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**CONTRACTOR PARTICIPATION: *General Information***

Contractors interested in participating in the City of Spokane's Single Family Housing Rehabilitation 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 Spokane Business License
- Proof of Bonding Capacity (\$12,000 minimum)
- Proof of Liability Insurance (\$1,000,000 minimum) naming Kiemle & Hagood and the City of Spokane as additional insured
- Copy of Lead Abatement Supervisor State Certification ~ City will pay for training
- 2 credit/trade references
- 3 past customer references
- W-9 Request for Taxpayer Identification Number and Certification
- 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 at Kiemle & Hagood's office between 8:00 A.M. and 4:30 P.M. Monday through Friday. 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 2:00 P.M. on the day that they will be opened. Bids may be mailed or hand delivered to Kiemle & Hagood's office. 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) 755-7519.



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 Spokane Single Family Housing Rehabilitation Program  
City of Spokane Roof Only Repair and Replacement Program

SUBMITTED BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Do you prefer to receive information by:  Fax or  E-Mail ?

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): \_\_\_\_\_

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 Spokane Business License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
- 2.3 Please list any additional trade or business license and expiration date:  
Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_
- 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 #: \_\_\_\_\_

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: \$ \_\_\_\_\_

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

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





City of Spokane
Single Family Housing Rehabilitation Program
Roofs Only Repair and Replacement Program
Lead Safe Spokane Program

601 W. Main, Ste 400, Spokane, WA 99201-0674 Phone(509) 755-7555 Fax(509) 458-4014

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 connection with this application to participate as a contractor in the City of Spokane 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 Spokane Single Family Housing Rehabilitation Program and/or City of Spokane Roof Only Repair and Replacement 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.

Form with fields for Applicant and Co-applicant information: Full Printed Name of Applicant, Social Security Number, DOB, Applicant's Signature, Date, Co-applicant's Signature, Date.



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E-mail \_\_\_\_\_

Do you prefer to receive information by:  Fax or  E-Mail ?

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
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Phone: (\_\_\_\_)\_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

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

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

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Form with fields for Applicant and Co-applicant information: Full Printed Name of Applicant, Social Security Number, DOB, Applicant's Signature, Date, Co-applicant's Signature, etc.

