



Lori M. Stone, Mayor

Community Development Committee

One City Square Suite 210
Warren, Michigan 48093
(586) 574-4686

RE: Contractor Application

To Whom It May Concern:

Attached is a Contractor Application Package. Included are instructions for registration on System for Award Management (SAM), a W-9, insurance requirements, General Instructions, and a Sample Agreement.

If you are not already on SAM, please register as soon as possible; there is no charge to do this.

Please return the Contractor Application Package for the City of Warren's Community Development Residential Rehabilitation Program and **all** items requested on the Signature Page to:

City of Warren
One City Square
Community Development, Suite 210
Warren, MI 48093

You may also email completed applications to mdagostini@cityofwarren.org. We will check the references and let you know when you will be added to our list.

Please be advised that unsatisfactory references based on past performance, credit history, lawsuits, and/or disciplinary action taken by the State of Michigan or Federal Government are reasons for disqualification.

Should you have any questions, please do not hesitate to contact our office at (586) 574-4686.

Sincerely,

Maria D'Agostini
Community Development Technician

Enclosures

**City Of Warren
Housing Rehabilitation
Contractor Application Package**

Contents

This package contains the following documents:

- 1. Program Description (1 Page)**
- 2. Application:**
 - Section 1: General (1 Page)**
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 - Section 3: Data Collection (2 Pages)**
 - Section 4: References:**
 - a. Suppliers (1 Page)**
 - b. Residential Customers and/or Government and/or Nonprofit Organizations (1 Page)**
 - c. Subcontractors (1 Page)**
 - d. Banks (1 Page)**
 - Section 5: Certifications (1 Page)**
 - Section 6: Signature Page (1 Page)**
- 5. Checklist for Contractor Application (1 Page)**
- 6. Sample of Rehabilitation Contract Agreement (separate download) (11 pages)**
- 7. "General Instructions To Contractor" (Revised 7-17-00) (separate download) (12 Pages)**
- 8. W-9 (separate download) (1 Page)**
- 9. Insurance description (separate download) (1 Page)**

**City of Warren
Residential Housing Rehabilitation Program
Contractor Application**

Program Description

- 1.) The Rehabilitation Program is federally funded.
- 2.) Loans are made to low and moderate income Warren homeowners.
- 3.) The loans can be used to correct code violations, reduce lead-based paint hazards, make limited general improvements, install handicap ramps and other devices to make the home handicapped accessible.
- 4.) The City assists with the preparation of the work specifications and solicitation of bids.
- 5.) A minimum of five (5) building contractors are asked to bid on each job. (Three (3) if repairs will be limited to the correction of an emergency situation). These contractors may be selected randomly from the list of qualified bidders that the City maintains or they may be contractors chosen by the homeowner but they must also meet the City's criteria defining qualified bidders.
- 6.) Qualified bidders must meet the following criteria:
 - A. They must be licensed residential builders by the State of Michigan.
 - B. They must carry the full line of insurance.
(See Application Section 2 and Insurance attachment)
 - C. They must provide credit and professional references.
(Unsatisfactory references based on past performance or credit history are reasons for disqualification).
 - D. Beginning September 15, 2000, lead based paint hazards identified in homes built before 1978 have to be addressed using interim controls and safe work practices. The work must be completed by a State Certified Lead Worker or Lead Supervisor. The Lead Supervisor must be on site at all times.
- 7.) The list of qualified bidders is always open. New contractors may apply at any time.
- 8.) The amount the City will loan any homeowner is the amount of the lowest qualified bid up to a maximum of \$30,000. The homeowner may select any qualified bidder to perform the work.
- 9.) Rehabilitation loans are not available for the construction of additions or the completion of unfinished areas.

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 1: General

1. Full Name (Individual/Company): _____

2. Complete Business Address: _____

3. Contact Numbers:

Business: () _____

Fax: () _____

Cell: () _____

Email: _____

4. Social Security Number: (for individual use only) _____

5. Owners Drivers License Number: (Attach copy of driver's license) _____

6. Federal Tax ID Number: _____

7. How is your Business Organized: Please Circle:

Individual

Partnership

Limited Partnership

Co-Partnership

Corporation

Limited Liability Corporation (LLC) Other _____

DUN'S number: _____

NOTE: Please provide all business creation documents, submit a Copy of your Certificate issued by Michigan Department of Commerce from the Corporation & Securities Bureau, or by the County in which you do business. Example, Articles of Incorporation or Certificate of Conducting Business Under an Assumed Name.

8. List all Company Officers, Partners and Agents who are authorized to execute contracts and related documents:

1. _____

2. _____

3. _____

4. _____

9a. Complete for all types of license(s) or Certification(s) held:

Residential Builders _____ →

Plumbing _____ →

Mechanical _____ →

Electrical _____ →

Other _____ →

9b. First date issued:

_____ →

_____ →

_____ →

_____ →

_____ →

9c. Name on License or License Holder:

9d. On a separate sheet list the names of employees and subcontractors who are State Certified as Lead Workers or Lead Supervisors. (Include copies of each individual's State Certification with this completed application.)

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 2: Insurance (Attach copy of insurance certificate)

10a. Name of Comprehensive Commercial General Liability Insurance Carrier: _____

10b. Policy Number: _____

10c. Date of Expiration of Coverage: _____

10d. Amount of Coverage: (must be at least \$1,000,000.00 per occurrence _____
And \$2,000,000.00 general aggregated)

10e. Provide a certificate of insurance naming additional insured: **The City of Warren, City of Warren Municipal Building Authority, 37th District Court, all elected, appointed officials, employees and volunteers as individuals acting within the scope of their authority, AS ADDITIONAL INSURED.**

11a. Name of Workers Compensation Carrier: _____

11b. Policy Number: _____

11c. Date of Expiration of Coverage: _____

11d. Amount of Coverage: Workers' compensation insurance shall be statutory under the State of Michigan.

12a. Name of Automotive Liability Carrier: _____

12b. Policy Number: _____

12c. Date of Expiration of Coverage: _____

12d. Amount of Coverage: (must be at least \$1,000,000) combined single limit for any auto and include hired autos and non-owned autos _____

12e. Provide a certificate of insurance naming additional insured: **The City of Warren, City of Warren Municipal Building Authority, 37th District Court, all elected, appointed officials, employees and volunteers as individuals acting within the scope of their authority, AS ADDITIONAL INSURED.**

All insurance policies shall contain the following endorsement:

It is understood and agreed that all insurance policies MAY NOT BE CANCELED by the insurer nor the intention not to renew be stated by the insurer until thirty days (30) written notice to the City of Warren for cancellation, non-renewal, or material policy change is provided.

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 4: References-Supplier

(used within the past 5 years)

Supplier Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Account Number: _____

Name on the Account: _____

Date the Account was established: _____

Supplier Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Account Number: _____

Name on the Account: _____

Date the Account was established: _____

Supplier Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Account Number: _____

Name on the Account: _____

Date the Account was established: _____

**City of Warren
Housing Rehabilitation Program
Contractor Application**

**Section 4: References-Residential Customers and/or
Government and/or Nonprofit Organizations**
(work performed within past 5 years)

Customer(s) Name: _____

Address: _____

Phone Number: () _____ **Email:** _____

Give a brief description of the job your company performed for this residential customer and the date it was completed. _____

Customer(s) Name: _____

Address: _____

Phone Number: () _____ **Email:** _____

Give a brief description of the job your company performed for this residential customer and the date it was completed. _____

Customer(s) Name: _____

Address: _____

Phone Number: () _____ **Email:** _____

Give a brief description of the job your company performed for this residential customer and the date it was completed. _____

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 4: References-Subcontractors
(worked with within past 5 years and include one: Electrical, Plumbing, or HVAC)

Subcontractor(s) Name: _____

Address: _____

Phone Number: () _____ **Fax:** () _____

Please list the trade skill(s): _____

Type of trade license(s) held: _____ **Email:** _____



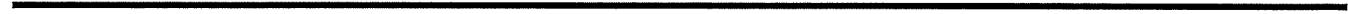
Subcontractor(s) Name: _____

Address: _____

Phone Number: () _____ **Fax:** () _____

Please list the trade skill(s): _____

Type of trade license(s) held: _____ **Email:** _____



Subcontractor(s) Name: _____

Address: _____

Phone Number: () _____ **Fax:** () _____

Please list the trade skill(s): _____

Type of trade license(s) held: _____ **Email:** _____



**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 4: References-Banks

Bank Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Business Account Number: _____

Is this account (Circle) Checking or Savings



Bank Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Business Account Number: _____

Is this account (Circle) Checking or Savings



Bank Name: _____

Address: _____

Phone Number: () _____

Fax Number: () _____ **Email:** _____

Business Account Number: _____

Is this account (Circle) Checking or Savings



**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 5: Certifications

Mark True or False for each of the following certifications.

True False

A. I have received and read the sample City of Warren Rehabilitation Contract, and I had an opportunity to ask questions.		
B. I have been suspended from the Veteran Administration loan program, or by the Department of Housing and Urban Development, or action has been instituted against me by the Federal Housing Administration. (If true, include documentation of release).		
C. I understand that if awarded a contract I am expected to start work within 30 days of delivery of the "proceed to work order" and that the job must be completed and approved within 90 days.		
D. I understand that no changes to the rehabilitation specifications will be approved once a contract agreement is executed unless the specified work cannot be completed without the change and that all changes to the rehabilitation specification must receive approval prior to the start of the work.		
E. I have had a license, registration, or application refused, suspended, canceled, revoked, or withdrawn. (If true, attach an explanation).		
F. I certify that all agents and qualifying officers have not had any criminal charges (i.e. felonies, misdemeanors, etc.), drunk driving offenses or lawsuits filed against them in the past 10 years. (If false, attach information with an explanation of such offenses, include resulting sentences and/or judgments.)		
G. I understand and agree that I must inspect the home prior to bidding as I will be bound by conditions that the inspection would disclose, that I must have the homeowner sign the bid sheet and that no "Blind" bids shall be accepted.		
H. Do you understand that you will be removed from the contractor's bid list for performing additional "side" work for the homeowner during the time you are under this contract.		
I. I agree to follow the provisions of the Rehabilitation Contract and understand and agree that my standing as a qualified bidder will be revoked if I violate any of the provisions of the Rehabilitation Contract and I will not be invited to bid on future rehabilitation projects.		
J. I received and read the "City of Warren's General Instructions to Contractor," which explains the quality of materials and workmanship expected on each rehabilitation project and I had an opportunity to ask questions.		
K. I understand and agree that as a new contractor I will be on probation until satisfactory completion of my first awarded job. After that I will be temporarily removed from the list whenever I have four (4) jobs under contract.		
L. I understand and agree that I must respond to each invitation to bid. Failure to notify the City three (3) days in advance of the bid opening date when I will not be submitting a bid or submittal of three (3) consecutive no bids may result in my being permanently removed from the list of qualified bidders.		
M. I understand and agree that when specified in the contract "lead safe work practices" must be used, and "lead abatement" or "interim control" of lead based paint hazards must be supervised by a state certified lead supervisor.		

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Section 6: Signature Page

The following items must be submitted to the City of Warren's Rehabilitation Program before consideration will be given to your application:

- A. This 10 page application, completed and notarized.**
- B. A Copy of your State of Michigan Builders License and Qualified Officer License**
- C. A Copy of all Certificate of Insurance Coverage (General Liability, Workers Compensation, Auto).**
- D. A Copy of your assumed name certificate, Co-Partnership certificates, or State of Michigan Corporation certificate.**
- E. Copy of your driver's license**
- F. Copies of Lead Worker, Supervisor, and Contractor certifications.**
- G. W-9**
- H. Any explanations or documentation requested in Section 5: Certifications**

SIGNATURE AND NOTARIZATION

It is specifically agreed by the applicant that any misrepresentation, false statements, or fraud in connection with this application shall be cause for revocation of the registration or denial of this application in addition to any other actions or penalties or both to which the applicant may be subject. The applicant also hereby gives consent to the City of Warren's Rehabilitation Program to contact listed references and verify any and all information contained in this application. Any unsatisfactory references based on past performance, credit history, lawsuits and /or disciplinary actions, taken by the State of Michigan or the Federal Government may be reasons for disqualification.

(Signature of Applicant)

(Title)

Subscribed and Sworn to before me this ____ day of _____, 20_____.

(Notary Public)

(County)

My Commission Expires: _____

**City of Warren
Housing Rehabilitation Program
Contractor Application**

Checklist for Contractors Application

It is important that this application is filled out completely, otherwise it may result in a delay in the processing.

Documents that must be returned

1. General Contractor Application:

- Section 1: General (1 Page)**
- Section 2: Insurance (1 Page)**
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 - d. Banks (1 Page)**
- Section 5: Certifications (1 Page)**
- Section 6: Signature Page (1 Page)**

(Include all documents requested under Section 1 and Section 6)

Mail Completed Application to:

**City of Warren
Community Development
One City Square
Suite 210
Warren, MI 48093-2389**