

General Contractor Application INSTRUCTIONS

Dear General Contractor:

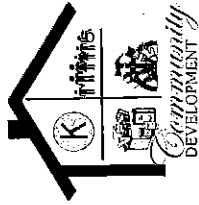
Thank you for your interest in participating as an approved Contractor for our Housing Rehabilitation Programs. Attached is the City of Kenner's Pre-Qualification Application for HUD funded CDBG & HOME housing programs. The deadline for submission is Friday, September 1, 2017 @ 4:00pm. In order to bid on housing program projects, a general contractor must be pre-approved. **Please understand only complete applications with all of the requested and required documentation will be accepted.**

The following documents will be needed along with the attached completed application:

- A copy of your certificate of incorporation, certificate of organization, or partnership registration information if registered with the Secretary of State. If you are a sole proprietorship or non-registered partnership, please provide a copy of your Social Security card.
- A copy of your driver's license or other official State ID
- A copy of licenses, certifications, and insurances of your company
- A copy of licenses and certifications of your subcontractors (as applicable)
- A declaration page showing all current insurance policies/coverages
- Detailed explanations as requested in the application

Once applications are received and reviewed, you will be notified if you are approved. Your application will be kept on file for 12 months. When a project is available for bidding, you will be notified and given bid instructions.

Thank you for your interest and we look forward to working with you to preserve homes and revitalize neighborhoods in the City of Kenner.



CITY OF KENNER
COMMUNITY DEVELOPMENT DEPARTMENT



GENERAL CONTRACTOR APPLICATION For HOUSING REHABILITATION PROGRAMS

The contents of this application will be confidential.

Company Information

Name of Construction Company: _____

Business Address: _____
Street

City _____ State _____ Zip _____

Contact Person: _____
First and Last Name *Title*

Telephone No. _____ Alternate Phone No. _____

Email address: _____

Check your form of business:

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Company
- Joint Venture
- Other _____

Please provide a copy of your Articles of Incorporation, Certificate of organization, or Partnership registration information if registered with the Secretary of State.

Federal Identification Number (9 digit IRS 941 Form Employer Number): _____

Social Security Number (If Partnership or Sole Proprietorship): _____

If your company is a partnership, please list the names and addresses of the partners below. If your company is a corporation, list the officers of the corporation below, along with their titles and address.

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

**City of Kenner Community Development Department
GENERAL CONTRACTOR APPLICATION**

If you answer "Yes" to any of the following questions, please attach a detailed explanation on a letter size document.

1. Have you ever had any of your professional contractor's licenses revoked?
 Yes No

2. Have you or your firm been sued, within the past 18 months, by subcontractors, suppliers, or customers?
 Yes No

3. Have you filed bankruptcy within the past 7 years?
 Yes No

4. Have you had liens filed against any of your work in the past 3 years?
 Yes No

5. Are you, or have you ever been a contractor in this or any other federally funded housing rehabilitation program?
 Yes No

If yes, please provide the following:

- a. Agency Name: _____
Program/Project Name: _____
Estimated Amount of Work Completed: \$ _____
Period of Work: _____ to _____
Contact Person for Verification: _____ Phone: _____

- b. Agency Name: _____
Program/Project Name: _____
Estimated Amount of Work Completed: \$ _____
Period of Work: _____ to _____
Contact Person for Verification: _____ Phone: _____

6. Have you ever defaulted on a contract? If yes, please provide date of occurrence with your explanation.

Yes No

7. Within the last five years, has any officer, owner, or partner of your firm ever been an officer or partner of another organization when it failed to complete a construction contract?

Yes No

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Licenses and Certifications of Subcontractors (please attach copies):

Louisiana State Contractor's License	License No. _____
Louisiana Home Improvement Contractor's License	License No. _____
Electrical License	License No. _____
Plumbing/Gas	License No. _____
Mechanical (HVAC)	License No. _____
Louisiana State Specialty License (Lead)	License No. _____
DEQ Lead Hazard Supervisor Certification	Certification No. _____
Jefferson Parish Homebuilder's	License No. _____

Insurance Information

Please attach copies of the declaration page for each policy verifying the amounts and types of your current Insurance coverage.

Check the type of Insurance coverage you currently have:

- Liability
- Bodily Injury
- Property Damage
- Lead Liability Coverage
- Automobile

Name of Insurance Carrier: _____ Amount: \$ _____
Type of Coverage: _____

Name of Insurance Company: _____ Amount: \$ _____
Type of Coverage: _____

Name of Insurance Company: _____ Amount: \$ _____
Type of Coverage: _____

Do you currently have Workmen's Compensation Coverage? Yes No

Amount \$ _____
How many employees do you currently have? _____

Name and address of Bonding Company: (if applicable)

Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Bonding Capacity: \$ _____ Bond Rating: _____

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GENERAL CONTRACTOR APPLICATION**

Has your company ever been a party to or involved in any action related to discrimination based upon race, color, nationality, sex, religion, handicap, familial status, or national origin? If so, give full details. Yes No

If yes, please explain: _____

Credit and Job References

Banking Information for Business Account:

Bank Name: _____ Phone No.: _____
 Monthly Balance: \$ _____ Account No.: _____

Are you able to handle more than one (1) \$40,000.00 job at a time? Yes No

How many tradesman do you employ other than subcontractors? _____

Work Experience

Check all work normally performed with your own workforce:

- Plumbing Masonry Framing
- Carpentry Roofing Sheetrock
- Electrical Foundation Painting
- Mechanical Shoring Flooring
- Lead Abatement Mold Remediation

Check all work normally performed by subcontractors:

- Plumbing Masonry Framing
- Carpentry Roofing Sheetrock
- Electrical Foundation Painting
- Mechanical Shoring Flooring
- Lead Abatement Mold Remediation

Job/Work REFERENCES: Please provide us information on at least two residential construction jobs you competed within the past two years.

Job 1: Contact person name: _____
 Job location/Address: _____
 Phone number: _____
 Value of contract/work performed: \$ _____
 Description of work completed: _____

Job 2: Contact person name: _____
 Job location/Address: _____
 Phone number: _____

**City of Kenner Community Development Department
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Value of contract/work performed: \$ _____

Description of work completed: _____

Job 3: Contact person name: _____
 Job location/Address: _____
 Phone number: _____
 Value of contract/work performed: \$ _____
 Description of work completed: _____

Check the general area of work addressed on each job noted above.

Area of Work	Job 1	Job 2	Job 3
Foundation			
Frame			
Exterior Painting			
Interior Painting			
Exterior Walls			
Interior Walls			
Lead Abatement			
Roof			
Mold Remediation			
Flooring			
Finish Carpentry			
Heating/Cooling			
Electrical System			
Plumbing			
Masonry			
Doors/Windows			
Room Additions			
All New Construction			

Work Currently in Progress or Recently Completed: Please list three jobs you are currently working on or have recently completed.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Job Value/Type</u>	<u>Completion Date</u>

**City of Kenner Community Development Department
GENERAL CONTRACTOR APPLICATION**

References

Personal References: List the names, addresses, and phone numbers of three persons not living with you who are aware of your character, work ethics, etc.

Name **Relationship to you** **Phone number**

Professional References: List six references (at least three material suppliers and/or three subcontractors) with whom you regularly do business.

Name of Supplier **Address** **Phone** **Contact Person**

CERTIFICATION OF APPLICANT

I/We hereby certify that the above statements are true and complete to the best of my/our knowledge. I/We further understand that the City of Kenner Community Development Department will keep all the information confidential and use it only to verify the qualifications of the undersigned as a home improvement contractor. I/we authorize the City of Kenner Community Development Department to obtain a written credit report on the individual, partnership, or corporation that is applying.

Signature/Title **Print Name/Title** **Date**

Signature/Title **Print Name/Title** **Date**

PLEASE RETURN ALL COMPLETED APPLICATIONS TO:

City Of Kenner Department of Community Development
624 Williams Blvd
Kenner, La 70062
504-468-7588