

RE: PRE-QUALIFICATION TO BID - REHABILITATION CONTRACTOR

Dear Contractor:

Attached is a “*Qualification Application of Prospective Bidder*” for projects funded through the City of Clearwater’s - Economic Development and Housing Department – Housing Division Rehabilitation Program. To be considered eligible to bid on any of these projects you must complete and submit the complete application package.

At the time of application you must submit the following:

- A current credit report completed within the past year on your organization
- Type of Organization (i.e., sole proprietor, partnership, etc.)
- Three letters of reference from owners of previously completed projects
- A list of major projects completed within the past year (each project is to include type of work, dollar volume, name and phone number of project representative or owner)

All of the above items must be received before review of the application can begin.

We appreciate your interest in projects that the City are funding and ask that you direct any questions concerning the pre-qualifying process to Howie Carroll (727.562.4031) or Michael Holmes (727.562.4032).

Thank you.

City of Clearwater – Housing Division

Attachment

**CITY OF CLEARWATER
ECONOMIC DEVELOPMENT AND HOUSING DEPARTMENT**

**QUALIFICATION APPLICATION OF PROSPECTIVE BIDDER
HOUSING REHABILITATION CONTRACTOR**

TO: City of Clearwater
Economic Development and Housing Department –
Housing Division
P. O. Box 4748
Clearwater, FL 33758-4748

DATE: _____

PURPOSE: To provide the City of Clearwater with reasonable assurance that the prospective bidder has the financial assets, resources, and work experience to satisfactorily complete contemplated construction contract agreements with Homeowners funded through Federal or State Housing Programs.

**FIRM
NAME:** _____

ADDRESS: _____

**CITY - STATE - ZIP
CODE:** _____

PHONE #: _____ **BEEPER OR CELL PHONE #:** _____ **FAX#:** _____

INDIVIDUAL HOLDING LICENSE: _____

ISSUING AUTHORITY: _____

CLASSIFICATION AND LICENSING NUMBER: _____

TYPE OF ORGANIZATION: _____
(Individual, Corporation, Partnership, etc.)

LIST ALL PRINCIPALS OF ORGANIZATION:
(President, Vice-President, Secretary-Treasurer, Partner, etc.)

DATE ORGANIZATION BEGAN UNDER PRESENT NAME: _____

OTHER NAMES AND DATE UNDER WHICH ORGANIZATION EXISTED:

SURETY COMPANY CURRENTLY USED FOR BID AND PERFORMANCE BONDS IF ANY:

BONDING LIMITS: _____

PROFESSIONAL REFERENCES:

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

CONTRACTOR'S LIABILITY INSURANCE AGENT:

POLICY #: _____ PHONE #: _____

WORKMEN'S COMPENSATION INSURANCE AGENT: _____

POLICY #: _____ PHONE #: _____

HAS YOUR FIRM EVER FAILED TO COMPLETE WORK AWARDED TO YOU? IF SO, WHERE AND WHY?

NUMBER OF FULL TIME EMPLOYEES DIRECTLY ON APPLICANTS PAYROLL: _____

THE FOLLOWING ADDITIONAL ITEMS ARE TO ACCOMPANY THIS APPLICATION:

1. A list of four (4) projects completed within the past year:
 - Location and type of work
 - Dollar volume with your company
 - Project owner's name, address and phone number
 - Surety Company involved, if any
 - Consulting Engineer or Architect, address and phone number involved, if any
 - Starting and completion dates

LIST THE SUBCONTRACTORS YOU CONTRACT WITH ON A REGULAR BASIS:

PRESENTLY QUALIFIED WITH THE FOLLOWING AGENCIES:

THE FOLLOWING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FIRM: _____

BY: _____
(Please Type)

SIGNATURE: _____

TITLE: _____
(Owner, President, etc.)

DATE: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 200__, who produced a Florida driver's license as identification.

Notary Public, State of Florida

My Commission expires:

OFFICIAL USE ONLY:

APPROVED BY: _____

DATE: _____