



CITY OF ROME COMMUNITY DEVELOPMENT DEPARTMENT

REHABILITATION PROGRAMS

INTRODUCTION

The City of Rome Community Development Department manages the City of Rome's Housing Rehabilitation Programs funded by the U. S. Department of Housing and Urban Development and the Georgia Department of Community Affairs. These housing programs provide services to low and moderate income households for:

- Exterior Paint Program - Rehabilitation assistance is provided through a grant of up to \$5,000 on owner-occupied homes that require exterior paint or minor facial repairs.
- Roof repair program - Rehabilitation assistance is provided through a grant of up to \$10,000 on owner-occupied homes that require roof repair or replacement.

The City of Rome Community Development Department has established a pre-qualification procedure for contractors and maintains a list of pre-qualified contractors. Contracts for work under the City of Rome's Exterior Rehabilitation Programs are awarded only to contractors who have been pre-qualified. Any contractor desiring to bid on these projects must meet the requirements with the City of Rome Community Development Department with a completed application and required documents on file.

NEW OR RENEWAL OF PRE-QUALIFIED STATUS

*Automatic annual renewal will be made for contractors on the "approved Contractor's list" that submit:

1. Completed Contractor Application
2. Current Georgia Contractor License (if applicable/not required)
3. Current City of Rome License (if applicable/not required)
4. ALL Current Certifications and Painting EPA Certification (if applicable)
5. A current Georgia EPA Lead Renovation Firm License (if applicable)
6. A current Certificate of Insurance with the City of Rome as the Certificate Holder
7. Certificate of Non-Discrimination
8. Drug-Free Workplace Certificate
9. E-Verify Compliance Affidavit
10. SAVE Compliance Affidavit
11. Section 3 Contractor's Business Concern Certification (if applicable)
12. W-9 Form
13. Non-Collusion Affidavit

All applicants who submit a Contractor Application will be notified in writing of their status in a timely manner. A determination of pre-qualification to participate in the City of Rome's Rehabilitation Program is good for one year from the date of notice and may be renewed annually.

If, in the opinion of the City of Rome Community Development Department, the contractor meets the Program's standards for qualified contractors, the Contractor's name will be placed on the Qualified Contractor Register. If approved, you will be contacted by our department staff to provide a bid on the homes that are eligible for our Rehabilitation Program.

DISCLAIMER

Pre-qualification of a contractor does not guarantee that the contractor will be awarded a contract. Pre-qualified contractors will be eligible to participate in the competitive procurement process for projects only if the contractor meets the City of Rome's local procurement requirements and Policies and Procedures.

CONTRACTOR EVALUATION

The City of Rome Community Development Department reserves the right to determine, at its sole discretion, whether a Contractor's qualifications satisfactorily meet the criteria established in the Rehab Program Policies and Procedures. Further, the City of Rome Community Development Department 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 the City or others, collateral public sources, and licensing authorities for any Contractor submitting an application.

INSURANCE REQUIREMENTS

Prior to a Contractor being awarded a contract, the Contractor **MUST** submit or have insurance agent submit a Certificate of Insurance, confirming the insurance required by the housing program. The City of Rome **MUST** be listed as the Certificate Holder. The Contractor insurance requirements are described in Item 5 of the Contractor Application.

LEAD BASED PAINT

Contractor must provide proof of training or certification of all workers who perform lead-based paint activities as required by HUD. The Contractor must also hold a current Georgia EPA Lead Renovation Firm License. (If disturbing paint on properties built prior to 1978). Community Development staff may presume lead paint and the contractor will be required to use Safe Work Practices.

BONDS

No bonds, whether bid, performance, payment and materials are required for the Rehab Program.

UNAUTHORIZED ALIEN(S)

The Contractor understands and agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The City of Rome shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for termination of Contractor's contract.

CONTRACTOR PAYMENTS

The City of Rome disburses funds only for work completed. Only request for payments that are received in our office by 5:00 PM on Tuesday will be processed for payment the same week. Community Development staff reserves the right to request additional time to process the request if necessary.

Mail or Turn in Contractor Application and all attachments to:

City of Rome
Community Development Department
607 Broad Street
P O Box 1433
Rome, GA 30162-1433



For assistance or if you have any questions on the process, please call Suzanne Parris at (706-236-4477) or email sparris@romega.us



**CITY OF ROME
COMMUNITY DEVELOPMENT DEPARTMENT**

REHABILITATION PROGRAM

CONTRACTOR APPLICATION

DATE: _____ FEDERAL TAX ID # _____
SOCIAL SECURITY # _____

The undersigned contracting firm hereby applies to be placed on the “approved Qualified Contractor Register” maintained by the City of Rome Community Development Department for the purpose of performing work in the City of Rome’s Rehab program.

1. GENERAL INFORMATION:

Business Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____

2. ORGANIZATION (check):

- Sole Proprietorship: Owner’s Name: _____
- Partnership: Partner Names: _____
- Corporation: Officer Names: _____
- Other, Specify _____

Years of construction experience of all owners, partners:

Name: _____ Address: _____
Type of Experience: _____ Years: _____

Name: _____ Address: _____
Type of Experience: _____ Years: _____

Have you contracted under any other name(s)? No Yes, explain _____

Have you ever failed to complete work awarded to you? No Yes, explain _____

Have you ever defaulted on a contract? No Yes, explain _____

Have you been or are you a party to a lawsuit? No Yes, explain _____

3. **LICENSE(S) AND CERTIFICATIONS HELD (Attach copy of licenses and all certifications, including RRP EPA Certification):**

Type: _____	Exp. Date: _____
Type: _____	Exp. Date: _____
Type: _____	Exp. Date: _____
Type: _____	Exp. Date: _____

4. **MBE/WBE REQUIREMENTS:** The Minority and Women’s Business Enterprise (MBE/WBE) and Section 3 information requested below is required by the Program’s funding agencies in determining that the City of Rome and the Contractor’s compliance with Federal MBE, WBE, and Section 3 requirements. This requirement does not determine disqualification for the program.

a) **ARE YOU A *MINORITY OR WOMAN-OWNED BUSINESS?** Yes No

*Minority or Woman Business Enterprise means a business entity at least 50% of which is owned by minority group members or in the case of a public owned business, at least 51% of the stock of which is owned by minority group members. For the purpose of this definition, minority group members shall include Women-owned, Black, Hispanic, Native Americans, and Asian.

The minority group involved is (check all that apply)

	<u>Male-Owned</u>	<u>Woman-Owned</u>
Black American	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic American	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>
Asian American	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

b) **ARE YOU A *SECTION 3 WORKER, TARGETED SECTION 3 WORKERS, OR BUSINESS CONCERN?** YES NO If yes, you will need to complete a Section 3 Contractor’s Business Concern Certification.

*A Section 3 worker means a low- or very low- income resident or employed by a Section 3 business concern or a YouthBuild participant.

*A Targeted Section 3 worker is defined as employed by a Section 3 business concern and meets one of the following categories: resident of public housing, participant of Section 8/Housing Choice Voucher program or a YouthBuild participant.

*A Section 3 Business Concern means a business concern that is: (i) Fifty one percent (51%) or more owned and controlled by Section 3 residents; or (ii) Fifty one percent (51%) of the business is owned and controlled by low- or very low-income persons; or (iii) Over 75% of the labor hours performed for the business over a three (3) month period were performed by Section 3 workers.

5. **CONTRACTOR INSURANCE COVERAGE REQUIREMENTS:**

Each Contractor, in order to perform work in the City of Rome’s Rehab program, shall carry, maintain and furnish evidence of the following insurance:

a) **GENERAL LIABILITY COVERAGE** which may be Comprehensive General Liability with the following minimum limits of liability:

- BODILY INJURY \$500,000 each occurrence, \$1,000,000 aggregate
- PROPERTY DAMAGE \$500,000 each occurrence, \$1,000,000 aggregate

OR

- COMBINED SINGLE LIMIT \$500,000 each occurrence, \$1,000,000 aggregate

b) WORKER’S COMPENSATION (Not applicable for the \$5,000 Exterior Paint Program)

The City of Rome must be listed as the Certificate Holder on the Contractor’s Certificate of Insurance.

6. MATERIAL DEALERS: (List all major dealers from whom materials have been purchased within the past 2 years)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

7. SUBCONTRACTORS: (List all subcontractors you utilized within the past 2 years)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

8. REFERENCES: (List references from three recent customers you have provided services)

Name: _____ Address: _____ Phone: _____ Date: _____
Name: _____ Address: _____ Phone: _____ Date: _____
Name: _____ Address: _____ Phone: _____ Date: _____

Location of Current Project: _____

IT IS CERTIFIED THAT THE INFORMATION GIVEN ABOVE IS COMPLETE, FACTUAL AND THAT NO UNFAVORABLE INFORMATION HAS BEEN WITHHELD.

Date

Authorized Signature of Contractor

Business Name

SUBMISSION CHECKLIST

Please submit the following items:

- Complete Contractor Application
- Current Georgia Contractor License (if applicable/not required)
- Current City of Rome License (if applicable/not required)
- ALL Current Certifications and Painting EPA Certification (if applicable)
- A current Georgia EPA Lead Renovation Firm License (if applicable)
- A current Certificate of Insurance with the City of Rome as the Certificate Holder
- Certificate of Non-Discrimination
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- W-9 Form
- Non-Collusion Affidavit

(STAFF USE ONLY)

Date

Action Taken

City of Rome

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

BIDDER

SIGNATURE

TITLE

City of Rome

DRUG-FREE WORKPLACE CERTIFICATE

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the “Drug-Free Workplace Act” will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder’s employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: “As part of the subcontracting agreement with (contractor’s name), (subcontractor’s name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor’s employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7).”

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____

City of Rome

E-VERIFY COMPLIANCE AFFADAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Rome, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A, § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification number
(Not Required if Less than 10 Employees)

Signature (if less than 10 employees)

Date of Authorization

Name of Contractor/Company

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____(city) _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____

NOTARY PUBLIC
My Commission Expires:

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the day of _____, 20____ in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

City of Rome
NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF:

COUNTY OF:

Owner, Partner or Officer of Firm:

Company Name, Address, City and State:

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____ 20__

NOTARY PUBLIC