

**Harris County
Community Services Department
Harris County Home Repair Program**

**Request for Qualifications (RFQ) and Pre-Qualification Submittals to provide
Home Repairs**

**Notice to Contractors
January 14, 2010**

The Harris County Community Services Department seeks to pre-qualify responsible contractors for participation in the Harris County Home Repair Program in the provision of minor home repairs to low-income homeowners and the Neighborhood Stabilization Program for the purchase of foreclosed, abandoned homes for resale.

The mission of the Harris County Home Repair program is to provide financial assistance to low- and moderate-income homeowners for the purpose of providing decent, safe and sanitary housing conditions as well as improving quality of life.

The Harris County Home Repair Program will provide financial assistance to qualified homeowners under the following home repair categories:

Neighborhood Stabilization Repair. Provide up to \$10,000 assistance in the form of a grant to make all acquired homes decent, safe and habitable to prepare the home for sale or occupancy. Goal: 50 units/year

Minor Repair: Provide up to \$10,000 assistance in the form of a grant for minor home repairs for qualified housing including but not limited to roof repair/replacement, handicap accessibility improvements, mechanical, electrical and plumbing improvements. Goal: 40 units/year

Health & Safety Improvements. Provide funding up to \$40,000 in the form of a grant for the purpose of repairing and/or replacing water wells and septic systems that are not functioning and/or have received health and safety violation citations. Goal: 10 units/year.

The program will operate on a continuous annual basis using multiple contractors.

It is mandatory that all Contractors who are interested in participating in the Home Repair Program fully complete a pre-qualification submittal, provide all materials requested

herein, and be approved by the Harris County Community Services Department to be on the Qualified Contractors List for the Home Repair Program.

Filing of Submittals

All applications must be filed with the Harris County Community Services Department, Attention: Housing Construction and Inspection Services, 8410 Lantern Point, Houston, Texas, 77054, on or before 3:00 p.m., February 12, 2010.

Pre-qualification packages may be obtained by contacting:

Adriana Villuendas

Harris County Community Services Department

Housing Construction and Inspection Services

8410 Lantern Point

Houston, TX 77054

(713) 578-2000 or email: adriana.villuendas@csd.hctx.net

Or

Prequalification packages may be downloaded from the Harris County Community Services Department's Website at www.csd.hctx.net/

Contractors that submit pre-qualification packages will be notified in writing regarding whether or not they qualify to participate in the program.

End of Notice

Harris County Community Services Department
Home Repair Program
Requirements for Contractor Approval

All contractors invited to bid on Housing Repair work must meet the qualifications of the Harris County Community Services Department (HCCSD) Home Repair Program.

Contractors must be eligible to receive Federal contracts through U.S. Government Programs in accordance with the policies and procedures of the U.S. Department of Housing and Urban Development (HUD) as enforced by HCCSD and in accordance with the Title 24 Code of Federal Regulations (C.F.R) part 24.

The Contractor must provide the following to the HCCSD office in order to be considered for approval to be placed on the "List of HCCSD Eligible Contractors:

- 1. Return the attached Contractor Qualification Application and Questionnaire signed, dated, and all sections completed.**
- 2. Return completed and signed "Request for Verification of Deposit" form (attached).**
- 3. Certificates of insurance¹ as indicated below as a minimum:**
 - a. Contractor's and Subcontractor's property damage coverage in the minimum amount of \$100,000.00;**
 - b. Contractor's Liability Coverage (bodily Injury) in the minimum amount of \$300,000.00;**
 - c. Workers' Compensation (statutory limits);**
 - d. Harris County Community Services must be named insured/certificate holder on all insurance policies to be notified regarding renewal or cancellation (see footnote below).**
- 4. Financial statement (Profit & Loss, Cash Flow, Trial Balance and Balance Sheet).**
- 5. Bank Statements for the last two months must be submitted.**
- 6. Affidavit of No Lien completed and notarized.**
- 7. W-9 complete**

In addition, each application will be evaluated on the basis of the company's prior work history, credit status, financial standing and insurance requirements. Your firm will be notified by letter should your company be approved. All approved contractors are required to attend the Annual Contractor's Orientation Seminar which outlines the procedures and guidelines that a Contractor must follow when participating in the HCCSD Home Repair Program.

Please return all the above documentation to:

**Housing Construction & Inspection Services
8410 Lantern Point
Houston, Texas 77054
Telephone Number: (713) 578-2000**

¹ If approved to participate in the program, new certificates of Insurance will be required with Harris County Community Services Department named as the insured/certificate holder on all policies for renewal and cancellation notification purposes.

Contractor Qualification Application Checklist

- Contractor's Qualification Application Form
- Contractor's Questionnaire
- Request for Verification of Deposit
- Certificates of Insurance
- Financial Statement
- Bank Statements (last 2 months)
- Affidavit of No Lien
- W-9

For HCCSD Office Use Only:

Date received: _____

By: _____

Contractor Qualification Application Form

1) **Company Name** _____

2) **Company Address** _____

City, State, Zip _____

3) **Phone Number:** _____ **Fax #** _____

4) **Company E-mail Address:** _____

- 5) **Applicant is:** Corporation Sole Proprietorship
 Partnership Joint Venture

6) Principals of Firm

| | |
|------------------------|-----------------|
| Name _____ | Title _____ |
| Home Address _____ | SSN# _____ |
| City, State, Zip _____ | Telephone _____ |

| | |
|------------------------|-----------------|
| Name _____ | Title _____ |
| Home Address _____ | SSN# _____ |
| City, State, Zip _____ | Telephone _____ |

| | |
|------------------------|-----------------|
| Name _____ | Title _____ |
| Home Address _____ | SSN# _____ |
| City, State, Zip _____ | Telephone _____ |

7) History of Company

Number of Years in Business _____

8) **Federal ID No.** _____

9) Insurance (Attach Copy of Current Insurance Certificate)

| | |
|---------------|-----------------|
| Company _____ | Agent _____ |
| Address _____ | Telephone _____ |

| Type | Policy No. | Limits of Liability |
|-----------------|-------------------|----------------------------|
| Property Damage | _____ | _____ |
| Liability | _____ | _____ |

Workers' Compensation _____

10) Banking Information

| Bank | Address | Account | Type of Account |
|------|---------|---------|-----------------|
|------|---------|---------|-----------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11) List three (3) most recent suppliers that you have used:

| Name of Supplier | Type of Materials | Telephone No. | Contact Person |
|------------------|-------------------|---------------|----------------|
|------------------|-------------------|---------------|----------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Subcontractor | Trade | Telephone No. | Contact Person |
|---------------|-------|---------------|----------------|
|---------------|-------|---------------|----------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

12) List three (3) most recently completed projects:

| | |
|-------------------|--|
| Name _____ | Telephone _____ |
| Address _____ | City, State, Zip _____ |
| Type of Job _____ | Contract Price \$ _____ Date completed _____ |

| | |
|-------------------|--|
| Name _____ | Telephone _____ |
| Address _____ | City, State, Zip _____ |
| Type of Job _____ | Contract Price \$ _____ Date completed _____ |

| | |
|-------------------|--|
| Name _____ | Telephone _____ |
| Address _____ | City, State, Zip _____ |
| Type of Job _____ | Contract Price \$ _____ Date completed _____ |

CONTRACTOR Questionnaire

Please respond to the following questions regarding your firm's financial status:

1. Has your firm been denied credit within the last sixty (60) days?

YES _____ NO _____

2. Indicate if your firm has been involved or a party to any of the following actions (within the last seven to ten years):

a. Judgments: YES _____ NO _____

If yes, attach proof and provide an explanation of current status below:

b. Satisfied judgments: YES _____ NO _____

If yes, attach proof and provide an explanation of current status below:

c. Tax Liens: YES _____ NO _____

If yes, attach proof and provide an explanation of current status:
If no, provide completed affidavit as attachment to this application.

d. Bankruptcy Proceedings:
Dismissals YES _____ NO _____

Discharges YES _____ NO _____

If yes, provide a copy of all current documentation to support the current status and a copy of the current plan.

3. Does your firm have certificates of insurance with the following minimum coverage amounts:

a. \$100,000 for property damage coverage? Yes _____ No _____

b. \$300,000 for liability coverage (bodily injury)? Yes _____ No _____

4. Does your firm have a current worker's compensation insurance policy within the statutory limits as required by law? Yes _____ No _____

5. In the last five (5) years, has your firm ever failed to complete a contract? Yes _____ No _____
 If yes, why? _____

6. At any time in the last five (5) years, has your firm, or any of its owners or officers been convicted of a crime involving the awarding of contract of a government construction project, or the bidding or performance of a government contract? Yes _____ No _____

7. In the last five (5) years has your firm, or any firm which your company's owners, officers, or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency project for any reason? Yes _____ No _____

8. Has your firm, or any of its owners, officers, or partners ever been convicted of a crime involving any federal, state or local law related to construction? Yes _____ No _____

9. List any real estate in Harris County owned either personally by any of your firm's owners, officers, or partners, or through partnership, joint venture, or other legal entity associated with your firm:

| Title Holder | Address |
|--------------|---------|
| | |
| | |
| | |

10. Is your firm or any of its officers delinquent in payment of property taxes to Harris County?
 Yes _____ No _____

Note: Failure to pay Harris County property taxes or current property tax delinquency will disqualify any contractor from participation in the Harris County Home Repair Program.

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION IN THIS STATEMENT AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS STATEMENT IS TRUE AND COMPLETE TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

 Signature

 Title

 Date

Signature

Title

Date

CERTIFICATION & AGREEMENT BY CONTRACTOR FOR QUALIFICATION

RIGHT TO FINANCIAL PRIVACY ACT: This is to notify you, as required by the Fight to Financial Privacy Act of 1978, that the Harris County Community and Economic Development (HCCED) (in accordance with the policies and procedures of the U.S. Department of Housing and Urban Development) has a right of access to financial records held by any financial institution in connection with the consideration of your application for the HCCED Housing Construction Services Program Eligible Contractor’s List. Financial records involving your transactions will be available to HCCED without further notice of authorization but will not be disclosed or released to another Governmental Department or Department without your consent except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001 provides: “Whoever in any matter within the jurisdiction of any department or Department of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or representation, or makes any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF THE UNDERSIGNED’S KNOWLEDGE AND BELIEF.

VERIFICATION OF ANY OF THE INFORMATION IN REGARD TO THIS APPLICATION MAY BE OBTAINED FROM ANY SOURCE REQUIRED OR NAMED HEREIN.

Signature

Title

Date

Signature

Title

Date

AFFIDAVIT OF NO LIEN

STATE OF _____
COUNTY OF _____

Before me, a duly commissioned Notary Public within and for the State and County aforesaid, personally appeared _____
who, after being duly sworn as required by law, deposes and says:

1. That _____ is a principal officer/owner or authorized representative [title] of
_____ [firm] and that _____ [said firm] is a Building, Remodeling or Construction
Company which is applying for approval to perform construction services under the HCCSD Housing Construction and/or repair
program funded under the HUD CDBG, HOME or Harris County TIRZ programs.

SEE EXHIBIT "A" ATTACHED HERETO

or

[Name of company]

2. That _____ is not the subject to any assessment of tax liens or liabilities resulting from its operations; and/or
bankruptcy, creditor's reorganization or insolvency proceeding and none are pending, contemplated or threatened, or that any
exceptions or extenuating circumstances to this part have been noted in under part seven (6) of this exhibit.

3. That _____ has possession of the all if its business property and that there is no other person in possession or has
any right in its business property; or that any exceptions or extenuating circumstances to this part have been noted in under part seven
(6) of this exhibit.

4. That there are no unrecorded labor, mechanic's or materialmen's liens against the businesses' assets or property and no material
has been furnished or labor performed on the businesses' property which has not been paid in full; or that any exceptions or
extenuating circumstances to this part have been noted in under part seven (6) of this exhibit.

5. That there are no claims whatsoever of any kind or description against any fixtures or equipment located at the premises of the
principal place of business outside the normal course of financing or leasing of the principal place of said businesses' premises or its
equipment; or that any exceptions or extenuating circumstances to this part have been noted in under part seven (6) of this exhibit.

6. All exceptions to part(s) 1 through 5 above have been fully noted and explained below:

7. That this affidavit is made for the purpose _____

[signature]

Subscribed and sworn to before me this ___ day of _____, 20__.

My commission expires _____

NOTARY PUBLIC

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

| | |
|--|---|
| Name (as shown on your income tax return) | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| OR |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

REQUEST FOR VERIFICATION OF DEPOSIT

A. Name of Applicant

B. Name of Bank/Depository

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

C. Social Security Number(s)

D. Account Number(s)

E. Balance

\$

F. Type of Account(s)

NOTE TO BANK OR OTHER DEPOSITORY: The applicant identified in Block A has applied for a Federal loan for property rehabilitation under Section 312 of the Housing Act of 1964, as amended and/or a Section 115 rehabilitation grant authorized under the Housing Act of 1949, as amended. The applicant has indicated in a financial statement that the information shown in Block E and F above concerning a deposit with you, and has authorized this Public Body in writing to verify this information with any source named in the application. We also wish to know whether this application has any loans outstanding with your institution. Your verification of this information, together with any other information that may be of assistance in rendering a decision, is for the confidential use of this Public Body shown in Block M, using the address shown. Any statements on your part or on the part of any of your officers as to the responsibility or standing of any person, firm or corporation is a matter of opinion and is given as such, and solely as a matter of courtesy, for which no responsibility is attached to your institution or any of your offices.

VERIFICATION OF BANK OR OTHER DEPOSITORY

G. Is information given in Blocks E and F approximately correct? Yes No

H. Loans outstanding to applicant:

Date of Loan and balance

| | | |
|------------|--|----|
| 1. Secured | | \$ |
| 2. Secured | | \$ |

I. Approximate average balance for the past two months: _____

J. If account was opened less than two months ago, give the date opened: _____

K. Additional information: _____

L. Signature of Official Bank or other Depository

The above information is furnished in strict confidence in response to your request, and is solely for use of the Public Body shown in Block M and the U.S. Department of Housing and Urban Development.

Date

Signature

Title

M. Name and Address of Public Body to which this form is to be returned (including Zip Code)

Harris County Community Services Department

Attn: Diana Lohman, Loan Originator Analyst

8410 Lantern Point

Houston, Texas 77054

713-578-2000 / Fax 713-578-2196

N. Authorization

I hereby authorize release of the above requested information.

Signature

Date