## PRE-QUALIFICATION APPLICATION FOR CONTRACTORS TO PARTICIPATE IN FEDERALLY-FUNDED REHABLITATION PROJECTS



The City of Mobile is seeking to pre-qualify individuals or entities interested in performing Rehabilitation Work on grant and loan-funded property rehabilitation projects.

Do you have any of the following? If YES, please provide a copy of the documents along with this application.

1. City of Mobile <b>Business License</b>	□ Yes □ No
2. Surety Bond Certificate	$\square$ Yes $\square$ No
3. Commercial Liability (automobile and general) Insurance Certificate	$\square$ Yes $\square$ No
4. Lead Safe Work Certificate	$\square$ Yes $\square$ No
5. State of Alabama Homebuilder's License	$\square$ Yes $\square$ No
6. Any Mechanical, Electrical and/or Plumbing licenses	$\square$ Yes $\square$ No
7. Commercial Workman's Compensation Insurance Certificate	$\square$ Yes $\square$ No
8. Copy of Sam.gov screen reflecting your company's profile	$\square$ Yes $\square$ No
Are you willing to work on historic (properties greater than 50 years old) properties?	□ Yes □ No
Additionally, all applicants must complete the form below:	
Date:	
Applicant Name:	
Business Name:	
Business Address:	
Business Telephone: Fax:	
Cell: Email:	
Hours of Operation:	
Description of Services Provided:	

## and Stock holders. (Use an additional sheet if necessary) Name: \_\_\_\_\_ Years: \_\_\_\_\_ Name: Years: Name: \_\_\_\_\_\_ Years: \_\_\_\_\_ Address: List other contracting firm names under which the principals have operated, with former addresses and cities. **References with Names and Addresses** Banks: Materials Dealers: List Three (3) Recent Customers for which you have performed similar work within the last twelve months: 1. Phone: 2. \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_ 3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide Names, Addresses, and Years of Construction Experience of all Owners, Partners,

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

The undersigned contracting firm agrees that in consideration for being placed upon the *Pre-Qualified Contractors Register* s/he will comply with the following conditions on all rehabilitation work performed on grant or loan-funded properties, regardless of whether federal financing is or is not used by the owner.

- 1. To use only contract forms approved by the City of Mobile;
- 2. To perform all Work in accordance with applicable building ordinances of the City of Mobile and approved by the Architectural Review Board if property is within a historic district;
- 3. If the Work performed by the Contractor is found to be unsatisfactory or noncompliant with the Work specifications, the City of Mobile may remove the contractor's name from the *Pre-Qualified Contractors Register*.
- \* Please Note: Any "debarred" contractors and/or contractors who have previously performed unsatisfactory Work for either the City of Mobile or the Mobile Housing Board's housing rehabilitation programs will NOT be added to the *Contractors Register*.

Applicant hereby certifies that all the information given above is complete, factual, and that no unfavorable information has been withheld.

DUNS (Dun & Bradstreet) Number:			
Signed on this the day of	, 20, by	(Signature)	
, on behalf of		 (Firm)	

Please Return the Completed Form and All Necessary Documentation:

via MAIL:

City of Mobile Community and Housing Development P. O. Box 1827 Mobile, AL 36633-1827

via EMAIL:

Ginny.Kirby@cityofmobile.org

In Person:

GOVERNMENT PLAZA 205 Government Street South Tower 5<sup>th</sup> Floor, Suite 512 Mobile, AL 36602 (251) 208-6297