

CITY OF MIAMI
DEPARTMENT OF COMMUNITY DEVELOPMENT



**REQUEST FOR QUALIFICATIONS:
GENERAL CONTRACTORS SPECIALIZING IN ELECTRICAL,
PLUMBING, ROOFING, LEAD HAZARD CONTROL, AND
NEW RESIDENTIAL CONSTRUCTION FOR SINGLE FAMILY
REHABILITATION AND REPLACEMENT HOME PROGRAMS**

Department of Community Development
City of Miami
444 S.W. 2nd Avenue, Second Floor
Miami, Florida 33130
(305) 416-2080

Request for Qualifications for General Contractors Specializing in Electrical, Plumbing and Roofing for Emergency Home Repair Assistance and Single Family Rehabilitation Programs.

Overview:

The City of Miami, acting through its Department of Community Development, is soliciting applications from qualified licensed and insured General Contractors that specialize in (1) roofing, (2) plumbing, (3) electrical work, (4) lead hazard control and (5) new construction to perform home improvements for homeowners participating in the City's Single Family Rehabilitation and Emergency Home Repair Programs.

Qualified homeowners participating in the Single Family Rehabilitation and Replacement Home Program are eligible to receive up to \$35,000 and \$150,000 respectively through the Single Family Rehabilitation Program to complete roofing, plumbing and electrical improvements on their residences.

If your business or firm is interested in participating in the Single Family Rehabilitation Program or the Emergency Home Repair Program, an application must be completed and submitted to the Department of Community Development. The minimum requirements for eligibility and acceptance in the programs are, but not limited to, the following:

- Firm must be an active residential, building or licensed General Contractor specializing in electrical, plumbing and roofing licensed in the State of Florida and/or Miami-Dade County.
- General Contractor must have a minimum of three (3) years of experience in the rehabilitation or construction related disciplines associated with single family residential homes.
- Firm is required to provide proof of current occupation license, commercial general liability, business automobile liability and workers compensation insurance coverage.
- Firm must provide proof of sufficient work force/subcontractors to meet strict deadlines for completion of each home. Contractors/subcontractors will be expected to perform quality construction work, organize and coordinate with construction tradesmen to complete work on time.
- Firm must provide proof of adequate line of credit to access funds to carry out at a minimum of three (3) rehabilitation projects during the same period.
- A corporate resolution specifying person(s) authorized to execute contract and other documents/program/contractor requirements.
- General Contractors will be expected to complete rehabilitation project within ninety (90) days and a replacement home project within one hundred and eighty (180) days following grant/loan closing between the City and homeowner agreement.
- A penalty of \$100 a day will be imposed, unless otherwise approved by the City, for any rehabilitation or replacement home project that exceeds the ninety (90) or one hundred and eighty (180) day completion schedule respectively, imposed by the City.
- All General Contractors and subcontractors must comply with all local building codes, U.S. Department of Housing and Urban Development (HUD) requirements and all other applicable laws and regulations that may apply to the project.
- The General Contractor must provide a one (1) year warranty for all work performed.

Completed applications must be mailed to: City of Miami, Department of Community Development, Attention: Elroy Cherry, 444 SW 2nd Ave, 2nd Floor, Miami, FL 33130.

If you are interested in participating in the programs and require additional information, please contact Mr. Sergio Garcia at 305-416-2149.

CONTRACTOR APPLICATION

Federal I.D. Number: _____

STATEMENT OF QUALIFICATIONS TO BE SUBMITTED BY CONTRACTOR

All questions must be answered and the information must be clear and comprehensive. The contractor may submit any additional information if he/she desires.

1. Permanent main office name and address: _____

Office Number: _____ Fax Number: _____

Beeper Number: _____ Mobile Number: _____

2. Information on Contractor and/or Principals:

Name: _____ Telephone Number: _____

Address: _____ Social Security Number: _____

Name: _____ Telephone Number: _____

Address: _____ Social Security Number: _____

(If additional information is necessary, utilize the comment section)

3. Background and experience of the principals in your firm, including the officers:

4. When organized or incorporated: _____

5. How many years have you been engaged in the contracting business, under your present form or trade area? _____

6. Contracts on hand: (Schedule these, showing amount of each contract and the appropriate anticipated dates of completion). Use Separate Sheet if necessary.

a. Owner: _____ Amount: _____

Location: _____ Completion Date: _____

b. Owner: _____ Amount: _____

Location: _____ Completion Date: _____

General character of work performed by your Company: _____

7. Have you ever failed to complete any work awarded to you? _____

8. List the most important projects recently completed by your Company and who the work was performed for. State the approximate cost of each and month and year completed.

a. Project Name: _____ Project Location: _____

Telephone and Fax Nos: _____ Employer: _____

Amount of Contract: _____ Date of Completion: _____

b. Project Name: _____ Project Location: _____

Telephone and Fax Nos: _____ Employer: _____

Amount of Contract: _____ Date of Completion: _____

c. Project Name: _____ Project Location: _____

Telephone and Fax Nos: _____ Employer: _____

Amount of Contract: _____ Date of Completion: _____

9. List the three (3) most recent rehabilitation contracts completed by your firm:

a. Project Name: _____ Project Location: _____

Employer's Name: _____ Employer's Address: _____

Employer's Telephone No: _____ Amount of Contract: _____

b. Project Name: _____ Project Location: _____

Employer's Name: _____ Employer's Address: _____

Employer's Telephone No: _____ Amount of Contract: _____

c. Project Name: _____ Project Location: _____

Employer's Name: _____ Employer's Address: _____

Employer's Telephone No: _____ Amount of Contract: _____

10. Insurance Company: _____

How much insurance coverage: _____ Type of insurance: _____

11. List of suppliers and addresses:

a. Name: _____ Telephone Number: _____

Address: _____ Years Acquainted: _____

b. Name: _____
Address: _____

Telephone Number: _____
Years Acquainted: _____

c. Name: _____
Address: _____

Telephone Number: _____
Years Acquainted: _____

d. Name: _____
Address: _____

Telephone Number: _____
Years Acquainted: _____

12. Minority make up of firm:

Number of Principal(s) _____/Number of Minority Principal (s) _____/Number of Employees_____

**SINGLE FAMILY REHABILITATION PROGRAM CONTRACTOR APPLICATION
CHECKLIST FOR SUBMISSION OF DOCUMENTS**

Documents to be submitted by the Contractor:

1. Single Family contractor Application (enclosed);
2. A Certification regarding Debarment (enclosed);
3. A Certification regarding Lobbying (enclosed);
4. A Sworn Statement Affidavit regarding Public Entity Crime (enclosed);
5. A ninety (90) day completion of work affidavit (to be provided at a later date);
6. A valid Miami-Dade County Certificate of Competency and/or State General Contractor's License;
7. Proof of adequate Workers Compensation Insurance;
8. Proof of adequate Automobile Liability;
9. Proof of adequate General Liability;
10. A Corporate Resolution authorizing signature to execute the SFRP Homeowner and Contractor Agreement along with other related documents;
11. Proof of adequate line of credit to access funds to carry out a minimum of three (3) rehabilitation projects during the same period;
12. A list of Subcontractors employed for the Scope of Work. Note: Any change in Subcontractors must be approved by the City Department of Community Development; and,
13. Subcontractor's execution of Items 2-4.

SUBCONTRACTOR

REQUIRED DOCUMENTS

**CITY OF MIAMI
SINGLE FAMILY REHABILITATION &
EMERGENCY REPAIR PROGRAMS**

SWORN STATEMENT PURSUANT TO SECTION 287.133(3XA).
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

by _____
(print this individual's name and title)

for _____
(print name of entity submitting statements)

whose business address is _____

and if applicable its Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement: _____

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(l)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in paragraph 287.133(l)(a), Florida Statutes means:

1. A predecessor or successor of a person convicted of public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287. 133(1) (e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let into a binding contract and which bids or applies to bid on

contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

_____ The entity submitting this sworn statement, or one more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

Sworn to me and subscribed before me this _____ day of _____, 20____

Personally known _____

Or produced identification _____ Notary Public—State of _____

Type of Identification _____ My commission expires _____

(Printed, typed or stamped commissioned name of notary public)

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) This undersigned shall require that the language of this certification be included in the award documents for "All" sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a pre requisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

SUBCONTRACTOR

PRINT NAME OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE

* Note: In these instances, "All" in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per QMB).

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

1. The Subcontractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1 .b of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall submit an explanation to the City of Miami.

SUBCONTRACTOR

PRINT NAME OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE

GENERAL CONTRACTOR

REQUIRED DOCUMENTS

**CITY OF MIAMI
SINGLE FAMILY REHABILITATION &
EMERGENCY REPAIR PROGRAMS**

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A) FLORIDA STATUTES
ON PUBLIC ENTITY CRIME**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____

by _____
(print this individual's name and title)

for _____
(print name of entity submitting statements)

whose business address is _____

and if applicable its Federal Employer Identification Number (FEIN) is _____

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn Statement: _____

2. I understand that a "public entity crime" as defined in paragraph 287.133(l)(a), Florida Statutes mean a violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(l)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, non jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in paragraph 287. 133(l)(a),Florida Statutes means:

1. A predecessor or successor of a person convicted of public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facia case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(l)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers,

executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. AND (Please indicate which additional statement applies).

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

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(Signature)

Sworn to me and subscribed before me this _____ day of _____, 20_____

Personally known _____

Or produced identification _____ Notary Public—State of _____

_____ My Commission expires _____

(Type of Identification)

(Printed, typed or stamped commissioned name of notary public)

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) This undersigned shall require that the language of this certification be included in the award documents for "All" sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

GENERAL CONTRACTOR

PRINT NAME OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE

* Note: In these instances, "All" in the Final Rule is expected to be clarified to show that it applies to covered contract/grant transactions over \$100,000 (per QMB).

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS**

1. The General Contractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1.b of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall submit an explanation to the City of Miami.

GENERAL CONTRACTOR:

PRINT NAME OF CERTIFYING OFFICIAL

SIGNATURE OF CERTIFYING OFFICIAL

DATE