



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

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: ()

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):





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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 #:



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Equal Housing Opportunity



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3. EXPERIENCE:

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

Three horizontal lines for text entry.

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?
3.2.2 Has the company ever failed to complete any work awarded to it?
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?
3.2.4 Within the last five years, has this company filed any lawsuits or requested arbitration concerning construction contracts?
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?

(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 #:





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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: \$

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

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

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

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

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



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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



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