TOWN OF
Blacksburg
a special place

HOUSING AND
NEIGHBORHOOD SERVICES

hns@blacksburg.gov

HOUSING REHABILITATION CONTRACTORS NEEDED

The Town of Blacksburg is seeking contractors to perform housing rehabilitation related work as part of a Community Development Block Grant project. The town, under a yearly Entitlement Grant, is in the process of continually rehabilitating homes within Town limits. All contractors interested in participating in this program must complete a Pre-qualification Statement and show proof of insurance and state license, Class B or higher, to be eligible to bid on any work associated with the project. Minority and female owned contracting businesses are encouraged to submit qualifications to be included on the bid list. Pre-qualification forms and additional information may be obtained from the Town of Blacksburg at:

Crystal Handy
Town of Blacksburg
Housing & Neighborhood Services
303 Wilson Ave.
PO BOX 90003
Blacksburg, VA 24062-9003

The Town of Blacksburg will strive to utilize qualified persons or firms within the project area including minority and female owned businesses. The Town of Blacksburg is an equal opportunity employer.

Bonnie B. Preas, CPPO, CPM
Purchasing Manager

Housing Rehabilitation Contractor's
Qualification Statement

Project: _____

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

1. Name, address, phone number, contractor license #, and **IRS** number (or owner's social security #) of company.

2. Owner, principal officer, date and place organized.

3. General character of work performed.

4. Any work awarded failed to be completed or contracts defaulted on -where and why.

5. List of three most important recent contracts over $10,000. State the owner, work, approximate cost, place, date started and date completed.

1. _____$_____
   From _____ To_____
2. _____$_____
   From _____ To_____
3. _____$_____
   From _____ To_____

6. List the contracts upon which you are currently working. Include owner, location, approximate cost, and estimated date of completion.

List of three material suppliers and amount of credit available.

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____

8. Bank references and credit available

1. _____ $ _____
2. _____ $ _____

9. Insurance coverage and amount.

Liability-Property: _____ $ _____
Liability-Personal Injury _____ $ _____
Vehicle and Equipment: _____ $ _____
Other: : _____ $ _____
(Identify)

10. Subcontractors utilized - List name, address, specialty, subcontractors license # and years of experience.

1. Name: _____
Address: _____
Specialty:_____
License # _____ Years of Experience _____
Name:
Address: _____
Specialty:_____
License # _____ Years of Experience _____
Name:
Address: _____
Specialty:_____
License # _____ Years of Experience _____

11. Provide a general description of the experience of the company and its key personnel.

12. Number of current full-time employees____
Number employed at highest level in past twelve months _____

13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing and Urban Development, or Virginia Department of Highways?

_____YES _____ NO

The undersigned hereby authorizes and request any person, firm or Corporation to furnish any information requested by _____in verification of the recitals comprising this statement of contractor's qualifications.

Contractor:
By:
Title:
Date:

STATE OF _____

COUNTY OF _____

_____, being duly sworn deposes and says that he/she is _____ of _____ and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____DAY OF _____, year _____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____, 20____ (SEAL)

MY COMMISSION NUMBER _____

EMPLOYEE TRAINING RECORD
LEAD BASED PAINT-RELATED WORK

EPA requires that firms performing renovation, repair, and painting projects that disturb lead-based paint in pre-1978 homes, child care facilities and schools be certified by EPA and that they use certified renovators who are trained by EPA-approved training providers to follow lead-safe work practices. Individuals can become certified renovators by taking an eight-hour training course from an EPA-approved training provider.

CONTRACTOR: _____
DATE: _____

EMPLOYEE NAME	EPA CERTIFICATION LEVEL

Training Levels: _____ IN = Initial, RF = Refresher

LS Licensed Supervisor
4-Day Equivalent to EPA Supervisor, no license
LW Licensed Worker
3-Day Equivalent to EPA Worker, no license
2-Day Equivalent to brief DPA Worker
OSHA Basic OSHA training, including respirator rules

***All Contractors, subcontractors, and workers must have, at minimum, the Lead Safe Work Practices training to perform projects for housing rehabilitation or must have on site at least one EPA Renovation, Painting and Repair certified supervisor who can provide daily training and monitoring of all work. Copies of all individual's certifications must accompany this form.

Certification for Business Conerns Seeking Section 3 Preference
Name of Business: _____
Address of Business: _____
_____

Type of Section 3 Business:

___ Corporation ___ Partnership Phone No.:_____
___ Sole Proprietorship ___ Joint Venture Cell No.:_____

Name and Address of Section 3 Resident(s) in 51% ownership position:

_____ _____
_____ _____
_____ _____

Attached is the following documentation as evidence of Section 3 status. "X" as appropriate.

___ Copy of resident lease with local housing authority
___ Copy of receipt of public assistance
___ Copy of evidence of participation in a public assistance program
___ Other evidence as appropriate

For the Section 3 business entity as applicable:

___ Copy of Articles of Incorporation
___ Assumed business Name Certificate
___ List of owners/stockholders and % ownership of each owner
___ Organizational chart with names, titles and brief functional statement
___ Certificate of Good Standings
___ Partnership Agreement
___ Corporation Annual Report
___ Latest Board minutes appointing officers
___ Additional Documentation

CORPORATE SEAL

_____ Attested by:

_____ Name:
(Authorizing Name & Signature)

Date:

**In order to meet the threshold for Section 3, Gross total Household income can not exceed 80% of the current year HUD Income Limits.