



City of Pasco Community Housing Improvement Program (CHIP)

Program Manager: Kiemle & Hagood Company
601 W Main Ste 400, Spokane, WA 99201 (800) 767-4798



Contractor Participation General Information

Contractors interested in participating in the City of Pasco's Community Housing Improvement Program must pre-qualify for the program by completing the attached Contractor Qualification Statement.

In order to expedite the processing of your application, please provide copies of the following documents with your completed Contractors Qualification Statement:

- Current State of Washington Contractor's License
- Current City of Pasco Business License
- Proof of Bonding Capacity (\$12,000 minimum)
- Proof of Liability Insurance (\$1,000,000 minimum) If approved for the program you will need to add Kiemle & Hagood and the City of Pasco as additional insured
- Copy of Lead Abatement Supervisor State Certification
- 2 credit/trade references
- 3 past customer references
- W-9 Request for Taxpayer Identification Number and Certification (Upon approval for program)
- Financial statement or copy of the company's federal tax return for the most recent fiscal year.

To facilitate communication and program administration, the Program Director requires that all contractors participating in the program must own or have ready access to a fax machine.

Upon being qualified to participate as a contractor in the program, all General Contractors are required to purchase a copy of the Contractor's Manual for a one-time fee of \$25.00. This manual contains general information, forms and specifications necessary to participate in the program. Subcontractors need not purchase a copy of the manual unless they will be bidding projects as a General Contractor and are so licensed. Contractors will not be permitted to bid projects as a General Contractor unless they first purchase a manual. Updates to the manual will be provided to you as they occur at no additional charge.

Once approved for the program, Contractors may begin bidding projects. However, a new Contractor may initially obtain only one (1) project. Once successfully completed, the Contractor may bid for and obtain additional projects up to a number determined by the Program Manager based on the contractors past program performance. Continued participation in the program is based on performance evaluations provided by the Homeowner and Program Manager.

The Program Manager will fax an **"Invitation to Bid"** no later than each Monday to approved Contractors. The invitation provides information on all of the projects being offered for bid that week. Bid packages for the projects are available by fax or email at lorit@khco.com. All information required to bid on a project is contained in the bid package.

Projects remain in open bidding for a period of one week. Bids are accepted up until 4:00 P.M. on the day that they will be opened. Bids may be mailed or hand delivered to City of Pasco, Community & Economic Development Department, 525 N Third Ave, Pasco, WA 99301 Attn: Lori T. Faxed bids will not be accepted. If one or more bids are within 10% of the low bidder for a project, the Homeowner has the option of choosing between the Contractors offering these bids. Kiemle & Hagood will contact the successful Contractor after the Homeowner has accepted and approved one of these bids for their project.

Please be advised that an applicant's company and/or personal credit history will be reviewed as part of this application process and a pattern of financial instability or irresponsibility may render an applicant ineligible to participate in either program. Please also be advised that this financial information may be periodically reviewed at the discretion of the Program Manager in order to determine continued eligibility to participation in either program.

Any further questions regarding the program or the Contractor Qualification Statement should be directed to Kiemle & Hagood at (509) 755-7534.



A Program of the City of Pasco Community and Economic Development Department

Equal Housing Opportunity



City of Pasco
Community Housing Improvement Program

601 W. Main, Ste 400, Spokane, WA 99201-0674 Phone(509) 755-7555 Fax(509) 458-4014
Toll Free 1-800-767-4798

CONTRACTOR QUALIFICATION STATEMENT

Please clearly print or type all responses

SUBMITTED TO: Kiemle & Hagood Co.
601 W Main, Suite 400
Spokane, WA 99201

PROGRAM: City of Pasco Community Housing Improvement Program

SUBMITTED BY:

Name: Title:
Company:
Address:
Phone: () FAX: () Cell: ()

Is your company minority or woman owned? Yes No

Type of work desired:

- General Construction Electrical HVAC
Plumbing Other (specify):

1. ORGANIZATION:

1.1 What type of legal structure is your organization?

- Sole Proprietorship
Partnership Type: General Limited
Corporation Type: S-Corp C-Corp
Limited Liability Company
Other (specify):

1.2 How many years has your organization been in business under this name?

Under what other names have you operated as a contractor?

1.3 What is the date of incorporation or formation of your company?

State of incorporation or formation:

Employer Identification Number (EIN):





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1.4 List all individuals who have a financial investment or general responsibility in your organization/company including owner(s), principals and all officers (i.e. President, Vice President etc.)

Name: Title:
Social Security Number:
Address:
City: State: ZIP:

Name: Title:
Social Security Number:
Address:
City: State: ZIP:

Name: Title:
Social Security Number:
Address:
City: State: ZIP:

Name: Title:
Social Security Number:
Address:
City: State: ZIP:

2. LICENSING:

2.1 Washington State Contractor's License Number:
Expiration Date:

2.2 City of Pasco Business License Number:
Expiration Date:

2.3 Please list any additional trade or business license and expiration date:
Type: Number: Expiration:
Type: Number: Expiration:



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2.4 FED TAX ID #: _____

3. EXPERIENCE:

3.1 List the type of work this company normally performs with its own workforce.

3.2 Claims and Suits:

3.2.1 Has the company or its owner(s), principals or officers ever been debarred from participating in HUD funded projects?

Yes No

3.2.2 Has the company ever failed to complete any work awarded to it?

Yes No

3.2.3 Within the last five years have there been any judgements, claims, arbitration proceedings or lawsuits, pending or outstanding against this company or its owner(s), principals or officers?

Yes No

3.2.4 Within the last five years, has this company filed any lawsuits or requested arbitration concerning construction contracts?

Yes No

3.2.5 Within the last five years, has any owner, principal or company officer ever been an owner, principal or officer of another company when it failed to complete a construction contract?

Yes No

(If you answered "Yes" to any of the above, please attach a separate written explanation.)

4. REFERENCES:

4.1 Please list three trade references:

1. Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Account #: _____

2. Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Account #: _____





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3. Name: Phone: ()
Address: City: State: ZIP:
Account #:

4.2 Please provide a list of completed jobs and work in progress. Include name, address, phone number and dollar amount of project.

Name: Address:
Phone: () Amount: \$

Name: Address:
Phone: () Amount: \$

Name: Address:
Phone: () Amount: \$

Name: Address:
Phone: () Amount: \$

Name: Address:
Phone: () Amount: \$

Name: Address:
Phone: () Amount: \$

5. FINANCIAL:

5.1 Please provide a financial statement or copy of the company's federal tax return for the most recent fiscal year.

5.2 Please provide an estimate of the worth of work currently in progress: \$

6. CERTIFICATION:

I certify that all of the information provided in this Contractor Qualification Statement is true and correct and authorize the release of this information to KIEMLE & HAGOOD CO. Project Management in



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connection with this application to participate as a contractor in the City of Pasco Single Family Housing Rehabilitation Program.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Information Authorization Form

I/We hereby authorize KIEMLE & HAGOOD CO. Project Management to verify banking accounts, credit history and other financial information in connection with participation as a General Contractor in the City of Pasco Community Housing Improvement Program. I understand that this financial information may be periodically reviewed at the discretion of the Program Manager in order to determine continued eligibility to participation in either program.

Please provide the requested information for all individuals who have a financial investment or general responsibility in your organization/company including owner(s), principals and all officers (i.e. President, Vice President etc.). Failure to sign and return this form to KIEMLE & HAGOOD CO. Project Management will render the applicant ineligible to participate in either program as a General Contractor.

Full Printed Name of Applicant Social Security Number DOB

Applicant's Signature Date

Full Printed Name of Co-applicant Social Security Number DOB

Co-applicant's Signature Date

Full Printed Name of Co-applicant Social Security Number DOB

Co-applicant's Signature Date



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Equal Housing Opportunity

**CITY OF PASCO
COMMUNITY HOUSING IMPROVEMENT PROGRAM**

CONTRACTOR'S PARTICIPATION AGREEMENT

The Program(s) for which you are applying to participate in are designed to improve the safety, habitability and accessibility of the homes of low and moderate income property owners in the City of Pasco. The program funds, including contractor payments, are made available through the City of Pasco Community Development Department. The Program Manager (Kiemle and Hagood Company) is responsible for administering all program requirements.

This form generally describes your responsibilities and rights as a Contractor approved to participate in this program. This form does not replace the Contractor's Manual, the General Conditions, or the Agreement between the General Contractor and the Homeowner; rather it is intended to supplement and provide clarification.

Contractor Eligibility

In order to be eligible for initial participation as a contractor, you must be licensed, bonded and insured as a General Contractor in the City of Pasco, meeting current Program requirements as described in the Contractor's Manual. You must demonstrate the ability to manage large rehabilitation projects, with quality work, meeting all applicable codes, and be capable of completing the work in a timely manner.

You must continue to demonstrate acceptable levels of work performance and program compliance.

If a project involves lead based paint, the General Contractor must have:

- An RRP certification from the EPA or the State as appropriate
- AND
- The General must be an abatement supervisor **OR**
- Everyone touching a painted surface (including workers and subs) must be Safe Work Practices trained.

You will treat the homeowner and all members of their household with respect, and ensure that your subcontractors and employees are also treating them with respect.

You will not perform any additional work, repair, rehabilitation, or construction on the property during the rehabilitation project funded under the Program without prior written approval by the Program Manager.

You will not perform any change order work until it has been approved in writing by the Program Manager and the homeowner.

You will not use or substitute any material product or manufacturer that is not specifically named in the Contractor's Manual or Work Order without the written authorization of the Program Manager.

You will provide and faithfully honor and perform all warranty work during the specified warranty periods. For warranty work relating to HVAC, plumbing and electrical you agree to respond within 48 hours of the initial complaint.

You will perform all work for the Program projects in strict accordance with the Contractor's Manual specifications, the Work Order, City Code, construction industry standards, and in a good and workmanlike manner.

You will make certain that all your employee's are properly trained and capable of performing the tasks assigned to them.



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CONTRACTOR'S LEAD BASED PAINT TRAINING AGREEMENT

The Programs for which you are applying to participate in have Lead Training requirements both from HUD and the EPA. HUD's Lead Based Paint training criteria is Safe Work Practices or other HUD approved training. The EPA requires Renovate, Repair and Painting (RRP) certification. HUD has approved the RRP as a substitute for Safe Work Practices.

So there are two ways to meet both HUD and EPA lead paint requirements as needed for our Programs:

- 1) All workers disturbing Lead Based Paint are RRP certified; or
- 2) One supervisor is certified as both an Abatement Supervisor and RRP Renovator. That person is responsible for all training and supervision of Lead Based Paint work.

I have read and agree to comply with the above described requirements:

Printed Name

Company

Signature

Date



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CITY OF PASCO

CONTRACTOR'S ANTI-KICKBACK AFFIDAVIT

The Anti-Kickback Act of 1986 [41 USC § 51 et seq.] prohibits kickbacks in connection with government contracts, and provides civil and criminal penalties for violations.

The term "kickback" means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided, directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a subcontract relating to a prime contract.

41 U.S.C. § 54 "Criminal Penalties" states that any person who knowingly and willfully engages in conduct prohibited by section 3 [41 USC § 53] shall be imprisoned for not more than 10 years or shall be subject to a fine in accordance with title 18, United States Code, or both.

I have read, understand and subscribe to the Anti-Kickback Act described in this affidavit. Furthermore, I declare under penalties of perjury and upon personal knowledge that I have not accepted any form of kickback associated with my work under any of the programs administered by City of Pasco.

Printed Name of Contractor Company Name

Signature of Contractor Date

*The full text of 41 U.S.C. § 51 through 58 is available for viewing at <http://www.gpoaccess.gov/uscode/index.html>.

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

| | |
|--|---|
| Name (as shown on your income tax return) | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | |
| List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| or |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
 U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,