

Western Tidewater HOME Consortium

Contractor Qualification Statement For Suffolk Redevelopment and Housing Authority

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. This statement MUST be notarized.

01. Company Name: _____
Company Address: _____
Phone Number: _____ Fax # _____
Contractor License: _____ Class _____
Federal ID # _____
Name of Responsible Party: _____
Title of Responsible Party: _____

02. Date Organized: _____ Place Organized: _____

03. General character of work performed:

04. Any work awarded failed to be completed or contracts defaulted on –where and why

05. List three most recent contracts over \$10,000 value. State Owner, Address, work, cost, date started/completed:

06. List current projects. State Owner, Address, Value and estimated completion date:

07. List three suppliers, date established and high credit limit.

_____	\$ _____
_____	\$ _____
_____	\$ _____

08. List Bank references and credit available:

_____	\$ _____
_____	\$ _____

09. Number of employees: ____ Highest # employees over past 12 months: ____

10. List Insurance Company name with coverage and amounts:

General Liability:	_____	\$ _____
Property Liability:	_____	\$ _____
Vehicles/Equipment:	_____	\$ _____
Workmans Compensation:	_____	\$ _____
Others:	_____	\$ _____

11. Subcontractors: List name, address, phone number, trade, Contractor License # and years of experience:

Name/Address:	_____
Trade/License:	_____ Lic# _____
Phone:	_____ Years experience: _____

Name/Address:	_____
Trade/License:	_____ Lic# _____
Phone:	_____ Years experience: _____

Name/Address:	_____
Trade/License:	_____ Lic# _____
Phone:	_____ Years experience: _____

12. Provide a general description of the experience of the company and its key employees:

13. Are you on any list of debarred contractors maintained by US Department Labor, Federal HUD or V.D.O.T.? _____

Over the past seven (7) years, has your firm, or any key employee within you firm ever declared bankrupt or been declared insolvent by a US Bankruptcy Court? _____
If yes, when and where was this case heard. _____

13a. Have you or any key employee ever been convicted of a Felony or high misdemeanor?
_____, If so, when, where and for what reason:

14. Would you object to you or any of your employees being subject to a random drug test?

15. Have you or your firm, over the past five (5) years, ever been reported to the Better Business Bureau or the Virginia Department of Commerce – Department of Professional, Occupational Regulations (Board of Contractors)? _____ If yes, please explain:

16. Please attach the following (4) articles to this statement. An incomplete statement is invalid.

a. Copy of Local Business License

b. Copy of current General Contractor license as issued by Virginia Department of Professional and Occupational regulation (DPOR)

c. Certificate of Insurance:

From your insurance company naming Suffolk Redevelopment and Housing Authority as “Additional Insured”, “Loss Payee” and Notification party (in the event of cancellation or termination of this policy). Show coverage period, minimum \$300,000 General Liability, \$100,000 Property Damage and Workman Compensation.

d. Certification of Lead-safe Work Practices: If applicable, Submit name of trainer, date and place trained and list of all persons in your company trained to perform Lead-safe Remodeling.

By evidence of our duly authorized signature below, I/we hereby agree to adhere to all rules, regulations and standards of the Virginia Department of Housing and Community Development and the Commonwealth of Virginia, to include, but not be limited to, the Virginia Board of Contractors. I/we agree to adhere to all regulations concerning Fair Housing, Equal Opportunity, non-hiring of Illegal Immigrants, Prohibited use of Lead-based paint, Occupational Safety and Health Administration and any and all other Federal, State and Local laws, rules, regulations and standards applicable to Federal and State Housing rehabilitation grants and loans.

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City/County of _____ in verifying the recitals comprising this statement of contractor’s qualifications.

Contractor: _____

By: _____ (SEAL) _____ Title

BE IT KNOWN that _____ came before me this
_____ day of _____, 2000 _____ and attested that all
information contained herein is true and accurate.

_____ My commission expires: _____
NOTARY PUBLIC