

Maumee Valley Planning Organization  
Housing, Demolition, & Asbestos Contractor Pre-Qualification Application

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Maumee Valley Planning Organization administers the Community Housing Improvement & Preservation (CHIP) Program for Defiance, Fulton, Henry, Paulding, and Williams County; and Demolition & Housing Programs for the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Land Banks. To quote and bid services for these programs, interested companies must become pre-qualified. While applications will be accepted and graded on a rolling basis, we encourage your submission of the completed forms to be as soon as possible.

These forms should be submitted to Maumee Valley Planning Organization (MVPO) via email: [mvpo@mvpo.org](mailto:mvpo@mvpo.org) or mail: Maumee Valley Planning Organization at 1300 E Second St. Suite 200, Defiance, OH 43512.

MVPO and the area Land Banks emphasize the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, a pre-qualification procedure has been established for Contractors in the respective trades. Contracts for work are awarded only to pre-qualified Contractors.

**INSTRUCTIONS:** To apply for qualification, the Contractor must:

- Complete this Contractor's Pre-qualification Application in its entirety and submit to MVPO
- Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Employment Opportunity Employment Statement (part of the Qualification form) and agree to hire employees who may have some barriers to employment when feasible
- Submit or have agent submit a Certificate of Insurance, confirming the insurance required
- Agree to warranty all work performed under the CHIP Programs and/or Demolition Programs, as evidenced by Contractor's signature on the Contractors Warranty (part of the Qualification form)
- Submit a copy of Articles of Incorporation/Organization or Name Registration
- Submit a completed W-9 Tax Form and OPERS form
- Submit a copy of Worker's Compensation Certificate or Evidence of adequate private medical insurance
- If applicable, submit copies of DBE/FBE/MBE designation letters
- CHIP Contractors Only:** Submit EPA/RRP Lead Abatement Certificates/Licenses (**RRP CERTIFICATE IS REQUIRED**)

MVPO reserves the right to require additional information, including a financial statement from contractors as a necessary prerequisite to the pre-qualification. Once we have reviewed your completed application and other submittals, we will contact you regarding further steps in our pre-qualification process. Your application will be kept on file for the duration of the grant cycle.

**Thank you in advance for your cooperation and attention to details in completing this application.**

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*Please note – if any of the information on this application is contained in a separate business portfolio/resume you are encouraged and welcome to submit those documents in lieu or in partnership with this application*

**1) COMPANY INFORMATION:**

Company Name	_____	Application Date	_____
Mailing Address	_____	City, State, Zip	_____
Physical Address	_____	City, State, Zip	_____
Email Address	_____	Company Phone	_____
Company Website	_____	Company Fax	_____

**Principal Owner of Business (if more than one, please attach additional sheet):**

Name	_____	Position	_____
Mailing Address	_____	City, State, Zip	_____
Email Address	_____	Phone	_____

**Primary Contact (if different than Principal Owner):**

Name	_____	Position	_____
Mailing Address	_____	City, State, Zip	_____
Email Address	_____	Phone	_____

**Additional Contact (anyone else you would like to receive information and updates about jobs):**

Name	_____	Position	_____
Mailing Address	_____	City, State, Zip	_____
Email Address	_____	Phone	_____

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**2) ORGANIZATION:**

\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation/Limited Liability Company (LLC)  
\_\_\_\_\_ Other (please specify):  
\_\_\_\_\_ Union                      \_\_\_\_\_ Non-Union

**Business Classifications** (please check all that apply):

\_\_\_\_\_ DBE (Disadvantaged Business Enterprise)  
\_\_\_\_\_ MBE (Minority Business Enterprise)  
\_\_\_\_\_ WBE (Women Owned Business Enterprise)  
\_\_\_\_\_ SBE (Small Business Enterprise)  
\_\_\_\_\_ Other (please specify):

**Please provide demographic information of the ownership of your company (check all that apply)**

	<u>Male-Owned</u>	<u>Woman-Owned</u>
White American	[ ]	[ ]
Black American	[ ]	[ ]
Hispanic American	[ ]	[ ]
Native American	[ ]	[ ]
Asian American	[ ]	[ ]
Other: _____	[ ]	[ ]

Date Incorporated: \_\_\_\_\_ State Incorporated \_\_\_\_\_

How long have you operated under your present name? \_\_\_\_\_

Have you contracted under any other names? Yes No

Have you or your company ever failed to complete work awarded to you? Yes No

Have you or your company ever defaulted on a contract? Yes No

Have you been convicted of any crime in the last ten years? Yes No

Are you or your company listed as an ineligible contractor by HUD? Yes No

Are you currently listed on any federal or State of Ohio contracting debarment list? Yes No

Are you currently listed as an ineligible contractor in any community? Yes No

*If you answered yes to any of the above questions, please explain below:*

\_\_\_\_\_  
\_\_\_\_\_

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**Citation, Notice of Violation, or Litigation Information:**

Has any kind of citation, notice of violation, judgment, including that which is the result of regulatory proceeding been issued or entered you or your company, in the last ten years, related to those services being proposed herein? Please explain in summary.

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3) **AREAS OF SPECIALIZATION:** Non-subcontracted work. Check all that apply:

Electrical	Plumbing	General Contracting	HVAC
Roofing	Masonry	Excavation/Grading	Lead Abatement
Concrete	Siding/Windows	Water, Sewer Installs	Foundation Repair
Debris/Trash Removal	Demolition	Demolition of buildings > 3 stories	Recycling/Salvage/Deconstruction
Lawn Maintenance	Tree Removal	Asbestos Testing	Asbestos Removal
Landscaping Installation	Other (please specify):		

4) **LICENSES HELD:** Please describe the type of licenses you possess, if any, and the corresponding ID number. Feel free to submit additional documentation to support this. **Note: The EPA's Lead Renovate, Repair and Painting Certificate (RRP) is required for the CHIP program. Please include Company RRP Certification as well as any employee RRP Certifications. RRP classes are available, but must be done before bidding.**

License \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

License \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

License \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

5) **REFERENCES:** Please provide no fewer than three business or government references where contract performance has taken place within the last 12 months. We encourage other Land Bank or government references.

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

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**6) PROJECT EXPERIENCE**

Please provide a brief history of your company and its experience. Attachments in lieu of filling the following out detailing experience and previous work are accepted and encouraged.

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Description and location of **largest** project:

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Description and location of **current** projects:

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**Housing Contractors Only:** Can your company handle more than one \$35,000-\$70,000 housing rehabilitation project at a time?    NO    YES    If YES, how many? \_\_\_\_\_

Please provide a list of all equipment your company owns:

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**Demo/Asbestos Contractors Only:** Have you ever worked with Land Banks? If so, in which counties?

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**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the CHIP and/or Land Bank Programs may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

\_\_\_\_\_  
Authorized Signature of Contractor

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

**DRUG FREE WORKPLACE**

This is to certify that the undersigned Contractor complies with the Drug Free Workplace Act of 1988:

1. Any individual contractor must agree not to engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract.
  
2. All organizations covered by the Drug-Free Workplace Act of 1988 are required to provide a drug-free workplace.

In the event of the Contractor's non-compliance with the drug free workplace certification, contracts may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

_____ Date	_____ Authorized Signature of Contractor
_____ Company	_____ Please Print Name

I certify that the information provided here is, to the best of my knowledge and belief, true, accurate and complete. I have attached a completed copy of IRS Form W-9 and acknowledge that the CHIP Grantees are required by law to report any income earned by me in conjunction with work performed.

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

## CONTRACTOR MINIMUM INSURANCE COVERAGES

Each Contractor, in order to become pre-qualified to perform work for MVPO-managed housing and/or demolition projects, shall provide MVPO and/or the Land Banks with evidence of liability insurance. The Certificate of Insurance (Col) to be submitted with the pre-qualification must show the minimum insurance coverages/basic requirements given below listed by contractor category. MVPO and/or the Land Banks reserve the right to modify these insurance requirements as they see fit.

If your company enters into a contract, the insurance must 1) have the contract owner named as an Additional Insured on the Col, 2) provide evidence of a Waiver of Subrogation on the Col in favor of all Additional Insureds with respect to losses arising out of or in connection with the work, and 3) any deductible or self-insured retention may not exceed \$5,000 per claim or occurrence.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined below prior to the start of any work.

### RENOVATION/CONSTRUCTION CONTRACTORS:

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:

a. The following minimum limits of liability:

i. Each occurrence	\$1,000,000
ii. General liability aggregate	\$2,000,000
iii. Products/completed operations aggregate	\$2,000,000
iv. Personal and advertising injury	\$1,000,000

2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee's personal vehicles used during work) with minimum coverage of \$1,000,000 each accident. If Contractor has no employees, the Contractor should submit evidence of a personal automobile policy with minimum coverage of at least \$100,000/person - \$300,000/accident for bodily injury liability and \$100,000 property damage liability.

3. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE as required by law with minimum limits:

a. Bodily injury caused by accident	\$1,000,000
b. Bodily injury caused by disease	\$1,000,000

Provided however, if your company has no employees, the contractor/vendor should sign, in the presence of a notary, the form given on the last page of this form.

*continued on next page*

**DEMOLITION CONTRACTORS:**

Among other additional requirements, if your demolition company enters into a contract with one or multiple of the land banks, your company's insurance must have no limitation for coverage arising from explosion, collapse, or underground property damage.

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
  - a. The Certificate must indicate that coverage is for Business Classification Code 99986
  - b. The following minimum limits of liability:
    - i. Each occurrence \$1,000,000
    - ii. General liability aggregate \$2,000,000
    - iii. Products/completed operations aggregate \$2,000,000
    - iv. Personal and advertising injury \$1,000,000
  
2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee's personal vehicles used during work) with minimum coverage of \$1,000,000 each accident
  
3. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE as required by law with minimum limits:
  - a. Bodily injury caused by accident \$1,000,000
  - b. Bodily injury caused by disease \$1,000,000

**CONTRACTOR'S WARRANTY – LAND BANK CONTRACTORS ONLY**

This is to certify that the undersigned Contractor hereby warrants as follows:

- That all materials used in the performance of the work funded through the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Land Banks shall be free from defect,
- That all work performed and funded through the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Land Banks shall be free from defect of faulty workmanship,
- That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Land Banks Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written guaranties and warranties covering materials and equipment installed or constructed,
- That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Defiance, Fulton, Henry, Paulding, Putnam and/or Williams County Land Banks Demo Program may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Defiance, Fulton, Henry, Paulding, Putnam, and Williams County Land Bank contracts.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Signature of Contractor

\_\_\_\_\_

Company

\_\_\_\_\_

Please Print Name

**CONTRACTOR CERTIFICATION OF NON-APPLICABILITY OF OHIO  
WORKERS' COMPENSATION LAW**

**(to be signed and submitted only by contractors/vendors who do not have any employees)**

Name of Contractor: \_\_\_\_\_

The undersigned certifies that the above-named contractor does not carry workers' compensation insurance through the Ohio Bureau of Workers' Compensation because: (i) has no employees, as that term is defined in Section 4123.01 of the Ohio Revised Code, or (ii) is an exempt employer under Ohio Workers' Compensation Law.

The undersigned further certifies that in the event the contractor becomes subject to the Ohio Workers' Compensation Act, it will immediately: (i) obtain workers' compensation insurance as required by law, and (ii) provide proof of the insurance to MVPO.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary  
My Commission Expires: \_\_\_\_\_