



OFFICE OF HOUSING AND URBAN IMPROVEMENT
Contractor Application

1. GENERAL INFORMATION

Contact Name: _____ Contact Number: _____

Company Name: _____

Company Address: _____

IRS ID (EIN) #: _____

Office #: _____ Cell: _____ Office Hours: _____

Home: _____ Fax: _____ Email: _____

Are you a General Contractor (all phases of work)? [] Yes [] No

General Contractor License Number: _____

What is your specialty? _____

Do you have any of the following licenses to perform services in the City of Pompano Beach?

(If yes, supply license number(s))?

Electrician License: _____

Plumber & Gas License: _____

Mechanical (Gas/Heating/AC) License: _____

Can you handle more than one project at a time: [] Yes [] No

2. COMPANY INFORMATION

Check which is applicable to your Company:

___ Corporation ___ Partnership ___ Individual ___ Joint Venture

___ Other _____

IF CORPORATION, PLEASE ANSWER THE FOLLOWING:

A. Date of Incorporation _____

B. State of Incorporation _____

C. President's Name/Address _____

D. Vice-President's Name/Address _____

E. Secretary's Name/Address _____

F. Treasure's Name/Address _____

IF INDIVIDUAL OR PARTNERSHIP, PLEASE ANSWER THE FOLLOWING:

A. Date of Organization: _____

B. Name/Address of all partners (State General or Limited Partnership)

IF OTHER THAN A CORPORATION OR PARTNERSHIP, DESCRIBE ORGANIZATION AND PROVIDE NAME/ADDRESS OF PRINCIPALS: _____

How many years has your organization been in business as: _____

- Independent general contractor: _____
- Under its present business name: _____

Has your organization operated under any other name? Yes No

If **yes**, list name(s) below: _____

What work do you normally perform with your own employees?

Have you been debarred from participating in programs funded by HUD? Yes No

Have you or any Officer/Partner of your company ever filed for Bankruptcy? Yes No

If **yes**, please provide date of dismissal. _____

Have you ever failed to complete any work awarded to you? Yes No

If **yes**, note when, where and why. Please use separate sheet for explanations.

Within the last 5 years, has any Officer or Partner of your organization ever been an Officer or Partner of another organization when if failed to complete a construction contract?

Yes No

If **yes**, note when, where and why. Please use separate sheet for explanations.

Have you or any Officer of your company ever been suspended, or denied participation in federally funded contract or any construction project? Yes No

If yes, explain when, where, circumstance, and expiration date of same on separate sheet.

Are you:

Minority Owned Business (MBE) Yes No

Woman Owned Business (WBE) Yes No

Small Business Enterprises (SBE) Yes No

3. REFERENCES

Have you ever performed any residential work for the City, State, or any Government Office?

Yes No

Attached 3 Reference letter

List below the three most recently completed residential jobs:

Client Name	Phone #	Address	Job Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. 2-10 HOMEBUYER WARRANTY

Are you a member of the **2-10 Homebuyer Warranty Program**? Yes No

If **no**, are you willing to apply for membership if accepted as an OHUI approved contractor? Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AS COMPLETED AND AUTHORIZE THE CITY OF POMPANO BEACH TO VERIFY ANY INDIVIDUALS/FIRMS TO PROVIDE ALL INFORMATION AS REQUESTED BY THE CITY OF POMPANO BEACH.

UPON RECEIPT OF THIS APPLICATION, THE CITY WILL REVIEW YOUR CREDIT REPORT, CONTACT YOUR REFERENCES AND EVALUATE YOUR PAST PERFORMANCE. SITE VISITS MAY ALSO BE COMPLETED. BASED ON OUR FINDINGS, THE CITY MAY REQUIRE ADDITIONAL INFORMATION, IF NECESSARY TO CONDUCT A THOROUGH REVIEW. AFTER REVIEWING THIS APPLICATION AND ASSOCIATED INFORMATION, YOU WILL BE NOTIFIED BY LETTER AS TO YOUR APPROVAL/DISAPPROVAL FOR PARTICIPATION IN THE CITY OF POMPANO BEACH'S HOUSING PROGRAMS.

PLEASE BE ADVISED THAT AFTER THREE (3) NON-RESPONSIVE BIDS, YOUR NAME WILL BE REMOVED FROM OUR DEPARTMENT'S CONTRACTOR BID LIST. A REPLY NOTED "NO BID" WOULD BE CONSIDERED A RESPONSE.

Name

Company Name

Title

Signature

Date

**CITY OF POMPANO BEACH
AUTHORIZATION TO RELEASE CREDIT INFORMATION**

This is authorization for the City of Pompano Beach to verify previous or current information regarding me/us. The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in this application may be made by the City of Pompano Beach from any source named in this application, as well as, banks, credit unions, a credit reporting agency and other sources not specifically identified here; (2) the City of Pompano Beach may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed copy, as an original.

Please complete all information below:

Federal Tax ID #: _____ Telephone Number: _____

Social Security #, if business is sole proprietorship: _____

Company Name: _____

List any DBA's: _____

Business Address: _____

Previous Address: _____

Type of Business: _____

Check One: Corporation Partnership Sole Proprietorship LLC

Date Incorporated: _____ Date Business Commenced: _____

Number of Employees: _____

Bank Reference: _____ Type of Account _____

Account Number: _____

Bank Reference: _____ Type of Account _____

Account Number: _____

Credit References (Business Suppliers)

Name	Address	Telephone #'s
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name

Signature of Authorized Officer

Contractor Application Required Attachments

INSURANCE – CURRENT & VALID CERTIFICATES OF INSURANCE

Minimum Coverage's are:

- ✓ **Comprehensive General Liability Insurance**
Covering premises, products, completed operations, independent contractors and contractual liability and naming the City of Pompano Beach as additional insured.
Limits - \$1,000,000 Combined Single Limit, Bodily Injury/Property Damage.
- ✓ **Automobile Liability Insurance**
Covering owned, hired, and non-owned automobile equipment
Limits - \$1,000,000 Combined Single Limit
- ✓ **Construction Insurance / Builder's Risk**
The contractor, at his own expense, shall provide and maintain the applicable construction insurance, until the work is accepted by the City of Pompano Beach. Said coverage shall be written for 100% of the completed value, covering the City of Pompano Beach as the insured.
- ✓ **Worker's Compensation & Employers Liability Insurance**
Limits – WC – Statutory Requirements
Employers Liability \$1,000,000

LICENSES AND REGISTRATIONS

- ✓ **Current State of Florida Occupational License**
Issued by the Department of Business and Professional Registration
- ✓ **Current County Business Tax Receipt**
- ✓ **Current City of Pompano Beach Business Tax Receipt**
- ✓ **Contractor Registration Receipt from City of Pompano Beach**
Required for businesses with addresses outside of the City
- ✓ **Certification from an EPA-approved program for Lead Safety for Renovation, Repair and Painting**
- ✓ **2-10 Home Buyers Warranty Certificate – (Contact Terry Graham @ 772- 284-7044 for information).**

REFERENCES

- ✓ **References**
Please include three letters of recommendation from recent construction projects

Please return completed application and all required attachments to:

**Miriam Carrillo, Director
City of Pompano Beach
Office of Housing & Urban Improvement
100 West Atlantic Blvd, Suite 220
Pompano Beach, FL 33060**

CERTIFICATION FOR COMPLIANCE WITH CITY, COUNTY, STATE, FEDERAL LAWS AND REGULATIONS

I, _____ agree to comply with all City, County, State, Federal laws and regulations, including, but not limited to the following:

CONFLICTS OF INTEREST

The contractor covenants that no person who presently exercises any functions or responsibility on behalf of the City in connection with this agreement has any personal financial interests, direct or indirect, with the contractor. The contractor further covenant that, in the performance of any contract, no person having such conflicting interest, shall be employed by the contractor. Any conflict of interest attributable to the contractor or its employees must be disclosed in writing to the city immediately upon discovery

The contractor is aware of the conflict of interest laws of the State of Florida, particularly, Chapter 112, Part III, Florida Statutes; and the United States Department of Housing and Urban Development, particularly, 24 CFR Part 570 § 570.611, and agrees that it shall fully comply with all respects to those provisions.

EQUAL OPPORTUNITY

The contractor agrees that it will comply with equal opportunity requirements, which require that no person in the United States shall on the ground of race, creed, color, national origin, age, sex, religion, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with State or Federal funds.

DEBARMENT/SUSPENSION

The prospective lower tier participant certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

ZONING CODES AND BUILDING CODES

The contractor must comply with the Minimum Housing Quality Standards, the South Florida Building Code and other standards established by the Department of Grants and Human Services or other City agency, as deemed necessary by such agency.

NON-SEGREGATED FACILITIES

The contractor certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control where segregated facilities are maintained. The contractor agrees that he will obtain identical certifications from proposed subcontractors exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause and that he will retain such certification in his files.

Furthermore, the contractor certifies that:

1. He is not a contractor of a foreign country included on the list of countries that discriminate against U.S. firms published by the Office of the United States Trade Representatives (USTR).
2. He is not or will not enter into any subcontract with a subcontractor or a foreign country included in the list of countries that discriminate against U.S. firms published by the USTR.

3. He will not provide any product of a country included on the list of foreign countries that discriminate against U.S. firms published by the USTR.

Signature: _____

Print Name: _____

Date _____

Social Security Number or EIN #: _____

STATE OF FLORIDA

SS.

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20 ____, by _____
_____, who has/have produced photo identification _____
_____ or is personally known to me and who did/did not take an oath.

My Commission Expires: _____

Notary Public, State of Florida

SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (A)

FLORIDA STATUTES

ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

by _____

(print this individual's name and title)

for _____

(print name of entity submitting statements)

whose business address is _____

and if applicable its Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in paragraph 287. 133(1)(a), Florida Statutes means:

1. A predecessor or successor of a person convicted of public entity crime; or

2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facies case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity,

or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO. WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____
_____, who has/have produced photo identification _____
or is personally known to me and who did/did not take an oath.

My Commission Expires: _____

(Printed, typed or stamped commissioned name of notary public)