

**CITY OF MESQUITE
DEPARTMENT OF HOUSING AND COMMUNITY SERVICES
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHABILITATION – EMERGENCY REPAIRS PROGRAM
SOLICITATION FOR QUALIFIED CONTRACTORS
APPLICATION DUE DATE: October 11, 2018**

The City of Mesquite Department of Housing and Community Services is seeking qualified contractors for the Community Development Block Grant (CDBG) Housing Rehabilitation – Emergency Repairs Program. The Emergency Repairs Program provides low-income homeowners in Mesquite with repairs to items that pose an imminent threat to the health and/or safety of the homeowner. **Emergency repair projects must begin within one (1) business day of contract signing and be completed within five (5) business days.**

The City will maintain a list of qualified contractors for each trade used in the CDBG Housing Rehabilitation – Emergency Repairs Program, generated through an annual solicitation of qualified contractors. Upon conclusion of the solicitation period, each list of trade specific contractors will be randomized and will remain in said order for the current year. Qualified contractors will be selected from the appropriate trade list for repairs as needed under the CDBG Housing Rehabilitation – Emergency Repairs Program.

To become a qualified contractor and be placed on a “qualified contractor” trade list for the CDBG Housing Rehabilitation – Emergency Repairs Program, complete the application below in its entirety. Completed applications may be sent to the following:

In person	By mail	By fax	By email
Community Services 1616 N. Galloway Avenue Mesquite, TX, 75149	Community Services PO BOX 85137 Mesquite, TX, 75185-0137	972.329.8348	sgaston@cityofmesquite.com

Name of Company: _____

Business Address: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax: _____

Emergency Phone #: _____ email: _____

Employer Identification Number: _____

Is the company a Sole Proprietorship LLC Partnership Corporation
 If your company is a corporation, provide the State and County of incorporation:

Location & contact person(s) at principal office: _____

Is the company a Minority/Women Owned Business Enterprise No Yes

Is the company a Historically Underutilized Business (HUB) No Yes

How many years has the organization been in business? _____

Trade or Trades to be reviewed and included on the Qualified Contractors List:

HVAC Plumbing Electrical General Contracting

Is the company certified with Lead Safe Work Practices/Lead Abatement? Yes No

LICENSES:

List below all licenses and/or certifications held in the name of the company or subcontractor used by the company, **and attach copies:**

Type of License	Issuing Agency	Individual or Organization Name	Expiration Date
1.			
2.			
3.			
4.			
5.			

BANK REFERENCES:

Bank Name: _____

Contact Officer: _____

Address: _____

Contact Phone #: _____

OTHER CREDIT REFERENCES:

Name: _____ Contact Person: _____

Type of Credit: _____ Contact Person: _____

Address: _____

WORK REFERENCES:

Project Type: HVAC Plumbing Electrical General Contracting

Project Location: _____

Amount of Contract: _____ Contact Person: _____

Contact Length: _____ Contact Phone #: _____

Completion Date: _____ Contact Email: _____

Project Type: HVAC Plumbing Electrical General Contracting

Project Location: _____

Amount of Contract: _____ Contact Person: _____

Contact Length: _____ Contact Phone #: _____

Completion Date: _____ Contact Email: _____

Project Type: HVAC Plumbing Electrical General Contracting

Project Location: _____

Amount of Contract: _____ Contact Person: _____

Contact Length: _____ Contact Phone #: _____

Completion Date: _____ Contact Email: _____

Project Type: HVAC Plumbing Electrical General Contracting

Project Location: _____

Amount of Contract: _____ Contact Person: _____

Contact Length: _____ Contact Phone #: _____

Completion Date: _____ Contact Email: _____

Have you or any principals of the company ever filed for bankruptcy? Yes No

Have you or any principals of the company ever been debarred, suspended, or otherwise impaired by the City of Mesquite or any federal agency? Yes No

List the Owners/Principals/Officers of the Company and person(s) authorized to execute/amend contracts or change orders; and conduct a site walk-through on behalf of the Company.

NAME	Execute/ Amend	Change Orders	Site walk- through
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION

- Proof of Insurance in accordance with the requirements set forth at page 7 of this application
- Proof of valid licenses/certifications of trade or trades to be reviewed and included on the “qualified contractor” list (HVAC, Plumbing, Electrical, etc.).
- Proof of certification with Lead Safe Work Practices/Lead Abatement (if applicable)
- Proof of certification as a Woman Owned/Minority Business Enterprise (if applicable)
- Proof of certification as a Historically Underutilized Business, HUB, (if applicable)
- Proposed list of Sub-Contractors/Material Suppliers (page 6 of this application)

I/We hereby certify that the above statements and forms enclosed in the application are true and complete to the best of my/our knowledge. I/We further understand that the City of Mesquite, City, will utilize the information collected to verify the qualification of the undersigned to be placed on a “qualified contractor” trade list. Further, the information collected will not be disclosed outside the City without your consent, except for verification as permitted by law, or as required under the Public Information Act.

I/We authorize the City to obtain a written credit report on the individual, partnership, or corporation that is applying. Further, the undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City; and the undersigned hereby releases any and all such parties from any legal responsibility whatsoever on account of having furnished such information to the City.

By signing and returning this application to the Department of Housing and Community Services Department, I/We acknowledge that the company has received, reviewed and agrees to abide by the City standards for contractor certification. I/We also agree that in the event I/We fail to follow any existing or future guideline set forth by the City of Mesquite, the company may be limited or removed from the “qualified contractor” trade list.

Signature Title Date

Signature Title Date

PROPOSED LIST OF SUB-CONTRACTORS/MATERIAL SUPPLIERS

Company Name & Address	Owner(s)/Principal(s)/Officer(s) and Title	Type of Work performed	Phone #	Email
1.				
2.				
3.				
4.				
5.				
6.				

**CITY OF MESQUITE
DEPARTMENT OF HOUSING AND COMMUNITY SERVICES
HOUSING REHABILITATION – EMERGENCY REPAIRS PROGRAM
CONTRACTOR INSURANCE REQUIREMENTS**

Every Qualified Contractor for the Emergency Repairs Program shall maintain the ability to obtain and carry commercial general liability, along with any employer’s liability (workmen’s compensation) and auto liability insurance as follows:

TYPE	AMOUNT
1. <u>Workers Compensation - and Employer’s Liability</u>	<u>Statutory Limits</u> \$100,000 per occurrence
2. <u>Commercial (Public Liability), including but not limited to:</u>	<u>Bodily Injury:</u> \$500,000 per person \$1,000,000 per occurrence and
A. Premises/Operations	
B. Independent Contractors	
C. Personal Injury	<u>Property Damage:</u>
D. Products/Complete Operations	\$500,000 per occurrence
E. Contractual Liability (insuring Above indemnity provisions)	with <u>general aggregate</u> of \$1,000,000
3. <u>Business (Commercial) Automobile Policy:</u>	<u>Combined Single Limit/</u> \$500,000

The Contractor understands that it is its sole responsibility to provide Insurance required herein that shall be issued by a company or companies of sound and adequate financial responsibility and authorized to do business in the State of Texas. All policies shall be subject to examination and approval by the City for their adequacy as to form, content, form of protection, and providing company.

The Contractor further agrees that with respect to the above required insurances, the City shall:

1. Be named as the Certificate Holder and as additional insured, on all required insurance except worker’s compensation.
2. Be provided with a waiver of subrogation, in favor of the City on all required insurance.
3. Be provided with an unconditional 30 days advance written notice of cancellation or material change.