be ground for unilateral cancellation of the contract by Leon County.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: _____

Signature: _____ Title: _____

STATE OF _____
COUNTY OF _____

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

Personally known _____

NOTARY PUBLIC

OR Produced identification _____

Notary Public - State of _____

(Type of identification)

My commission expires: _____

Printed, typed, or stamped
commissioned name of notary public

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.