Public Notice

Invitation to General Contractors to Pre-qualify for Housing Rehabilitation Program

Applications
to Pre-Qualify For Bidding of
HUD funded CDBG & HOME Housing Projects

The City of Kenner Community Development Department is accepting applications from General Contractors to pre-qualify for bidding on jobs let through its various housing rehabilitation programs. These projects are funded in whole and in part by HUD Community Development Block Grant (CDBG) and HOME-Home Investment Partnership grants received from the Department of Housing and Urban Development (HUD).

Applications will be accepted until **December 23, 2016**. General contractors must have a Louisiana State Contractor's License and/or a Louisiana Home Improvement Contractor's license. In order to bid on the City of Kenner HUD funded housing rehabilitation projects, a Contractor must be pre-approved.

HOUSING PROJECT DESCRIPTIONS:
The ***Regular Owner-Occupied Housing Rehabilitation Program*** serves to assist homeowners make needed repairs to their homes. These residences have existing conditions that prevent the property from meeting local code, safety, or an HQS standard. The properties assisted are single family, detached structures serving as the primary residence of the owners. Jobs typically range from $10,000 - $40,000.00.

The **Emergency Housing Rehabilitation program** is designed to address an imminent threat to safety or health of the owners. Work is specific and include items such as upgrading electrical panels, addressing plumbing or roofing problems, etc. These jobs typically range from $7,000 to $20,000.

Applications are available online at kenner.la.us or at the office of:

The City of Kenner
Department of Community Development
624 Williams Blvd.
Kenner, LA 70062

For additional information, please call Frances Turner, Housing Assistance Program Specialist at 504-468-7588.

EQUAL HOUSING OPPORTUNITY

MICHAEL G. SIGUR
ACTING MAYOR

ARLEETA O. TERRELL
DIRECTOR

CITY OF KENNER

DEPARTMENT OF COMMUNITY DEVELOPMENT

MICHAEL G. SIGUR
ACTING MAYOR

ARLEETA TERRELL
DIRECTOR

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, December 23, 2016. 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 and certifications 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.

Sincerely,

ARLEETA O. TERRELL
DIRECTOR

Attachment: General Contractors Application

624 WILLIAMS BOULEVARD • KENNER, LOUISIANA 70062 • OFFICE 504-468-7564 • FACSIMILE 504-468-9354
EMAIL aterrell@kenner.la.us • EMAIL cd@kenner.la.us • WEBSITE www.kenner.la.us

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 files 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

8. Has the company ever caused a lien for material or mechanical work default payment to be placed against a homeowner? If yes, please provide information on when, where, and why in your explanation.

[ ] Yes [ ] No

Business Experience

Check all that apply:

[ ] New Construction
[ ] General Construction
[ ] Remodeling/Rehabilitation of houses
[ ] Plumbing
[ ] Electrical
[ ] Mechanical (heat & air)
[ ] Lead Remediation
[ ] Mold Remediation
[ ] Other: _____

_____

Years of Experience in Construction Business: _____

Years of Experience in Lead Abatement Work: _____

Years of Experience in Mold Remediation Work: _____

Licenses and Certifications (*please attach copies*):

Louisiana State Contractor's License (Copy must be attached) License No. _____
Louisiana Home Improvement Contractor's License (Copy must be attached) 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. _____

Identity of Subcontractors: Please provide the name and contact information for your primary sub-contractors.

Name of Subcontractor: _____ *(Company name)*
Address: _____
Contact Person: _____ Phone Number: _____

Name of Subcontractor: _____ *(Company name)*
Address: _____
Contact Person: _____ Phone Number: _____

Name of Subcontractor: _____ *(Company name)*
Address: _____
Contact Person: _____ Phone Number: _____

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: _____
Type of Coverage: _____ Amount: $_____

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

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

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: _____

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 _____
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.

Name	Address	Phone	Job Value/Type	Completion Date

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**