

**PLEASE NOTE: THIS NOTICE CONTAINS INFORMATION REGARDING YOUR
ELIGIBILITY TO SUBMIT BIDS ON FEDERALLY FUNDED PROJECTS.
Please read this entire notice. If you have questions, please contact Rob Rawlings
using the information at the bottom of this notice.**

Neighborhood Housing Services of Kansas City, Inc. (NHS) is a 501 c (3) not-for-profit Community Development Corporation in Kansas City, Missouri. In 2009, we anticipate receiving approximately \$200,000 in Minor Home Repair funding from the City of Kansas City, Missouri in order to rehabilitate 14 homes in our Central Kansas City service area. NHS has also been approved as one of five Community Development Corporations who will act as Primary Property Developer under the City of Kansas City's Neighborhood Stabilization Program (NSP). Under the NSP, the City will invest approximately \$5.8 million in the acquisition and rehabilitation of up to 200 properties in the census tracts most heavily impacted by foreclosure. The exact number of houses that NHS will acquire and rehabilitate has not been determined.

In order to ensure that all contractors are provided maximum opportunity to participate in the bidding process for these projects, we are modifying our contractor qualification process effective with this year's contracts. Your company's information is currently on file with NHS either because we received your information as a result of a referral from a third party, you submitted information to NHS in the last 6 months, or you have completed work for us in the past.

NHS is in the final stage of compiling our list of approved construction contractors for 2009, and in order to include your company on our approved contractor list, we must have current information about you and your company. Therefore, even if you have submitted information in the recent past, please submit the following information:

1. Contractor Information form (attached)
2. Copy of your City of Kansas City, Missouri business license
3. Current insurance (requirements are listed on the Contractor Information form)

Most of the rehabilitation work that NHS contracts is on homes that were built prior to 1978, so lead safe work practices are required.

4. Lead Worker / Supervisor certifications issued by the State of Missouri

The City of Kansas City, Missouri has established as a goal that a certain percentage of all the contractors hired by City sub-contractors (NHS) be Certified as Minority Based Enterprises, Woman Based Enterprises and Disadvantaged Business Enterprises (MBE/WBE/DBE). Where applicable please also submit:

5. Certification **from the City of Kansas City of Missouri** that your business is an MBE, WBE or DBE. Although this is NOT required to bid on a project or to be awarded a contract, if you wish NHS to consider your company as an MBE, WBE or DBE, you must show certification from the City of Kansas City, Missouri. We cannot accept a personal statement that you meet the City's standards.

Contractors who may be eligible for this certification, but who have not been certified should contact the City of Kansas City Human Relations Department at 816-513-1836.

Prior to the beginning of each project, NHS must be provided copies of all permits issued by the City of Kansas City in association with the project. Each contractor wishing to be considered as a General Contractor must provide evidence of their qualification to pull permits in their own name under any individually licensed trade.

6. Please provide copies of your General Contractors License, as well as any specific trade licensing; electrical, plumbing, HVAC etc.

Any contractor wishing to be considered as a contractor for a specifically licensed trade must include this license with their submitted information.

Please submit the above-requested information to:

Neighborhood Housing Services of Kansas City, Inc.
Attn: Rob Rawlings, Chief Operations Officer
5835 Troost
Kansas City, MO 64110

The Board of Directors of Neighborhood Housing Services have committed to supporting Green Technology and limiting our carbon imprint. Accordingly, all bids will be released electronically. **We will only request information from you AND send out bid packages via email.** Therefore, it is imperative that you maintain a current email on file with us at all times. If an email is returned undeliverable, we will only attempt to contact you by phone if staff time permits. We will request an update of your information once a year, generally in February or March, and request updated certification, license and insurance information from you throughout the year as these expire.

If you submit incomplete or expired information, we will contact you to request any missing information. Once we have all the required information, we will notify you via email that you have been added to our approved contractor list. Although there is no deadline for submission of the requested information, neither you nor your company will be allowed to bid on any work unless you are on our approved contractor list.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at 816-822-7703 x 211.

You may also contact Allison Sollars, Loan & Accounting Assistant, at extension 200 or by email: asollars@nhsofkcmo.org if I'm not available.

Rob Rawlings
Neighborhood Housing Services of Kansas City, Inc.
5835 Troost
Kansas City, MO 64110
www.nhsofkcmo.org
w: 816-822-7703 x 211
c: 816-786-4548

**Neighborhood Housing Services of Kansas City, Inc.
5835 Troost
Kansas City, MO 64110**

CONTRACTOR APPLICATION

Please complete and return this application to the address provided above. Information provided will be used by NHS of KC, Inc. to assess the Company's qualifications as a Contractor.

Please type or print

I. ORGANIZATION

1. Company Name: _____

2. Business Address: _____

3. City, State & Zip: _____

4. Contact Person: _____

5. Business Phone: _____

6. Fax: _____

7. Email: _____

8. Describe the ownership of the Company:

Corporation _____

Partnership _____

Individual _____

Joint Venture _____

Other _____

9. Federal Tax Identification Number: _____

10. How long has company operated under current name? _____

11. Has any principal or officer of this Company been involved with any other company in the past five (5) years? Yes _____ No _____

12. If yes, please describe: _____

13. Within the past five (5) years has the Company, or any principal, been on the HUD debarred or suspended list? Yes_____ No_____

14. If yes, please describe: _____

II. EXPERIENCE

15. Type of work your company has completed in past two years by volume:

Single Family Rehab/Remodeling _____% Multi-Family Rehab/Remodeling_____ %
Single Family New Construction _____% Multi-Family New Construction _____ %
Commercial Construction _____% Specify type: _____

16. Number of projects completed as a General Contractor in past two (2) years? _____

17. What is the average contract amount of Company projects for past two (2) years? _____

-

18. In what trades are you licensed?

19. List the categories of work the Company performs with its own employees:

20. How many workers are currently employed full time? _____

21. Does Company have prior work experience with HUD? Yes_____ No_____

22. If yes, describe:

Agency _____ Date job completed _____

Contact _____ Phone _____

Type of job _____

23. List the subcontractors used regularly by the Company during past two (2) years:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| HVAC | _____ | _____ |
| Plumbing | _____ | _____ |
| Electrical | _____ | _____ |
| Painting | _____ | _____ |
| Roofing | _____ | _____ |
| Concrete | _____ | _____ |

Attach an additional sheet listing other subcontractors if needed.

24. What percentage of your Company's work is performed by:

Company crews _____%

Subcontractors _____%.

25. Within the past five (5) years, has your Company, or any principal of your organization, ever been an officer or principal of another organization when it failed to complete a construction contract?

Yes _____ No _____

26. If yes, please describe: _____

REFERENCES

27. List the Company's two major material suppliers:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| 1. _____ | | |
| 2. _____ | | |

28. Provide information on two (2) clients for whom projects have been completed within the past two months:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| 1. _____ | | |
| 2. _____ | | |

29. Provide information on two (2) clients for whom projects have been completed over one year ago:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| 1. _____ | | |
| 2. _____ | | |

30. Provide information on one Subcontractor with whom the Company has had a major working relationship over a two year time period:

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | | |

31. Who is responsible for liabilities incurred by the company? _____

IV. INSURANCE

32. Prior to entering into a contract , the Company must furnish certificate of insurance that covers the following:

- A. COMMERCIAL GENERAL LIABILITY
\$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. Policy shall include:

1. Premises and Operations.
2. Broad Form Contractual.
3. Personal Injury with employee exclusion deleted.
4. Products/Completed Operations.
5. Broad Form Property Damage
6. Independent Contractors, if any.

B. WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

1. Workers' Compensation Statutory. (Include All States Endorsement)
2. Employer's Liability
 - \$100,000 each accident.
 - \$500,000 policy limit - by disease.
 - \$100,000 each employee - by disease.

If the General Contractor does not meet the statutory requirements to maintain Workers' Compensation coverage, upon verification, this section will be waived.

WITH MY SIGNATURE, I CERTIFY THAT I, MY COMPANY, AND EACH OF THE PRINCIPALS OF MY COMPANY ARE NOT PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT, DECLARED INELIGIBLE, OR VOLUNTARILY EXCLUDED BY ANY FEDERAL DEPARTMENT OR AGENCY FROM DOING BUSINESS WITH THE FEDERAL GOVERNMENT. I FURTHER CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS CONTRACTOR APPLICATION IS TRUE AND CORRECT.

Date signed: _____

Printed Name

Signature

Title

Please label clearly the LIST OF ALL ATTACHMENTS TO APPLICATION:

1. Additional information about any principal or officer of this Company who has been involved with any

other company in the past five (5) years.

2. Description of the Company, or any principal, who has been on the HUD debarred or suspended list within the past five (5) years.
3. Additional list of Subcontractors used regularly by the Company during past two (2) years.
4. Additional information about your Company or any principal of your organization who has been an officer or principal of another organization when it failed to complete a construction contract within the past five (5) years.
5. A letter of credit standing from a **material supplier** with whom the Company has done business during the **past two years**. Please attach the letters of credit standing to this application, or mail to the NHS office.

OFFICE USE ONLY

A. References Checked

1. Material _____
2. Client _____
3. Client _____
4. Subcontractor _____

B. Risk Management Approved Certificate of Insurance _____

C. Attachments Reviewed:

1. Additional information about any principal or officer of this Company who has been involved with any other company in the past five (5) years. _____
2. Description of the Company, or any principal, who has been on the HUD debarred or suspended list within the past five (5) years. _____
3. Additional list of Subcontractors used regularly by the Company during past two (2) years. _____
4. Additional information about your Company or any principal of your organization who has been an officer or principal of another organization when it failed to complete a construction contract within the past five (5) years. _____
5. A letter of credit standing from **a material supplier** with whom the Company has done business during the **past two years**. Please attach the letters of credit standing to this application, or mail to the NHS office. _____
6. Printout of debarred website check www.epls.gov. _____