CITY OF BRUNSWICK

Department of Community Development

601 Gloucester Street * Post Office Box 550 * Brunswick * Georgia * 31520-0550 * (912) 267-5530 * Fax (912) 267-5542

Cornell L. Harvey, Mayor
Felicia M. Harris, Mayor Pro Tem South Ward
Julie T. Martin. Commissioner South Ward
John A. Cason, Commissioner North Ward
Vincent T. Williams, Commissioner North Ward

Nathan T. Williams, City Attorney

City Manager

RECRUITMENT LETTER

To Whom It May Concern,

The Department of Community Development Community **HOME** Investment Program (CHIP) is presently seeking qualified General and Sub-Contractors for all rehabilitation trades to join our bidders list. We would like to offer your firm the opportunity to bid on our individual rehab projects consisting of eleven (11) single-family homes within the incorporated city limits of Brunswick.

The Department of Community Development anticipates conducting complete rehabilitation (averaging $20,000 + apiece) on eleven houses over an approximate two year period. We expect to perform one-or-two rehabilitations at a time. The Department of Community Development will bid each project to get the most competitive price from the most qualified contractor.

The Department of Community Development administers rehabilitation programs that assist homeowners who are 62 years of age or older who lack the resources to address housing problems that poses a threat to their health and/or safety. Contractors must be familiar with building codes and must be able to work with interested residents and inspectors.

The Department of Community Development has partnered with Coastal Area Community Action Authority to conduct the Energy Audit for each house, participate in developing work write-ups, and install weatherization improvements. A certified lead (PB) Inspector/Risk Assessor will determine the presence of Lead in paint and follow-through on methods of lead removal. A USPC Inspector will inspect each house prior to final completion. The Community **HOME** Investment Program assists eligible families through technical assistance such as working with the elderly homeowner on renovation needs, selecting a contractor and monitoring the rehabilitation process.

To be included on our current bidders' list, please fill in the "Contractor Qualification Registration", 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 rehabilitation of single family homes.
- License identification number and license classification.
- Insurance coverage and limits (i.e. liability, workman's comp, etc.)
- Bonding capability – the city may require contractors to submit performance and payment bonds for each project.
- 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.

Please send your information to: Department of Community Development, 601 Gloucester Street 2nd Floor, Brunswick, Georgia, Zip, **ATTENTION: Program Coordinator**. Your prompt attention to this matter will be greatly appreciated. All information received will be for the sole confidential and exclusive use and possession of our program and our clients. Thank you.

Sincerely,

Valerie L. Stallworth

Valerie L. Stallworth, Program Coordinator

Attachments: Contractor Qualification Registration/CHIP Rehab Policies & Procedures/Written Standards/Brochure

City of Brunswick – Department of Community Development
CHIP (Community HOME Investment Program) Grant
Contractor Qualification Registration

Please furnish the information requested below. This information will be used to determine your eligibility, and to verify information you supply for subcontractors and personnel.

Business Name _____

Owner(s) _____

Authorized Agent _____

Business Address _____
City State Zip

Work Phone _____ **Mobile**_____ **Fax**_____

Email _____

Type of Business: Corporation/LLC _____ Partnership ____ Sole Proprietorship ____

Tax Id #_____ (or SS # if sole proprietor)

Types of construction and trades in which your company has current capacity to perform (check all that apply):

_____ General Contractor ____ HVAC ____ Electrical _____ Masonry ____ Painting _____ Plumbing

_____ Lead Paint Abatement _____ Asbestos Abatement

_____ Other _____

State Contractor License Number _____ **Type** _____

Lead-based Paint RRP Certification Number _____

Other license or certification number(s)_____
Provide copies of all licenses and certifications.

Total number of jobs you have completed as a trade or general contractor _____

Typical number jobs per year _____ Largest dollar amount (per job) $_____

Number of years your company has been in business _____

Number of regular company employees _____ (excluding subcontractors)

Are you a certified Disadvantaged/Minority/Woman Business Enterprise? _____ Yes ____ No
Are you a Section 3 Contractor or Section 3 Business? _____ Yes _____ No

Have the principals or owner(s) of the company ever had a construction business under other name(s)?
_____ Yes _____ No If yes, list the following information:

Company Name _____ Dates _____

Address _____

List 3 references of clients that you have completed work for or have jobs in progress:

Client Name	Project Address	Contact Phone	Dollar Value of Project	% Complete

List three major suppliers from whom you purchase materials:

Supplier Name	Materials Purchased	Contact Name	Contact Phone

List Banking Relationships:

Bank/Financial Institution Name	Contact Name	Contact Phone	Type of Account or Credit Line Limit

List four subcontractors with whom you currently do business:

Company	Trade	Contact Name	Contact Phone

Do you guarantee your work for at least a period of one year? _____ Yes ____ No

Written warranty will be required if bid is accepted.

List any projects in which your company has been found negligent after an insurance claim, court action or other damage claim: _____

Are you party to any ongoing lawsuits or are there any outstanding liens against your company?

____ Yes ____ No

If yes, describe: _____

Agreement:

The undersigned contracting firm agrees that in consideration for being placed upon the "Acceptable Contractors' Register", he/she understands and will comply with the following conditions on all rehabilitation work performed on properties under the City of Brunswick CHIP program:

1. That work will be performed in accordance with the CHIP program Written Rehabilitation Standards and Specifications. Upon completion, the work will meet the City of Brunswick State Recipient's requirements for the CHIP program, subject to such inspections as deemed as necessary by the City of Brunswick Building Department.

2. That if a bid is accepted, the required General Liability, Auto Liability, and any required Workman's Compensation Insurance will be provided; and that the Contractor will execute the required City of Brunswick Indemnity/Hold Harmless Clause.
3. That the Contractor will abide by Equal Opportunity provisions of the Civil Rights Act.
4. That the Contractor will present a signed affidavit indicating compliance with the Federal Work Authorization program.
5. That the Contractor will follow Section 3 Guidelines regarding the hiring of new employees and that certain reporting is required prior to final payment.
6. That if work performed by the Contractor is found to be unsatisfactory by the City of Brunswick; or if contract relations between the Contractor, homeowner, or other parties is found to be unsatisfactory, that the City of Brunswick may remove the Contractor's name from the "Acceptable Contractor's Register."
7. That my withdrawal of bid without justification would remove the contractor's name from the "Acceptable Contractor's Register."

In connection with this application for my approval as a contractor on the "Acceptable Contractors' Register", I authorize the City of Brunswick or its CHIP program agent to make inquiries as necessary to verify the accuracy of statements made and to determine my creditworthiness. I further certify that the above information is true and complete.

_____ _____

Signature (Authorized Representative) *Date*

_____ _____

Name (printed) Title

City of Brunswick CHIP Grant
Contractor Qualification Registration

Retain page 6-7 for your records.

Attachments:
The following documents must be attached with this application.
If attachments are not submitted, your application will be considered incomplete and discarded:

1. Copy of Current Contractor or Trade License(s)
2. Lead-Based Paint Renovation, Repair & Painting Program (RRP) Certification
3. Lead Paint &/or Asbestos Abatement Certification if applicable
4. Verification of DBE/MBE/WBE status if applicable
5. Verification of Section 3 Contractor status if applicable
6. Contractor Affidavit verifying compliance with the federal work authorization program per O.C.G.A. 13-91 (form attached).

Return Form and Attachments by the prescribed due date to:

Department of Community Development
Attn: CHIP Program Coordinator
601 Gloucester Street
P 0 Box 550
Brunswick, GA 31521

Office: 912-267-5530
Fax: 912-267-5542
Email: vstallworth@cityofbrunswick-ga.gov

City of Brunswick, Contractor Insurance Requirements:

The apparent successful bidder will be required to provide proof of general liability and auto liability insurance coverage, and adequate worker's compensation (if applicable) before entering into a contract. Additionally, the City may, at its sole discretion, require the apparent successful bidder to provide proof of adequate professional malpractice liability or other forms of insurance. Failure to provide evidence of such insurance coverage is a material breach and grounds for termination of the contract negotiations. Any insurance required by the City shall be in form and substance acceptable to the City. The successful bidder shall not commence work until all insurance requirements have been obtained and such insurance has been approved by the Owner.

The City of Brunswick requires that the City be listed on each of the insurance policies as an "additional insured". This inclusion must appear on the certificates that are provided to the City and/or the Owner. The insurance certificate shall include the following statement:

> ***The City of Brunswick, Georgia is included as an additional insured with respect to any claim, demand, suit or action brought against the City of Brunswick and arising from or related to the performance of the contract to which this certificate is attached.***

No change or cancellation in insurance shall be made without thirty (30) days written notice to the City Grant Administrator. Insurance coverage required in these specifications shall be in force throughout the contract term. Should any bidder fail to provide acceptable evidence of current insurance within five (5) days of receipt of written notice at any time during the contract term, the City shall have the right to consider the contract breached and justifying the termination thereof. The required insurance includes the following:

a) **Comprehensive General Liability** –
The bidder shall procure and shall maintain during the life of the Contract Agreement, such Comprehensive General Liability insurance as shall protect the City, homeowner, bidder and any Sub-bidders or others working on the premises of the Owner in connection with this project, or performing work covered by this contract from claims for damages for bodily injury, including accidental death, as well as from claims for property damages, which may arise from operations under the Contract Agreement, whether such operations are by himself or by anyone directly, or indirectly employed or contracted with, by him.

General Liability Insurance shall not be less than the following:
$1,000,000 Bodily injury, including death, each occurrence.
$ 500,000 Property Damage, each occurrence
$1,000,000 Property Damage, in the aggregate

b) **Vehicle Liability** - The bidder shall procure and shall maintain during the life of the Contract Agreement, Comprehensive Automobile (Motor Vehicle) Liability insurance in amounts not less than the following:
$ 500,000 Bodily injury or death to any one person
$1,000,000 Bodily injury, each occurrence
$ 300,000 Property damage, each occurrence

The insurance shall be the greater of the above shown figures or that as required by the State of Georgia. The insurance shall include coverage for owned, leased, and rented vehicles, as well as equipment, trailers, etc.

c) **Worker's Compensation** – If applicable, the bidder shall procure and shall maintain during the life of the Contract Agreement, Worker's Compensation insurance for all of his employees, if any, to be engaged in work on the project under this Contract. This insurance should be for the amount required by the State of Georgia.