



**DEVELOP LOUISVILLE – OFFICE OF HOUSING
CONTRACTOR APPLICATION AND REQUIREMENTS
FOR PLACEMENT ON APPROVED CONTRACTORS LISTING**

Dear Applicant:

Thank you for your interest in applying to be placed on DEVELOP LOUISVILLE: Office of Housing Rehab Division's approved Contractor's Listing.

PLEASE READ THE FOLLOWING BEFORE PROCEEDING FURTHER

The Department of Develop Louisville, Office of Housing utilizes federal funding for housing rehabilitation projects. Therefore, it is required that all contractors/firms be established and operating as a contracting business in good standing for a minimum of 3 or more years. The contractor/firm must have 3 years or more of certified knowledge and experience in his field whether it is in general construction, HVAC, plumbing or electrical classification.

The contractor and/or firm must list all credit references, customer references, personal references and a list of material suppliers with whom the contractor has an established "line of credit" currently in place. The contractor or firm must also be registered and have a current account in good standing with the Metro Revenue Commission & the Metro Human Relations Commission.

The contractor or firm also must be registered in the federal System for Award Management (SAM) System which replaced the "Excluded Parties List System (EPLS). This Department is required to confirm that the contractor/ firm has no existing records to disclose, and that they are not actively excluded, suspended or debarred by a federal agency from receiving federal funds.

STOP!! IF YOU, AS A CONTRACTOR OR CONTRACTING FIRM, CURRENTLY DO NOT MEET THE CRITERIA ABOVE, PLEASE DO NOT SUBMIT THE ATTACHED APPLICATION!!

The attached packet contains the application, a brief description of our current home repair, weatherization and emergency repair programs; and, a list of other pertinent documentation we require.

Listed below is a short list of the required documents needed to accompany your completed and signed application:

- Have a DUNS Number (www.dnb.com)
- Register and be in good standings with SAM.com
- Be registered with KY Secretary of State, FastTrack
- A copy of your license from the Dept. of Codes & Regulations as a contractor in your classification, and your Contractor ID license number with the Dept. of Inspections Permits & Licenses.
- A copy of your RRP certification for all employees.
- A copy of your “Firm Lead Renovator Certification” issued by the Environmental Protection Agency. (The EPA requires HVAC, plumbing, electrical, painting and general construction contractors to have this certification.)
- A copy of your Louisville Metro Revenue Commission Certification of Compliance and your Occupational Tax number
- Proof of your registration with the Human Relations Commission.
- A copy of your current, signed TIN tax identification number (W-9 Form)
- Proof of your current Commercial Liability and Workman’s Compensation insurance coverage.

If applying to be a lead contractor, you also need:

- A copy of your State License Abatement Company
- A copy of your Lead Safe Work Practice Certificate for owner/GC and crew members.
- A Lead Supervisor for at least one and the rest of the crew to be at least a Lead Worker

Please return the completed and signed application along with **all of the above documentation** to: Develop Louisville Office of Housing, *Attn.*

Jacie Morgan 444 S. 5th Street - 5th Floor, Louisville, KY 40202

If you do not have certifications from EPA, Louisville Metro Revenue Commission or the Louisville Metro Human Relations Commission, here are their website links and telephone numbers.

EPA Lead Safe Work Practices Info: www.epa.gov/lead/pubs/renovation.htm#requirements

EPA Firm Application: www.epa.gov/lead/pubs/firmapp.pdf

EPA Training Info: www.epa.gov/lead/pubs/training.htm

Louisville Metro Revenue Commission: www.louisvilleky.gov/revenuecommission (502-574-4860)

Lou. Metro Human Relations Commission www.louisvilleky.gov/humanrelations(502-574-2397)

Department of Inspections, Permits & Licenses www.louisvilleky.gov/ipl/ (502- 574-3114)

Upon receipt of all of the above documents, please allow approximately two weeks to receive written notification of our decision.

CVM

Revd.06/2015

**DEPARTMENT
OF
DEVELOP LOUISVILLE: OFFICE OF HOUSING**

HOME REPAIR PROGRAMS

Below is a brief description of the Home Repair Programs that are currently in place to assist median and low income residents of Metro Louisville with repairs who own and are currently living in single family homes. These programs are funded by U. S. Housing and Urban Development (HUD) grant.

Emergency Repair Program

The Emergency Repair program assists owner-occupants of single family homes to correct specific emergency situations in the home that could cause danger or impede the health of occupants in the home. The homeowner must be income eligible and be living in the home for one year or more. Rental units are not eligible. Specific emergency situations that are addressed by this program are:

Electrical - Conversion of old fuse boxes to breaker systems; repair/replacement of electrical components considered hazardous by the Fire department or Metro Louisville Electrical Inspectors;

Heating Systems and Air Conditioning – Replacement or repair of heating systems or duct work if necessary. Install or replace air conditioning systems upon written documentation from a physician confirming a medical necessity;

Plumbing – Replacement of nonfunctioning hot water heaters, repair/replacement of gas or water supply lines from utility connection to the house; and sewer lines from MSD connection from the street to the house.

Lead Safe Louisville (LSL) Program

The objective of this program is to eliminate any lead hazards that exist in both owner-occupied homes and rental units in Metro Louisville. The program assists households that are at or below 50% of median income and households at or below 80% of the median income.

CVM

Repair Programs Description (Revd 6/2015 CVM)



DEPARTMENT
Of
DEVELOP LOUISVILLE—OFFICE OF HOUSING

CONTRACTOR APPLICATION

The undersigned contracting firm is applying to be placed on the “APPROVED CONTRACTORS LIST” maintained by Develop Louisville: Office of Housing, Rehab Division for the purpose of performing repair/installation work pertaining to general construction. By signature the contractor submitting this application certifies that all the information supplied in this application is true, accurate, and no unfavorable factual information has been withheld.

(Please Print Legibly in Ink)

NAME OF FIRM: _____

FIRM'S ADDRESS: _____

CITY/STATE/ZIP CODE: _____

FIRM'S OFFICE PHONE: _____ BUSINESS FAX: _____

FIRM'S WEBSITE & EMAIL ADDRESS: _____

FIRM'S CONTACT PERSON:

NAME: _____ TITLE: _____

TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: Corporation Partnership Single Proprietorship
Limited Liability Co. (LLC) Other _____

If the Business is a Corporation, what State and Year was it organized? _____

DESCRIPTION OF FIRM'S SERVICES/SPECIALTIES OF WORK: _____

NAME & ADDRESS OF OWNER(S)/PARTNER(S) (Please Print)

Name: _____ Title: _____
Address: _____ Office Phone: _____

Name: _____ Title: _____
Address: _____ Office Phone: _____

Name: _____ Title: _____
Address: _____ Office Phone: _____

WHAT LENGTH OF TIME HAS THE FIRM BEEN IN OPERATION? _____

(At least 3 or more years of operation is required)

HAS THE FIRM EVER OPERATED UNDER A DIFFERENT NAME: YES NO
IF "YES", WHAT NAME: _____

DOES THE FIRM'S OWNERS, PARTNERS, GENERAL CONTRACTOR(S) OR ANYONE DOING BUSINESS WITH THE FIRM, OR HAVE ANY FINANCIAL INTEREST IN THE FIRM, EMPLOYED OR AFFILIATED IN ANY WAY WITH LOUISVILLE METRO GOVERNMENT? YES NO

IF "YES", GIVE NAME(S) & EXPLAIN THEIR CONNECTION: _____

THE FIRM'S GENERAL CONTRACTOR

NAME OF GENERAL CONTRACTOR: _____

GENERAL CONTRACTOR'S CELL PHONE: _____

LENGTH OF TIME EMPLOYED BY THIS FIRM? _____

HOW MUCH EXPERIENCE DO YOU HAVE AS A CONTRACTOR? _____

DO YOU HOLD A CONTRACTOR'S LICENSE TO WORK IN LOUISVILLE, JEFFERSON COUNTY, KY with the DEPT. OF IPL? YES NO

Comments: _____

(Please furnish copies of your Contractor's License)

AS A GENERAL CONTRACTOR, HAVE YOU WORKED ON ANY PROJECTS WITH METRO LOUISVILLE OR WITH HOUSING & COMMUNITY DEVELOPMENT'S REHAB PROGRAMS IN THE PAST? YES NO

IF YES, NAME PROJECT(S) AND WHEN: _____

THE FIRM

FIRM'S FEDERAL TAX ID NUMBER: _____
(Submit a copy of your Federal Taxpayer Identification Number & Certification W-9Form)

GENERAL CONTRACTOR'S FEDERAL TAX ID NUMBER: _____

WHAT IS THE MAXIMUM SIZE & AMOUNT OF CONTRACT CAN THE FIRM COMMIT TO UNDERTAKE? _____

WHAT BANKS OR LENDING INSTITUTION(S) HAS THE FIRM ESTABLISHED FINANCING FOR CONSTRUCTION CONTRACTS? *(Please List Each)*

Name of Bank or Institution: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____

Name of Bank or Institution: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____

Name of Bank or Institution: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____

DOES THE FIRM CARRY UP-TO-DATE GENERAL LIABILITY INSURANCE IN THE AMOUNT OF \$500,000 OR MORE FOR BODILY INJURY; AND, \$100,000 OR MORE FOR PROPERTY DAMAGE? YES NO

(Please provide copy of Firm's Certificate of Liability Insurance)

DOES THE FIRM CARRY UP-TO-DATE WORKMAN'S COMPENSATION INSURANCE COVERAGE ON CONTRACTORS AND WORKERS EMPLOYED BY THE FIRM IN THE AMOUNT OF \$500,000 OR MORE? YES NO

(Please provide a copy of Firm's Insurance Certificate of Workers Compensation Coverage; IF "NO", supply a copy of your completed, signed & notarized "Affidavit Of Exemption From

The KY Worker's Compensation Act" that's on file at the Dept. of Worker's Claims, Division of Security & Compliance in Frankfort, KY)

IF REQUESTED, CAN THE FIRM SUBMIT CURRENT FINANCIAL STATEMENTS TO METRO COMMUNITY SERVICES DIVISION'S HOUSING REHAB MANAGER?
YES NO

HAS THE FIRM EVER BEEN AWARDED A FEDERALLY FUNDED CONTRACT FOR CONSTRUCTION IN ANY CAPACITY?
YES NO

If YES, furnish Project Name, Contract Amount & Date Completed _____

THE FIRM'S CREDIT REFERENCES

GIVE THREE (3) CREDIT REFERENCES OR MATERIAL SUPPLIERS WITH WHOM THE FIRM HAS AN ESTABLISHED, REGULAR BUSINESS RELATIONSHIP. (The References provided will be contacted by Community Services Division.)

Name of Supplier: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____ Account # _____

Name of Supplier: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____ Account # _____

Name of Supplier: _____
Address: _____ Contact Person: _____
Contact's Phone & Email Address: _____ Account # _____

THE FIRM'S CUSTOMER REFERENCES

GIVE THREE (3) CUSTOMER REFERENCES THE FIRM HAS COMPLETED A REHAB OR CONSTRUCTION PROJECT WITHIN THE LAST 24 MONTHS. (The References provided will be contacted by the Rehab Division.)

Name of Customer: _____
Address: _____ Phone: _____
Type of Project: _____

Name of Customer: _____
Address: _____ Phone: _____
Type of Project: _____

Name of Customer: _____
Address: _____ Phone: _____
Type of Project: _____

CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT their Contracting Firm, Association, Partnership, Limited Liability Company or General Contractor(s) or Sub-Contractors employed by same presently submitting this application, IS A LEGALLY ESTABLISHED Contracting firm, Association, Partnership, Limited Liability Company or General Contractor(s) or Subcontractor(s) and is considered ELIGIBLE by the Comptroller General of the United States, pursuant to Section 5.6b of the Regulations of the Secretary of Labor, Part 5 (29CFR), in part or pursuant to Section 3(a) of the Davis-Bacon Act, as amended (40UC276a-2(a)O.B). No part of any contract resulting from this Application has been, or will be subcontracted to any sub-contractor who has a substantial interest in the project(s).

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

AUTHORIZATION

THE UNDERSIGNED AUTHORIZES Develop Louisville: Office of Housing Rehab Division or designated agents, to obtain and receive all records and information pertaining to credit, credit references and banking information from all persons, companies or firms holding or having access to such information. This authorization gives Develop Louisville: Office of Housing Rehab Division or designated agents the right to request all information obtained from customer references or information regarding any matter referenced in this application from any persons, company or firm for review and consideration.

I (We) AGREE, as the firm, partnership, limited liability company and/or general contractor submitting this application, to have no claim for defamation, violation of privacy, or otherwise, against any person or firm or corporation by reason of any statements or information released by them to Develop Louisville: Office of Housing Rehab Division, or its designated agents, for purposes of their repair programs. The terms of this authorization shall commence on the date of signature and will remain enforced as long as the Contracting Firm or General Contractor remains in good standing and in compliance with all federal, state and local labor laws and standards referenced to and required in this application.

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

Signed by: _____ Title: _____

Printed Name of Signee: _____ Date Signed: _____

**DEVELOP LOUISVILLE: OFFICE OF HOUSING
REHAB DIVISION**

GUIDELINES FOR CONTRACTORS

The following guidelines are required to be adhered to by all contracting firm's General Contractors and Sub-Contractors participating in all repair programs managed by this Division. Again, these guidelines are to be followed to the letter. Any complaints received by the Rehab Division from clients assisted by our repair programs that are determined to be a violation of these guidelines by the Contractor or Sub-Contractor, the Contractor or Contracting Firm will be excluded from the Division's Approved Contractor's Listing.

PROCEDURES & CONDUCT

1. After a contract is signed between the contracting firm's general contractor and the client, **NO ADDITIONAL NEGOTIATIONS FOR ADDITIONAL WORK ON THE PREMISES IS ALLOWED AT ANYTIME.** All Change of Work Orders must be discussed with the Rehab Specialist. If approved, the Change Order form is signed by the homeowner, general contractor, Rehab Specialist and the Housing Rehab Supervisor.
2. All draws for payment during the course of the repair work are discussed with the Rehab Specialist overseeing the job. Ten percent (10%) will be retained from the interim amount completed until the work is completed. The retained amount will be included in the final payment.
3. If any misunderstanding occurs between the contractor, the homeowner or family member(s), or friends of the homeowner, the Rehab Specialist must be notified immediately. If the contractor feels threatened, or is witness to any illegal, inappropriate or compromising activity, the general contractor, his crew and/or sub-contractor and his crew **MUST LEAVE THE PREMISES IMMEDIATELY** and notify the Rehab Specialist or Housing Rehab Supervisor.
4. Always notify the homeowner of the work schedule planned for specific work and be flexible with the homeowner's schedule. Always be on time according to the schedule worked out, and always call the homeowner for any late arrivals, delays or cancellation of work previously planned. A cordial attitude must be maintained when communicating with the homeowner and react in a proper, professional manner when addressing questions by the homeowner. If any issue(s) occur at the work site where the general contractor, his crew members, or his sub-contractor and crew members **CANNOT MAINTAIN A POLITE AND PROFESSIONAL MANNER, LEAVE THE WORK SITE IMMEDIATELY AND NOTIFY THE REHAB SPECIALIST.**
5. The general contractor, his crew members and sub-contractor and crew members must restrict themselves to the main work area only. **AT NO TIME IS ANY CONTRACTOR OR CREW MEMBER ALLOWED TO ROAM OR WANDER IN AREAS OF THE HOME NOT RELATED TO THE CONTRACTED REPAIR WORK.** If another area of the home

must be accessed to continue the contracted work, the homeowner's permission must be obtained before accessing that specific area.

6. The general contractor must accept monetary responsibility for any damages to the homeowner's property by the general contractor or crew member's actions in addition to actions by any sub-contractors or their crew members hired by the general contractor. The Rehab Specialist must be advised of any damages that occur as well as the homeowner.
7. If the homeowner has many collectibles, or items in the areas where the repair work will occur, please ask the homeowner to remove them for their protection. Make sure none of the homeowner's belongings are touched or handled by the general contractor, sub-contractor or any crew members. The homeowner's home must be respected (no matter the condition) while in the home completing the contracted repairs.
8. The work site must be cleaned up and all materials removed not related to the job, including trash and any debris from materials used on the job. Additionally, the general contractor and crew members or sub-contractors and their crew members must notify the homeowner when leaving the work site for the day. **(DON'T JUST WALK OFF AND NOT NOTIFY THE HOMEOWNER.)**
9. At the completion of the job, the Rehab Specialist and homeowner must be notified. The Rehab Specialist will inspect the work, take swipe samples for lead analysis if the lead report, taken prior to the repair work, indicated the presence of lead dust. The Rehab Specialist obtains all signatures on the final documents to submit for payment.

CAUSES FOR DISCIPLINARY ACTION OR TERMINATION

1. Theft by the general contractor, sub-contractor or either crew members.
2. Falsely charging for materials not used or for labor not actively performed on the job.
3. Inflating the actual cost for services rendered.
4. Unauthorized removal of any of the homeowner's personal property from the premises.
5. Charging the homeowner for services not performed or unrelated to the contracted work.
6. Any misleading statements regarding the contracted work to the homeowner or the Rehab Division's staff.
7. The use of inferior or unauthorized materials.
8. Falsifying information or documents.
9. Failure to respond to a client's complaint within 48 hours after the Rehab Specialist advised the general contractor to do so.
10. Performing at unacceptable production levels or producing poor or unacceptable quality of work after advisement.
11. Failure to perform the work according to the contract and specification standards set by the Rehab Division.
12. Failure to follow safety procedures, or use lead safe work practices, or working under the influence of drugs and/or alcohol.
13. Failure to honor required warranties.
14. Failure to maintain required licensing, insurance, certification or required permits.

CONTRACTOR EVALUATIONS

All contracting firms and their general contractors will be evaluated on an ongoing basis by the Rehab Specialist to assure that quality workmanship and general specification standards are used on all jobs awarded to the contracting firm. Site visits and inspections will be performed on a regular basis on all jobs from start to finish. If any violations or infractions occur during a job as described above, a **STOP WORK** order will be issued immediately and an investigation will proceed by the Division.

ACCEPTANCE OF CONTRACTOR GUIDELINES

All contracting firms and general contractors submitting an application to be accepted and placed on the Develop Louisville's Office of Housing Rehab Division's Approved Contractors Listing must agree to accept and sign an affidavit of proof the Contractor Guidelines have been read and fully understood by the contracting firm's owners, partners and all general and sub-contractors employed by the firm. This affidavit must be signed before a Notary Public by all parties mentioned and submitted with the completed application and documentations.

AFFIDAVIT OF REVIEW & ACCEPTANCE

of
**DEVELOP LOUISVILLE: OFFICE OF HOUSING
REHAB DIVISION'S
GUIDELINES FOR CONTRACTORS**

WE, THE UNDERSIGNED, HEREBY DECLARE THE COMMUNITY SERVICES DIVISION'S GUIDELINES FOR CONTRACTORS HAVE BEEN READ, REVIEWED, DISCUSSED AND THOROUGHLY UNDERSTOOD.

BY THE SIGNATURES AFFIXED BELOW, IT IS CONFIRMED AND AGREED THIS CONTRACTING FIRM, IT'S OWNERS, PARTNERS, GENERAL CONTRACTORS AND SUBCONTRACTORS TO ACCEPT AND COMPLY TO THESE GUIDELINES IN THEIR ENTIRITY SHOULD THIS FIRM BE APPROVED AND PLACED ON THE DL: H&CD REHAB DIVISION'S APPROVED CONTRACTORS LISTING.

NAME OF FIRM: _____

Name of Owner (Printed) _____

Owner's Signature _____ **Date** _____

Name of Owner (Printed) _____

Owner's Signature _____ **Date** _____

Name of Partner (Printed) _____

Partner's Signature _____ **Date** _____

Name of General Contractor (Printed) _____

General Contractor's Signature _____ **Date** _____

After receipt of your application and attachments, please allow 3 to 5 weeks for review and approval. You will be notified by email if your application has been approved and your firm placed on the Division's Approved Contractors Listing.

THANK YOU

END OF DOCUMENT