

CONTRACTOR PRE-QUALIFICATION  
APPLICATION PACKET  
FOR  
**COMMUNITY CONTACTS INC. (CCI)**  
**HOUSING CONTINUUM INC. (HCI)**  
HOUSING REHABILITATION PROJECTS

Any contractor desiring to bid as a general contractor on CCI/HCI rehabilitation projects must be pre-qualified.

This packet contains the instructions and forms required for the pre-qualification process. All applicants who submit a pre-qualification packet will be notified in writing of their status. A determination of pre-qualification is good for one agency fiscal year which ends June 30<sup>th</sup> each year and may be renewed as stated in the instructions.

The contractor must meet all county and state licensing requirements as well as any licensing requirements of the municipality in which the work is to be performed. This also requires that continuous adequate liability insurance and workers compensation coverage be maintained.

All workmanship and materials must conform to program guidelines as stated in the work write-up, the general specifications, state or municipal building codes and be of acceptable quality.

The completed application and all supporting materials required in this packet are to be submitted to the:

**Community Contacts Housing Department**  
**100 S. Hawthorne**  
**Elgin, IL 60123**

If you have questions on the process, please call the Housing Department at (847) 697-8800.

## **INTRODUCTION**

CCI/HCI provides housing rehabilitation services to persons who own and occupy homes located in Kane and DeKalb Counties and who meet eligibility requirements of the Kane County, Illinois Housing Development Authority and other programs.

The rehabilitation services involve construction on owner-occupied single family homes or sub-standard homes in order to bring these homes up to current code. The typical work includes but is not limited to demolition, framing, roofing, drywall, siding, painting, masonry, electrical, mechanical, plumbing, and sanitary sewer/septic.

Any contractor desiring to bid on these rehabilitation projects must be pre-qualified with CCI/HCI. Once pre-qualified, a contractor must provide proof of licensing renewals to remain eligible to respond to any invitation to bid for appropriate housing construction projects.

## **DISCLAIMER**

Pre-qualification of a contractor does not guarantee that any contractor will be awarded a project. Pre-qualified contractors will be eligible to participate in the competitive procurement process for construction projects administered by CCI/HCI.

## **CONTRACTOR MINIMUM QUALIFICATIONS**

Contractor must have been in the construction business a minimum of 2 years.

Contractor must possess and maintain proper construction licensing including all appropriate state, municipal and county business and occupational licenses. In addition, a contractor must maintain proper lead based paint certifications and licenses.

Contractor must receive favorable references on prior work in reference checks performed by CCI/HCI staff.

Contractor must provide adequate proof of financial capacity and stability to properly perform rehabilitation work without harm to CCI/HCI and homeowner.

Contractor must certify that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from any HUD program activities. (see attachment A)

## **INSURANCE REQUIREMENTS**

CCI/HCI insurance requirements are described in this pre-qualification package. You should confer with your respective insurance carriers or brokers to determine the availability of insurance certificates and endorsements as prescribed in the package.

## **RENEWAL OF PRE-QUALIFIED STATUS**

Automatic annual renewal will be made for contractors that maintain:

The licensing (or an equivalent or higher level license) used for the original pre-qualification.

Current city/county occupational and/or business licenses. It is the contractors' responsibility to provide CCI/HCI updated contact information and any additions or changes in licenses *not less than 30 days prior to the expiration of the contractor's prequalified status.*

Current insurance certificates. It is the contractors' responsibility to provide CCI/HCI updated insurance certificates prior to expiration.

## **EVALUATION**

CCI/HCI reserves the right to determine, at its sole discretion, whether a Contractor's statement of qualifications satisfactorily meets the criteria established in the pre-qualification questionnaire. Further, CCI/HCI reserves the right to seek clarification from any Contractor, any reference provided by the Contractor, Owner's for whom the Contractor has provided services, foreknowledge of Contractor's work for CCI/HCI or others, collateral public sources, and licensing authorities for any Contractor submitting a statement of qualifications. The following factors will be evaluated:

1. Contractor's qualifications and experience - Age of the company, qualifications of key personnel to be assigned to rehabilitation projects, extent of Contractor's activities, location of Contractor's office(s)
2. References - Contractor's considerable and readily quantified experience in providing similar services; Contractor's proven ability to effectively manage multiple sites; Maintenance, safety, and security of work sites; Handling punch lists; Adequate cost controls; Timely work, sequencing, and completion; Proper invoicing and accounting practices; Proper management and payment of subcontractors and supply vendors.
3. The financial stability and capacity of Contractor.
4. Quality Assurance - management of work quality by contractor and subcontractors; quality of materials and supplies used; follow-up on quality issues, punch list items; and overall quality.
5. Miscellaneous - Standards of workplace conduct; Supervisory plan; Policies in recruitment and assignment to ensure that only fit and proper person(s) and subcontractors are hired with appropriate skill sets are deployed to fit site specific needs.

**CONTRACTOR APPLICATION**

**Federal I.D. Number:** \_\_\_\_\_ **Date of Organization:** \_\_\_\_\_

**STATEMENT OF QUALIFICATIONS TO BE SUBMITTED BY CONTRACTOR**

All questions must be answered and the information must be clear and comprehensive. The contractor may submit any additional information if he/she desires.

**1. Name of Legal Entity and address:** \_\_\_\_\_

\_\_\_\_\_

**Office Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

( ) Sole Proprietorship ( ) Partnership ( ) LLC ( ) Corporation

**2. Information on Contractor and/or Principals:**

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**3. Background and experience of the principals in your firm, including the officers:**

\_\_\_\_\_

\_\_\_\_\_

**4. When organized or incorporated:** \_\_\_\_\_

**5. How many years have you been engaged in the contracting business, under your present form or trade area?** \_\_\_\_\_

**6. Have you ever filed for bankruptcy?**  Yes, if so, when? \_\_\_\_\_  No

**7. List the most important projects recently completed by your Company and who the work was performed for. State the approximate cost of each and month and year completed.**

a. Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Employer: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

b. Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Employer: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

c. Project Name: \_\_\_\_\_ Project Location: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Employer: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**8. Business References: (include primary bank and at least 2 suppliers)**

a. Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Account Numbers: \_\_\_\_\_

b. Supplier: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

c. Supplier: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

d. Supplier: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**9. Please list subcontractors used in the past:**

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**10. What licenses do you currently hold in the State of Illinois:**

Roofing License Number \_\_\_\_\_

Lead Paint \_\_\_\_\_

Lead Contractor License Number \_\_\_\_\_

Others: \_\_\_\_\_

**11. Please describe the lead contractors experience in lead abatement or interim control work Include required certifications or licenses:**

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**12. Minimum Limits of Insurance. (attach certificates):**

**Contractor shall maintain limits no less than:**

**a. Comprehensive Public Liability:** not less than \$1,000,000 for injuries, including accidental death to any one person, per accident and \$1,000,000 in the aggregate for policy term.

**b. Automobile Liability:** for injuries or damages caused by the Contractor's vehicle on the job site, a minimum combined single liability limit of \$500,000.

**c. Workers' Compensation and Employers Liability:** Insurance covering all employees meeting statutory requirements in compliance with the applicable state and federal laws not less than \$100,000 per person for employers' liability. No exclusions.

**d. Any additional insurance required for certification as a lead licensed contractor including pollution liability insurance.**

**Description of Operations/Locations/Vehicles/Exclusions added by Endorsement / Special Provisions shall include or some form of:**

Per the written contract, Illinois Housing Development Authority (IHDA), Community Contacts Inc. (CCI) and Housing Continuum Inc. (HCI), are endorsed as primary and non-contributory additional insured's. IHDA, HCI and CCI are also endorsed for waiver of subrogation on the above mentioned general liability and workers compensation policies. (see attached endorsements).

**LIMITS CAN CHANGE BASED UPON PROJECT CRITERIA.**

**13. Authorized Signatories/Negotiators**

The Contractor represents that the following persons are authorized to sign and/or negotiate contracts and related documents to which the bidder will be duly bound:

Name and Title	Telephone Number	E-mail
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**THE UNDERSIGNED, A DULY AUTHORIZED OFFICER OR EMPLOYEE, HEREBY CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. FUTHERMORE HEREBY GIVES PERMISSIONS TO HAVE THE CREDIT INFORMATION RELEASED TO COMMUNITY CONTACTS, INC & HOUSING CONTINUUM , INC. AND HAS HEREUNTO SET HIS SIGNATURE**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Date**

## ATTACHMENT A

### ***Contractor General Requirements***

All eligible Contractors shall be required to:

- Obtain and pay for all permits and licenses necessary for the completion and execution of the work and labor to be performed.
- Perform all work to conform to applicable local codes and requirements.
- Abide by Federal and Local regulations pertaining to equal employment.
- Keep the premises clean and orderly during the course of the work and remove all debris at the completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the Contractor, unless the Homeowner and the Contractor makes a prior agreement.
- Not assign the contract without prior consent of the Homeowner. The request for assignment must be addressed in writing to and approved by the Rehabilitation Specialist.
- Guarantee the work performed to be free from defect for a period of one year from the date of final acceptance of all of the work required by the contract. Furthermore, the Contractor must furnish the Homeowner, with all manufacturers and suppliers' written guarantees and warranties covering the materials and equipment furnished under the contract.
- Provide or provide for, on-site supervision of Sub-Contractors and/or their employees.
- No Contractor shall be accepted to the program if they are on the H.U.D. debarred list.



- No Contractor shall be awarded a contract when they have four (4) CCI/HCI sponsored projects in process at any one time.

### ***Probationary Approval***

Contractor's, who are deemed qualified, based upon information obtained, shall be placed on the eligibility list under a probationary status. They shall remain on the probationary status until they have successfully completed two (2) rehabilitation jobs.

### ***Suspension or Removal of Contractors from the Qualified List***

Contractors may be removed temporarily or permanently from the approved list. A Contractor may be deleted from the list for one or more of the following reasons:

- Continuously poor quality work as determined by the Rehab. Specialist.
- Failure to maintain the proper insurance and keep CCI/HCI updated.
- Failure to pay Sub-Contractors or Suppliers.
- Failure to respond to a minimum of two (2) consecutive requests for bids. In such instances, the Contractor shall be suspended for a period of six (6) months, commencing on the day the second non-responsive bid is opened.
- Failure to respond to complaints of the Homeowners, as determined valid by the Rehab. Specialist.
- Contractor's insolvency, bankruptcy or other conduct or condition which has resulted in a monetary loss to a Homeowner or the Rehabilitation Program in connection with the contract work.

- **Contractor's conviction of a crime in connection with the contract work or in connection with payment or receipt of funds administered by the Rehabilitation Program.**
- **Failure to maintain current license and registrations, if applicable.**
- **Contractor's continual agreement to make additions or changes with the Homeowner without prior approval from Community Contacts, Inc & Housing Continuum, Inc.**
- **Failure to provide on-site supervision for Sub-Contractors or their employees.**
- **If a Contractor believes his/her name has been unjustly removed from the bidders list he/she may request an informal hearing on the determination. The request must be made in writing within ten (10) days of notification that his/her name has been removed from the list.**

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**Signature**

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**Title**

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**Company**

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**Date**