# BOARD OF COUNTY COMMISSIONERS
# GULF COUNTY, FLORIDA


## Towan Kopinsky, Grant Writer/Coordinator
**1000 CECIL G. COSTIN SR. BLVD., ROOM 312, PORT ST. JOE, FLORIDA 32456**
**PHONE: (850) 229-6144 / FAX (850) 229-9252 / EMAIL: tkopinsky@gulfcounty-fl.gov**


TO: Gulf County Residents
FROM: Jeffrey C. Winter, Project Manager
SUBJECT: **Contractor Application for CDBG and SHIP Housing Rehabilitation Participation**
DATE: February 11, 2013

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Gulf County has been awarded a Community Development Block Grant (CDBG) in the Housing Rehabilitation category to assist homeowners living within the unincorporated areas of the County. In conjunction with the CDBG Program, the County has committed additional funding from the State Housing Initiatives Partnership (SHIP) Program to provide additional Housing Rehabilitation assistance for approved single-family housing units throughout the County. If you are interested in participating as a Contractor in the CDBG and SHIP Housing Rehabilitation Programs, you must complete the attached application. **Upon completion, the application must be submitted to Towan Kopinsky, Grant Coordinator, at the Robert Moore Administration Building, 1000 Cecil G. Costin, Sr. Boulevard, Room #312, Port St. Joe, FL 32456. ALL APPLICATIONS ARE DUE NO LATER THAN 2:00 P.M., E.T. ON MARCH 11, 2013.**

Please follow the instructions when completing your application. Incomplete applications may not be considered for assistance. Please read the complete application package, as most application preparation questions should be addressed herein. Should you have any additional questions or concerns, please do not hesitate to contact Jeffrey C. Winter, Project Manager, at (904) 264-6203 or by e-mail at jwinter@jordangrants.com.

Before completing the application, please make sure that you meet the following preliminary contractor qualifications:

1. Do you and/or your company hold all current license(s) required to lawfully participate in the County's CDBG Housing Rehabilitation program?

2. Can you provide documentation of Contractor Public Liability Insurance in an amount not less than $1,000,000 aggregate coverage?

3. Can you provide documentation of Worker's Compensation Insurance in statutory limits in accordance with Florida law?

4. Can you provide documentation of Automobile Insurance including bodily injury in an amount not less than $1,000,000 per accident and aggregate coverage?

5. Can you provide documentation of General Liability Insurance covering bodily injury, including death and property damage in an amount not less than $1,000,000 combined single limit per occurrence?

6. Do you and/or your company have the ability to finance rehabilitation contract work on a reimbursement basis?

7. Are both you and your company absent from any list of debarred contractors issued by the Federal or State Department of Labor (DOL), Department of Housing and Urban Development (HUD), Florida Department of Economic Opportunity (DEO) or Florida Housing Finance Corporation (FHFC)?

**IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS YOU ARE NOT ELIGIBLE TO PARTICIPATE IN THIS PROGRAM. IF YOU ANSWERED YES TO ALL OF THE QUESTIONS, YOU ARE ELIGIBLE TO PARTICIPATE IN THIS PROGRAM AND WILL NEED TO COMPLETE THE APPLICATION.**




CARMEN L. McLEMORE District 1 | WARD McDANIEL District 2 | JOANNA BRYAN District 3 | TAN SMILEY District 4 | WARREN J. YEAGER, JR. District 5

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**CDBG HOUSING REHABILITATION PROGRAM**
**APPLICATION FOR CONTRACTOR PARTICIPATION**

## A. Business Profile

Name of Business: _____

Name of Owner(s): _____

Business Address: _____

_____

Business Telephone: _____

Business Facsimile: _____

Business E-mail: _____

License Number: _____

FEIN: _____

Business Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ _____

## B. Insurance

Contractor Public Liability Insurance:

Name of Insurer: _____

Business Address: _____

Policy Number: _____

Amount of Policy: _____

Worker's Compensation Insurance:

Name of Insurer: _____

Business Address: _____

Policy Number: _____

Amount of Policy: _____

**B. Insurance (Continued)**

Automobile Insurance:

Name of Insurer: _____

Business Address: _____

Policy Number: _____

Amount of Policy: _____

General Liability Insurance:

Name of Insurer: _____

Business Address: _____

Policy Number: _____

Amount of Policy: _____

**C. Business History**

Number of years in business under present Name of Business: _____

Have any owners held an ownership stake in a Previous Business? ☐ Yes ☐ No

If Yes, list the two (2) most recent Previous Businesses, below:

Name of Business: _____

Business Address: _____

Business Active- from: _____ to: _____

Name of Business: _____

Business Address: _____

Business Active- from: _____ to: _____

**D. Local Creditors (Banks, Savings & Loans, Other)**

Name of Creditor #1: _____

Creditor #1 Address: _____

**D. Local Creditors (Continued)**

Name of Creditor #2: _____

Creditor #2 Address: _____

Name of Creditor #3: _____

Creditor #3 Address: _____

**E. Current Suppliers**

Name of Supplier #1: _____

Supplier #1 Address: _____

Name of Supplier #2: _____

Supplier #2 Address: _____

Name of Supplier #3: _____

Supplier #3 Address: _____

Name of Supplier #4: _____

Supplier #4 Address: _____

**F. Current Subcontractors**

Name of Electrical Subcontractor: _____

Name of Mechanical Subcontractor: _____

Name of Plumbing Subcontractor: _____

Name of Roofing Subcontractor: _____

Other- _____: _____

Other- _____: _____

Other- _____: _____

G. **Recent Customers (You MUST Provide Four [4] Complete References)**

Name of Reference #1: _____

Reference #1 Address: _____

Reference #1 Telephone: _____

Name of Reference #2: _____

Reference #2 Address: _____

Reference #2 Telephone: _____

Name of Reference #3: _____

Reference #3 Address: _____

Reference #3 Telephone: _____

Name of Reference #4: _____

Reference #4 Address: _____

Reference #4 Telephone: _____

**H. Current Employees (Please Attach a Separate Sheet, if Necessary)**

Names & Titles:

_____

_____

_____

_____

_____

_____

_____

Superintendent for Housing Construction projects is usually (Check One):

☐ Contractor ☐ Employee- Name: _____

## I. Performance Liability Disclosure

1. Have you (Personally and/or under Present or Previous Business) been declared Bankrupt within the past five (5) years?

   ☐ Yes ☐ No

   If Yes, have debts been paid?

   ☐ Yes ☐ No

2. Have you (Personally and/or under Present or Previous Business) been terminated from a Housing Construction project within the past five (5) years?

   ☐ Yes ☐ No

   If Yes, please describe the circumstances:

   _____

   _____

3. Do you (Personally and/or under Present or Previous Business) currently have any pending or filed complaints against you with the Florida Construction Industry Licensing Board?

   ☐ Yes ☐ No

   If Yes, please describe the circumstances:

   _____

   _____

4. Have you (Personally and/or under Present or Previous Business) ever been fined, reprimanded, suspended or otherwise sanctioned by the Florida Construction Industry Licensing Board?

   ☐ Yes ☐ No

   If Yes, please describe the circumstances:

   _____

   _____

5. Have you (Personally and/or under Present or Previous Business) ever failed to pay a Supplier or Subcontractor, resulting in a lien being filed against a Client's property?

   ☐ Yes ☐ No

   If Yes, please describe the circumstances:

   _____

   _____

## J. Certifications

The undersigned Contractor certifies that all information given herein is correct and further agrees:

1. That the business maintains current license(s) required to lawfully participate in the County's CDBG and SHIP Housing Rehabilitation programs, and will maintain in a current status for the duration of the business' participation in the County's CDBG and SHIP Housing Rehabilitation programs.

2. That Contractor Public Liability Insurance in an amount not less than $1,000,000 aggregate coverage will be maintained for the duration of the business' participation in the County's CDBG and SHIP Housing Rehabilitation programs.

3. That Worker's Compensation Insurance in statutory limits in accordance with Florida law will be maintained for the duration of the business' participation in the County's CDBG and SHIP Housing Rehabilitation programs.

4. That Automobile Insurance including bodily injury in an amount not less than $1,000,000 per accident and aggregate coverage will be maintained for the duration of the business' participation in the County's CDBG and SHIP Housing Rehabilitation programs.

5. That General Liability Insurance covering bodily injury, including death and property damage in an amount not less than $1,000,000 combined single limit per occurrence will be maintained for the duration of the business' participation in the County's CDBG Housing Rehabilitation program.

6. That the business has the ability to finance rehabilitation contract work on a reimbursement basis.

7. That the business has a satisfactory record regarding complaints filed against the business at the state, federal or local level and is absent from any list of debarred contractors issued by the Federal or State Department of Labor (DOL), Department of Housing and Urban Development (HUD), Florida Department of Economic Opportunity (DEO) or Florida Housing Finance Corporation (FHFC)?

8. That the County is permitted to check any reference named herein or elsewhere in determining the competence and integrity of the business.

9. That all Housing Construction work will be performed in accordance with the current Florida Residential Building Code, relevant local housing codes (whichever is more stringent for each code-related item) and the County's adopted Housing Assistance Plans (CDBG and SHIP), subject to a final inspection by the Housing Rehabilitation Specialist, Local Building Official and Property Owner.

10. That the business will abide by regulations pertaining to Equal Employment Opportunity.

_____ _____

Owner(s) Signature(s) Date of Application

_____

Owner(s) Name(s) (Print)

**Certification Regarding Debarment, Suspension,**
**And Other Responsibility Matters**
**Primary Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and\

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

| | |
|---|---|
| _____ | Gulf County, Florida |
| Name | Local Government |
| _____ | CDBG Housing Rehabilitation |
| Title | Project Name |
| _____ | 12DB-OH-02-33-01-H04 |
| Firm (Contractor) | CDBG Contract Number |
| _____ | _____ |
| Street Address | City, State, Zip |
| _____ | _____ |
| Signature | Date |

24 CFR 24.510 & 24 CFR, Part 24, Appendix A

**Certification Regarding Good Faith Efforts**
**To Utilize Minority Business Enterprises**
**And Women Business Enterprises**

The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals have complied with 24 CFR 85.36(e)(2)(vi), as shown below:

24 CFR 85.36(e) Contracting with small and minority firms, women's business enterprise and labor surplus area firms.

(1) The grantee and subgrantee will take all necessary affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible.

(2) Affirmative steps shall include:

(i) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

(ii) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

(iii) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business, and women's business enterprises;

(iv) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority business, and women's business enterprises;

(v) Using the services and assistance of the Small Business Administration, and the Minority Business Development Agency of the Department of Commerce; and

(vi) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (e)(2) (i) through (v) of this section.

| | |
|---|---|
| _____ | Gulf County, Florida |
| Name | Local Government |
| _____ | CDBG Housing Rehabilitation |
| Title | Project Name |
| _____ | 12DB-OH-02-33-01-H04 |
| Firm (Contractor) | CDBG Contract Number |
| _____ | _____ |
| Street Address | City, State, Zip |
| _____ | _____ |
| Signature | Date |

24 CFR 85.36(e)(2)(vi)

SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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 Gulf County, Florida

by _____
[Print individual's name and title]

for _____
[Print name of entity submitting sworn statement]

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)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction 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 an agency or political subdivision or 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 an 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, nonjury 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 a 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 facie 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 by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **[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 management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ 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 management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ 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 management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered 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. **[Attach 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 THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. 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]

Sworn to and subscribed before me this _____ day of_____, 20_____.

SEAL:

_____

Notary Public, State of Florida

_____

Printed Name

☐ Personally Known or ☐ Produced Identification

Type of Identification: _____

Commission Expires: _____

Form PUR 7068 (Rev. 04/10/92)

INCLUDE THE FOLLOWING ITEMS WITH THE SUBMISSION OF THIS APPLICATION:

1. Copies of all current license(s) required to lawfully participate in the County's CDBG and SHIP Housing Rehabilitation programs.

2. Copies of all related certifications.
   (e.g., EPA Lead-Safe Certification, etc.)

3. Documentation of Contractor Public Liability Insurance, Worker's Compensation Insurance, Automobile Insurance and General Liability Insurance.