



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. Complete 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 Form
8. Drug-Free Workplace Certificate Form
9. E Verify Compliance Affidavit Form
10. Immigration and Security Form
11. SAVE Compliance Affidavit
12. Contractor's Certification — Section 3 Form
13. W-9/ Request for Taxpayer Identification Number and Certification Form

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@rome.ga.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 RESIDENT OR BUSINESS CONCERN?** YES NO

*A Section 3 Resident means a public housing resident **or** a low- or very low-income person who resides in Rome or Floyd County. A Section 3 Business Concern means a business concern that is: (i) Fifty one percent (51%) or more owned by Section 3 residents; **or** (ii) whose permanent, full-time employees include persons, at least thirty percent (30%) of whom are currently Section 3 residents, or were Section 3 residents within three years of the date of first employment with the business concern; **or** (iii) that provides evidence of a commitment to subcontract in excess of twenty five percent (25%) of the total bid/proposal price awarded to business concerns that meet the qualifications set forth in paragraphs (i) or (ii) in this definition of a Section 3 business concern.

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:

- Completed Rehabilitation Contractor Application
- Current Georgia Contractor License (if applicable/not required)
- ALL Current Certifications, including Renovation, Repair, 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 Form
- Drug-Free Workplace Certificate Form
- E Verify Compliance Affidavit Form
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(STAFF USE ONLY)

Date

Action Taken