
CONTRACTOR PARTICIPATION: *General Information*

Contractors interested in participating in the City of Spokane's Single Family Housing Rehabilitation Program must pre-qualify for the program by completing the attached Contractor Qualification Statement.

In order to expedite the processing of your application, please provide copies of the following documents with your completed Contractors Qualification Statement:

- Current State of Washington Contractor's License
- Current City of Spokane Business License
- Proof of Bonding Capacity (\$12,000 minimum)
- Proof of Liability Insurance (\$1,000,000 minimum) naming Kiemle & Hagood and the City of Spokane as additional insured
- Copy of Lead Abatement Supervisor State Certification ~ City will pay for training
- 2 credit/trade references
- 3 past customer references
- W-9 Request for Taxpayer Identification Number and Certification
- Financial statement or copy of the company's federal tax return for the most recent fiscal year.

To facilitate communication and program administration, the Program Director requires that all contractors participating in the program must own or have ready access to a fax machine.

Upon being qualified to participate as a contractor in the program, all General Contractors are required to purchase a copy of the Contractor's Manual for a one-time fee of \$25.00. This manual contains general information, forms and specifications necessary to participate in the program. Subcontractors need not purchase a copy of the manual unless they will be bidding projects as a General Contractor and are so licensed. Contractors will not be permitted to bid projects as a General Contractor unless they first purchase a manual. Updates to the manual will be provided to you as they occur at no additional charge.

Once approved for the program, Contractors may begin bidding projects. However, a new Contractor may initially obtain only one (1) project. Once successfully completed, the Contractor may bid for and obtain additional projects up to a number determined by the Program Manager based on the contractors past program performance. Continued participation in the program is based on performance evaluations provided by the Homeowner and Program Manager.

The Program Manager will fax an "Invitation to Bid" no later than each Monday to approved Contractors. The invitation provides information on all of the projects being offered for bid that week. Bid packages for the projects are available at Kiemle & Hagood's office between 8:00 A.M. and 4:30 P.M. Monday through Friday. All information required to bid on a project is contained in the bid package.

Projects remain in open bidding for a period of one week. Bids are accepted up until 2:00 P.M. on the day that they will be opened. Bids may be mailed or hand delivered to Kiemle & Hagood's office. Faxed bids will not be accepted. If one or more bids are within 10% of the low bidder for a project, the Homeowner has the option of choosing between the Contractors offering these bids. Kiemle & Hagood will contact the successful Contractor after the Homeowner has accepted and approved one of these bids for their project.

Please be advised that an applicant's company and/or personal credit history will be reviewed as part of this application process and a pattern of financial instability or irresponsibility may render an applicant ineligible to participate in either program. Please also be advised that this financial information may be periodically reviewed at the discretion of the Program Manager in order to determine continued eligibility to participation in either program.

Any further questions regarding the program or the Contractor Qualification Statement should be directed to Kiemle & Hagood at (509) 755-7519.



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CONTRACTOR QUALIFICATION STATEMENT

Please clearly print or type all responses

SUBMITTED TO: Kiemle & Hagood Co.
601 W Main, Suite 400
Spokane, WA 99201

PROGRAM: City of Spokane Single Family Housing Rehabilitation Program
City of Spokane Roof Only Repair and Replacement Program

SUBMITTED BY:

Name: _____ Title: _____

Company: _____

Address: _____

Phone: (____) _____ FAX: (____) _____ Cell: (____) _____

E-mail _____

Do you prefer to receive information by: Fax or E-Mail ?

Is your company minority or woman owned? Yes No

Type of work desired:

General Construction Electrical HVAC

Plumbing Other (specify): _____

1. ORGANIZATION:

1.1 What type of legal structure is your organization?

Sole Proprietorship

Partnership Type: General Limited

Corporation Type: S-Corp C-Corp

Limited Liability Company

Other (specify): _____

1.2 How many years has your organization been in business under this name? _____

Under what other names have you operated as a contractor? _____



1.3 What is the date of incorporation or formation of your company? _____
State of incorporation or formation: _____
Employer Identification Number (EIN): _____

1.4 List all individuals who have a financial investment or general responsibility in your organization/company including owner(s), principals and all officers (i.e. President, Vice President etc.)

Name: _____ Title: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ ZIP: _____

Name: _____ Title: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ ZIP: _____

Name: _____ Title: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ ZIP: _____

Name: _____ Title: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ ZIP: _____

2. LICENSING:

2.1 Washington State Contractor's License Number: _____
Expiration Date: _____



- 2.2 City of Spokane Business License Number: _____
Expiration Date: _____
- 2.3 Please list any additional trade or business license and expiration date:
Type: _____ Number: _____ Expiration: _____
Type: _____ Number: _____ Expiration: _____
- 2.4 FED TAX ID #: _____

3. EXPERIENCE:

- 3.1 List the type of work this company normally performs with its own workforce.

- 3.2 Claims and Suits:
- 3.2.1 Has the company or its owner(s), principals or officers ever been debarred from participating in HUD funded projects?
 Yes No
- 3.2.2 Has the company ever failed to complete any work awarded to it?
 Yes No
- 3.2.3 Within the last five years have there been any judgements, claims, arbitration proceedings or lawsuits, pending or outstanding against this company or its owner(s), principals or officers?
 Yes No
- 3.2.4 Within the last five years, has this company filed any lawsuits or requested arbitration concerning construction contracts?
 Yes No
- 3.2.5 Within the last five years, has any owner, principal or company officer ever been an owner, principal or officer of another company when it failed to complete a construction contract?
 Yes No

(If you answered "Yes" to any of the above, please attach a separate written explanation.)

4. REFERENCES:

- 4.1 Please list three trade references:
1. Name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ ZIP: _____
Account #: _____



2. Name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ ZIP: _____
Account #: _____

3. Name: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ ZIP: _____
Account #: _____ \

4.2 Please provide a list of completed jobs and work in progress. Include name, address, phone number and dollar amount of project.

Name: _____ Address: _____
Phone: (____) _____ Amount: \$ _____

Name: _____ Address: _____
Phone: (____) _____ Amount: \$ _____

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**City of Spokane
Single Family Housing Rehabilitation Program
Roofs Only Repair and Replacement Program
Lead Safe Spokane Program**

601 W. Main, Ste 400, Spokane, WA 99201-0674 Phone(509) 755-7555 Fax(509) 458-4014

5. FINANCIAL:

- 5.1 Please provide a financial statement or copy of the company's federal tax return for the most recent fiscal year.
- 5.2 Please provide an estimate of the worth of work currently in progress: \$ _____

6. CERTIFICATION:

I certify that all of the information provided in this Contractor Qualification Statement is true and correct and authorize the release of this information to KIEMLE & HAGOOD CO. Project Management in connection with this application to participate as a contractor in the City of Spokane Single Family Housing Rehabilitation Program.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Information Authorization Form

I/We hereby authorize KIEMLE & HAGOOD CO. Project Management to verify banking accounts, credit history and other financial information in connection with participation as a General Contractor in the City of Spokane Single Family Housing Rehabilitation Program and/or City of Spokane Roof Only Repair and Replacement Program. I understand that this financial information may be periodically reviewed at the discretion of the Program Manager in order to determine continued eligibility to participation in either program.

Please provide the requested information for all individuals who have a financial investment or general responsibility in your organization/company including owner(s), principals and all officers (i.e. President, Vice President etc.). Failure to sign and return this form to KIEMLE & HAGOOD CO. Project Management will render the applicant ineligible to participate in either program as a General Contractor.

_____	_____	_____
Full Printed Name of Applicant	Social Security Number	DOB
_____	_____	
Applicant's Signature	Date	
_____	_____	_____
Full Printed Name of Co-applicant	Social Security Number	DOB
_____	_____	
Co-applicant's Signature	Date	
_____	_____	_____
Full Printed Name of Co-applicant	Social Security Number	DOB
_____	_____	
Co-applicant's Signature	Date	



CONTRACTOR QUALIFICATION STATEMENT

Please clearly print or type all responses

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601 W Main, Suite 400
Spokane, WA 99201

PROGRAM: City of Spokane Single Family Housing Rehabilitation Program
City of Spokane Roof Only Repair and Replacement Program

SUBMITTED BY:

Name: _____ Title: _____

Company: _____

Address: _____

Phone: (____) _____ FAX: (____) _____ Cell: (____) _____

E-mail: _____

Do you prefer to receive information by: Fax or E-Mail ?

Is your company minority or woman owned? Yes No

Type of work desired:

General Construction Electrical HVAC

Plumbing Other (specify): _____

1. ORGANIZATION:

1.1 What type of legal structure is your organization?

Sole Proprietorship

Partnership Type: General Limited

Corporation Type: S-Corp C-Corp

Limited Liability Company

Other (specify): _____

1.2 How many years has your organization been in business under this name? _____

Under what other names have you operated as a contractor? _____



1.3 What is the date of incorporation or formation of your company? _____
State of incorporation or formation: _____
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Name: _____ Title: _____
Social Security Number: _____
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Phone: (____)_____ Amount: \$ _____





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Single Family Housing Rehabilitation Program
Roofs Only Repair and Replacement Program
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Full Printed Name of Applicant	Social Security Number	DOB
Applicant's Signature	Date	
Full Printed Name of Co-applicant	Social Security Number	DOB
Co-applicant's Signature	Date	
Full Printed Name of Co-applicant	Social Security Number	DOB
Co-applicant's Signature	Date	



**A Program of the City of Spokane Community Development Department
Equal Housing Opportunity**

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**City of Spokane
Single Family Housing Rehabilitation Program
Contractor Application**

Checklist of documents to include:

- Completed Contractor Application (Contractor Qualification Statement)
- Washington State Contractor's License
- City of Spokane Business License
- Surety Bond copy
- Commercial General Liability Insurance Certificate
- 2009 Income Tax Return or Financial Statement
- RRP Certification
- SWP Training
- Lead Abatement Supervisor
- 3 Trade References 3 Homeowner References

Documents to review for signing upon approval:

- Contractors Participation Agreement
- Contractors Lead Training Agreement
- Anti-Kickback Affidavit
- W-9



**CITY OF SPOKANE
SINGLE FAMILY HOUSING REHABILITATION PROGRAM
ROOFS ONLY REPAIR AND REPLACEMENT PROGRAM
LEAD SAFE SPOKANE PROGRAM**

CONTRACTOR'S ANTI-KICKBACK AFFIDAVIT

The Anti-Kickback Act of 1986 [41 USC § 51 et seq.] prohibits kickbacks in connection with government contracts, and provides civil and criminal penalties for violations.

The term "kickback" means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided, directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a subcontract relating to a prime contract.

41 U.S.C. § 54 "Criminal Penalties" states that any person who knowingly and willfully engages in conduct prohibited by section 3 [41 USC § 53] shall be imprisoned for not more than 10 years or shall be subject to a fine in accordance with title 18, United States Code, or both.

I have read, understand and subscribe to the Anti-Kickback Act described in this affidavit. Furthermore, I declare under penalties of perjury and upon personal knowledge that I have not accepted any form of kickback associated with my work under any of the programs administered by City of Spokane.

Printed Name of Contractor

Company Name

Signature of Contractor

Date

*The full text of 41 U.S.C. § 51 through 58 is available for viewing at <http://www.gpoaccess.gov/uscode/index.html>.

Updated 8/13/10

**CITY OF SPOKANE
SINGLE FAMILY HOUSING REHABILITATION PROGRAM
ROOFS ONLY REPAIR AND REPLACEMENT PROGRAM
LEAD SAFE SPOKANE PROGRAM**

CONTRACTOR'S LEAD BASED PAINT TRAINING AGREEMENT

The Programs for which you are applying to participate in have Lead Training requirements both from HUD and the EPA. HUD's Lead Based Paint training criteria is Safe Work Practices or other HUD approved training. The EPA requires Renovate, Repair and Painting (RRP) certification. HUD has approved the RRP as a substitute for Safe Work Practices.

So there are two ways to meet both HUD and EPA lead paint requirements as needed for our Programs:

- 1) All workers disturbing Lead Based Paint are RRP certified; or
- 2) One supervisor is certified as both an Abatement Supervisor and RRP Renovator. That person is responsible for all training and supervision of Lead Based Paint work.

*To be a General Contractor on a Lead Safe Spokane project, you **must** be an accredited Lead Abatement Supervisor.

I have read and agree to comply with the above described requirements:

Name

Company

Signature

Date

**CITY OF SPOKANE
SINGLE FAMILY HOUSING REHABILITATION PROGRAM
ROOFS ONLY REPAIR AND REPLACEMENT PROGRAM
LEAD SAFE SPOKANE PROGRAM**

CONTRACTOR'S PARTICIPATION AGREEMENT

The Program(s) for which you are applying to participate in are designed to improve the safety, habitability and accessibility of the homes of low and moderate income property owners in the City of Spokane. The program funds, including contractor payments, are made available through the City of Spokane Community Development Department. The Program Manager is responsible for administering all program requirements.

This form generally describes your responsibilities and rights as a Contractor approved to participate in this program. This form does not replace the Contractor's Manual, the General Conditions, or the Agreement between the General Contractor and the Homeowner; rather it is intended to supplement and provide clarification.

Contractor Eligibility

In order to be eligible for initial participation as a contractor, you must be licensed, bonded and insured as a General Contractor in the City of Spokane, meeting current Program requirements as described in the Contractor's Manual. You must demonstrate the ability to manage large rehabilitation projects, with quality work, meeting all applicable codes, and be capable of completing the work in a timely manner.

You must continue to demonstrate acceptable levels of work performance and program compliance.

If a project involves lead based paint, you must be certified as both an Abatement Supervisor AND an RRP Renovator and you are responsible for all training and supervision of lead based paint work if any of your workers are not RRP certified. If you and all of your employees, subcontractors, and their employees who will be disturbing painted surfaces are RRP certified, then you do not have to be an Abatement Supervisor. You will have an approved HEPA vacuum on-site whenever painted surfaces are being disturbed and you will comply with applicable HUD Title X lead based paint regulations. If you are not currently an accredited Abatement Supervisor, you will need to complete a Lead Abatement Supervisor training within a year of being approved to participate in these Programs.

You will treat the homeowner and all members of their household with respect, and ensure that your subcontractors and employees are also treating them with respect.

You will not perform any additional work, repair, rehabilitation, or construction on the property during the rehabilitation project funded under the Program without prior written approval by the Program Manager.

You will not perform any change order work until it has been approved in writing by the Program Manager and the homeowner.

You will not use or substitute any material product or manufacturer that is not specifically named in the Contractor's Manual or Work Order without the written authorization of the Program Manager.

You will provide and faithfully honor and perform all warranty work during the specified warranty periods. For warranty work relating to HVAC, plumbing and electrical you agree to respond within 48 hours of the initial complaint.

You will perform all work for the Program projects in strict accordance with the Contractor's Manual specifications, the Work Order, City Code, construction industry standards, and in a good and workmanlike manner.

You will make certain that all your employee's are properly trained and capable of performing the tasks assigned to them.

You will at all times fully comply with the program General Conditions and the Contractor's Manual, faxed directives and interpretive guidance as provided by the Program Manager.

You acknowledge and agree that your failure to perform any duty or obligation as required in the Agreement between the Contractor and homeowner, the General Conditions, the Work Order or the underlying Contractor's Manual is an event of default and subjects you to all remedies available to the Program Manager, including, without limitation, termination of your participation in Program projects and recovery of damages resulting from any default or breach.

You agree to indemnify and hold harmless the City of Spokane and the Program Manager and their agents and employees from and against all claims, damages, losses and expenses related to your participation in the Program. These include, but are not limited to:

Attorney's fees, arising out of or resulting from performance of the work, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or;

Injury to or destruction of tangible property (other than the work itself) including loss of use resulting there from, but only to the extent caused in whole or in part by negligent acts or omissions of the Contractor, a Subcontractor, anyone directly or indirectly employed by them or anyone whose for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder.

Program Manager's Responsibilities

The Program Manager is responsible for implementing the City of Spokane's Community Housing Improvement Programs in all aspects. The Program Manager will continually review Contractor's performance in the Program. The Program Manager will provide guidance, regulatory interpretation, policy and procedural implementation, contract administration, mediation, and contractor performance oversight. The Program Manager may increase or decrease the number of projects in process that the Contractor is allowed.

Program Dismissal - If a Contractor is not meeting program performance expectations, as evidenced through Field Agent observations or homeowner evaluations, the Program Manager may dismiss the Contractor. The Contractor may reapply to the Program. Dismissed Contractors may also be eligible to continue as a subcontractor in the Program based on the Program Manager's discretion. Program Dismissal is at the discretion of the Program Manager, based upon observations and/or evaluations. Dismissal may be invoked due to quality of work, homeowner communication and responsiveness to warranty items.

Program Disqualification - A Contractor may be disqualified for a number of reasons: these include but are not limited to, violations of policies and procedures found in the Contractor's Manual, guidance and directives provided to the Contractors, General Conditions or the Agreement between the Contractor and the Homeowner. Disqualification is a permanent condition. Disqualified Contractors will no longer be allowed to bid on Program projects, and will not be allowed to be a subcontractor to any other Program contractors. Disqualified Contractors shall be reported to the US Department of Housing and Urban Development for inclusion in their debarred Contractor's list.

I have read and agree to the above:

Printed Name	Company	Signature	Date
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