

Request for Qualifications For Construction Contractors

A Consortium of non-profits in the Miami-Dade area approved for a grant from HUD is seeking proposals from qualified individuals or firms, to provide real estate acquisition services, both multifamily and single family, in relation to the Neighborhood Stabilization Program 2 (“NSP2”). In compliance with Federal Regulations, proposals are being requested in an open and competitive process.

Background: A consortium of 6 non-profits and the City of North Miami **was awarded \$89,375,000** from U.S. Housing And Urban Development for the Miami-Dade NSP Consortium under the Neighborhood Stabilization Program (NSP2), funded through the American Recovery and Reinvestment Act of 2009 (Recovery Act). The Consortium Members include the City of North Miami, Carrfour Supportive Housing, Little Haiti Housing Association, Opa-locka Community Development Corporation, St. John Community Development Corporation and the Urban League of Greater Miami. Neighborhood Housing Services of South Florida

Our Program is presently seeking qualified General and Sub-Contractors for all construction trades to join our bidders list. We would like to offer your firm the opportunity to bid on our Neighborhood Stabilization Program (NSP) projects. The NSP Program is funded with Federal Funds with Federal Regulations that must be followed

- The goal of the NSP program is the completion of 965 units of rental and 290 homeownership housing in census tracts with the greatest need in the cities of Miami Gardens, North Miami, North Miami Beach and Opa-locka, the neighborhoods of Liberty City, Little Haiti, Little River and Overtown in the City of Miami and the neighborhoods of Brownsville, Model City/Liberty City and West Little River in unincorporated Miami-Dade County.

Consideration will be given to Minority and Female Owned Enterprises

To be included on our current bidders’ list, please fill in the “Contractor Profile”, which Includes:

- Description of the business (include business history, organization of firm).
- References (past projects) which your firm has completed within the last two years.
- Experiences related to new construction or rehabilitation of single family homes and Multifamily Projects
- License identification number and license classification.
- List of references to contact with phone numbers and addresses. (Clients, customers, bankers, suppliers, surety companies, etc.)
- And any additional information that you might find helpful.

This RFQ is open and ongoing

CONTRACTOR PROFILE

All questions must be answered and the data given must be clear and comprehensive. The contractor may submit additional information as appropriate.

Company Name: _____
Company Owner (s): _____
Address: _____
Phone: _____
Federal IRS Tax I.D. # _____
DUNS # _____
Contractor License No. _____ (Attach Copy)

Type of Ownership: Corporation () Partnership () Privately Owned ()

Company Principals and Titles: _____

Names of Corporation Officers (if corporation), Partners (if partnership), Owner (if private):

1. _____
Name Title

Address Phone

2. _____
Name Title

Address Phone

3. _____
Name Title

Address Phone

4. _____
Name Title

Address Phone

Attach copy of:

1. Current state registration
2. Corporate Resolution verifying authorized signatures

Number of years in business as this entity: _____ years.

If the company name has changed, what was the original name(s)

1. _____
Company Name Address Dates

2. _____
Company Name Address Dates

What is company's average annual gross income for the last 2 years? \$ _____

Number of persons on your company's payroll. _____

How many times have you failed to complete any work or defaulted on a contract awarded to you?

If so, when, where and why? _____

Have you ever been in any other rehab program? _____ If so, which ones

Since draws will be paid as reimbursements after work is completed please provide information that reflects sufficient assets or credit to operate on a reimbursement basis:

Bank Reference: _____

Address: _____

Phone _____

Bank Credit Available in dollars \$ _____

Supply House Credit \$ _____ Name: _____

Supply House Credit \$ _____ Name: _____

Supply House Credit \$ _____ Name: _____

JOB REFERENCES

List three (3) jobs under construction , or recently completed over \$5,000Rehab or New Construction (Please specify which). Supply name, phone number, address and type of work done. (Please give us references that will allow us to examine interior and exterior work and variety in each).

1. Name _____

Address _____
Phone _____

Type of work performed (New Construction or Rehabilitation; number of stories and units)

2. Name _____
Address _____
Phone _____

Type of work performed _ (New Construction or Rehabilitation; number of stories and units)

3. Name _____
Address _____
Phone _____

Type of work performed _ (New Construction or Rehabilitation; number of stories and units)

ADDITIONAL INFORMATION

General background, such as experience of co-workers, including officers, and other information showing ability to work in rehab, property improvement or construction.

Please list suppliers with whom you have credit accounts

Name Phone

Name Phone

Name Phone

Name Phone

Provide a current list of subcontractors with whom your company has done business. List name of company, phone number(s) and contract person for each subcontractor on the attached reference form.

Have you ever filed for bankruptcy? _____

Name(s) authorized to sign contracts, bids, contract changes and endorse checks

Name	Title
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Name	Title
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Name	Title
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Personal References -

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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I/we hereby certify that the above statements are true and complete to the best of my knowledge. I/we further understand that Our Program will keep all the information confidential and use such information only to verify the qualification of the undersigned as a general contractor.

I/we authorize Our Program to obtain a written credit report on both the individuals and the partnership, or corporation that is applying.

The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by Our Program in verification of the recitals comprising this Contractor Profile dated at:

(city)

(date)

AFFIDAVITS

1. That the _____ (City, State and County) contractors license class _____ and bond therefore are current and that the undersigned contractor agrees to maintain current status of all license and bonds as required by Our Program (City, State, County).
2. That the contractor will perform the work in accordance with the work write-up, general specifications and all applicable _____ (City, State, County) codes and zoning regulations and be subject to a final inspection by _____.
3. That if the work performed by the contractor is found to be unsatisfactory of if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, Our Program (City, State, County) may remove his/her name from the list of selected contractors without notice.
4. That all required insurance and workman’s compensation will be maintained.
5. That she/he will abide by all applicable equal employment opportunity requirements.

Date: _____ By: _____

Title: _____

PLEASE ATTACH TO THE APPLICATION A COPY OF THE FOLLOWING:

1. PHOTO COPY OF CURRENT LICENSE (FOR ALL TRADES)
2. LIABILITY INSURANCE CERTIFICATE
3. WORKMAN’S COMPENSATION CERTIFICATE
4. W-9 CERTIFICATE
5. ANY ADDITIONAL INFORMATION

PLEASE SEND ALL INFORMATION ON A SEPARATE PAGE

Please send all information to:

Neighborhood Housing Services of South Florida
300 N.W. 12 Avenue
Miami, Florida 33128
(305)751-5511
(305)751-2228 – fax
Email: nsresponse@nhssf.org

Do not stop by the office to deliver your proposals

JOB REFERENCE

DATE _____

NAME _____

ADDRESS _____

TELEPHONE _____

RE: CONTRACTOR _____

ADDRESS _____

The contractor above has given your name as a reference on work he has recently completed for you. Any information that you can give our office will be kept in strict confidence and will only be used to determine the qualification of this contractor to do similar work for us. Please help us by filling in following information and add your remarks.

Sincerely,

DATE OF WORK _____ COST OF WORK _____

TYPE OF WORK _____

QUALITY OF WORKMANSHIP _____

WOULD YOU USE THIS CONTRACTOR AGAIN? _____ WHY? _____

OTHER REMARKS _____

Signature

Date

SUBCONTRACTOR REFERENCE

DATE _____

NAME _____

ADDRESS _____

TELEPHONE _____

RE: CONTRACTOR _____

ADDRESS _____

The above contractor has given your name as a reference on work he has recently completed with you. Any information you can give our office will be kept in strict confidence and only be used to determine the qualification of this contractor to do similar work for us. Please help us by filling in the following information and add your remarks.

Sincerely,

DATE OF LAST BUSINESS TRANSACTION _____

AMOUNT OF LARGEST SUBCONTRACT _____

TYPE OF WORK _____

QUALITY OF WORKMANSHIP _____

PAYMENT EXPERIENCE _____

OTHER REMARKS _____

Signature

Florida Contractor License Number