

CITY OF JANESVILLE

HOUSING & NEIGHBORHOOD SERVICES

200 W. MILWAUKEE STREET P.O. BOX 5005
JANESVILLE, WI 53547-5005 (608) 755-3078

NOTE TO CONTRACTORS:

The Home Improvement Program emphasizes the importance of craftsmanship and quality materials in the performance of work. The Program also requires that work on buildings of architectural/historical importance be performed in a manner compatible with the building's character. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, the Program has established a pre-qualification procedure for Contractors and has developed and maintains a list of pre-qualified Contractors in the respective trades. Contracts for work under the Home Improvement Program are awarded only to pre-qualified Contractors. The Program has established procedures for contracting, which are outlined in the Home Improvement Program Manual, available from the Home Improvement Program staff

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

1. Complete the Contractor's Qualification form, in its entirety, and submit it to the Home Improvement Program.
2. Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Opportunity Employment statement (part of the Qualification form).
3. Agree to warranty all work performed under Home Improvement Program APPROVED contracts, as evidenced by Contractor's signature on the Contractors Warranty (part of the Qualification form).
4. Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the Program.
5. Provide proof of certification to perform lead-based paint activities. (if required)

If, in the opinion of the Home Improvement Program, the contractor meets the Program's standards for qualified contractors, the Contractor's name will be placed on a list of Qualified Contractors, according to trade or specialty.

The Home Improvement Program reserves the right to require additional information, including a financial statement from contractors as a necessary prerequisite to pre-qualification.

The Home Improvement Program reserves the right to cancel or withdraw names from its approved list of Qualified Contractors at any time.

Thank you in advance for your cooperation,

The Home Improvement Program Staff.

HOME IMPROVEMENT PROGRAM



INSTRUCTIONS

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PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

DATE: _____ Federal Tax ID # _____
Social Security # _____

GENERAL INFORMATION

1) CONTRACTOR: Name _____ Phone _____
Address _____ Fax. # _____
E-mail _____ Cell. # _____
Pager # _____

2) ORGANIZATION (check):
_____ Sole proprietorship; owner's name _____
_____ Partnership; partner's name _____
_____ Corporation; office's names _____
_____ Other; specify _____
_____ Union _____ Non-union _____
_____ Minority Business Enterprise (see attached) _____

When organized? _____ Where Incorporated? _____

How long contracting under present name? _____

Have you contracted under any other name(s)? _____ No _____ Yes, explain _____

Have you ever failed to complete work awarded to you? _____ No _____ Yes, explain _____

Have you ever defaulted on a contract? _____ No _____ Yes, explain _____

Have you or are you a party to a lawsuit? _____ No _____ Yes, explain _____

Are you currently listed as an ineligible contractor by the U.S. Department of Housing & Urban Development? _____ No _____ Yes, explain _____

3) FORMAL RECOGNIZATIONS (if any) : _____ As recognized by: _____
_____ Apprentice _____
_____ Journeyman _____
_____ Master _____
_____ Other, specify _____

4) LICENSES HELD (if any):# _____ Exp. Date: _____
(Incl. lead certification) # _____ Exp. Date: _____

5) WORK PERFORMED BY YOU – NOT SUBCONTRACTED (check which category best apply):

DIVISION:

100. _____ General Contracting (all of below apply) _____ Carpentry [] Rough [] Finish
_____ Special Construction, Specify _____
200. _____ Concrete: _____ Footings & Foundation _____ Flat work
300. _____ Electrical
400. _____ Floor covering _____ Tile [] Floor [] Ceramic _____ Wood [] New [] Refinish
500. _____ Mechanical, (HVAC) Specify _____
600. _____ Painting _____ Wall Covering
700. _____ Plumbing
800. _____ Roofing _____ Siding _____ Windows _____ Aluminum covering
900- _____ Abatement [] Lead [] Asbestos _____ Cleaning _____ Excavating/Landscape
000. _____ Garage Doors _____ Gutters & Downspouts _____ Insulation/Weather-stripping
_____ Waterproofing _____ Kitchen/Bath _____ Masonry/Brick

HOME IMPROVEMENT PROGRAM



QUALIFICATIONS

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5) DIVISION: (cont.)

900- _____ Pest Control _____ Plaster/Drywall _____ Tree Removal
000. _____ Water Heating/Conditioning _____ Window Glass/Glazing
_____ Misc., Specify _____

6) INSURANCE: (see attached) NOTE: CERTIFICATE OF INSURANCE TO BE PROVIDED BY AGENT

Name of Company: _____
Agent Name: _____ Phone _____
Address: _____

7) SUPPLIERS: (list all major suppliers from whom materials will be purchased)

_____	_____	_____
_____	_____	_____

8) SUBCONTRACTORS: (list all subcontractors you usually utilize)

_____	_____	_____
_____	_____	_____

9) HISTORIC RESTORATION: Explain any relevant experience you may have had in the renovation of buildings of architectural/historical importance: _____

10) REFERENCES: (list references from three recent projects you have completed)

a. Name _____ Address _____ Phone _____
b. Name _____ Address _____ Phone _____
c. Name _____ Address _____ Phone _____

Location of current project: _____

11) OTHER QUALIFICATIONS OR COMMENTS: _____

I hereby certify that the information provided herein is, to the best of my knowledge and belief true, accurate and complete.

Date

Authorized Signature of Contractor

Firm

DATE:

(STAFF USE ONLY)

ACTION TAKEN:



QUALIFICATIONS

HOME IMPROVEMENT PROGRAM

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex or national origin. Such action shall include, but not be limited to employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Home Improvement Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Home Improvement Program contracts.

Date

Authorized Signature of Contractor

Firm

CONTRACTOR'S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

- 1) That all materials used in the performance of the work funded through the Home Improvement Program shall be free from defect,
- 2) That all work performed and funded through the Home Improvement Program shall be free from defect of faulty workmanship,
- 3) That the Contractor shall, at Contractor's expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the Home Improvement Program at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- 4) That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written warranties and warranties covering materials and equipment installed or constructed,
- 5) That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Home Improvement Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Home Improvement Program contracts.

Date

Authorized Signature of Contractor

Firm

CITY OF JANESVILLE

ACCOUNTS PAYABLE
18 N. JACKSON STREET
P.O. BOX 5005
JANESVILLE, WI 53547-5005

In addition to your enclosed payment we are requesting that you take a few minutes to complete the following questionnaire and the enclosed IRS W-9 form. This information is being requested in order that we may comply with various Federal, State and Equal Opportunity requirements. Please note that failure to provide a Taxpayer Identification number may result in a \$50.⁰⁰ fine being imposed by the IRS and future payments being subject to a 20% withholding for Federal taxes. Thank you for your attention to this matter. If you have any questions, contact Accounts Payable at (608) 755-3017. Please complete and return to the above address.

VENDOR INFORMATION QUESTIONNAIRE

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contact Person: _____

Please check the box that best describes your business.

1. Are you incorporated? Yes No
2. Are you an exempt governmental agency or tax exempt organization? Yes No
3. Are you a minority* or woman-owned business? Yes No
4. Nature of your business _____

5. Check box that best describes the type of services provided by your business. (check all that apply)
 Materials only Services only Both materials & services Rentals Professional fees
 Other (describe) _____

* Minority or woman-owned business means a business entity at least 50% of which is owned by minority group members or in the case of a publicly owned businesses, at least 51% of the stock of which is owned by minority group members. For the purpose of this definition, minority group members shall include Women-owned, Black, Hispanic, Asian, and Native Americans.

The minority group involved is: (check all that apply)

	<u>Male-owned</u>	<u>Woman-owned</u>	<u>Corporation</u>
White American		<input type="checkbox"/>	<input type="checkbox"/>
Black American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insurance Coverage:

Each Contractor, in order to become pre-qualified to perform work under the Home Improvement Program, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with the following MINIMUM limits of liability:

--BODILY INJURY \$100,000 each occurrence, \$300,000 aggregate

--PROPERTY DAMAGE \$100,000 each occurrence, \$300,000 aggregate

Or

--COMBINED SINGLE LIMIT \$300,000 each occurrence, \$600,000 aggregate

2. WORKERS COMPENSATION with statutory limits.

NOTE: The Home Improvement Program reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk. b) Raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk. c) Require additional types of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above. A Certificate of Insurance naming the City of Janesville as the certificate holder will be presented to the Home Improvement Program prior to the start of any work.