



City of Brunswick
Contractor
RECRUITMENT LETTER:

To Whom It May Concern,

The Department of Economic and Community Development (DECD) 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 single family owner occupied homes within the incorporated city limits of Brunswick.

The Minor/Major Home Rehab Program will be conducting \$15,000 or more in minor to major home rehabilitation projects funded through the Community Development Block Grant (CDBG) Program. We expected to perform up to two rehabilitations simultaneously. The DECD will bid each project to get the most competitive price from the most qualified contractor.

The DECD administered rehabilitation program is meant to assist homeowners who are of low to moderate income and who lack the resources to address housing problems that may pose a threat to their health and/ or safety. Contractors must be familiar with building codes and must be able to work with interested resident and inspectors.

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**
- **Experience with 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.**
- **Complete the Certification form**
- **Complete SAVE Affidavit**
- **Complete E-Verify Affidavit**
- **Attach Copy of Valid Drivers License**
- **Attach Copy of Business License**
- **Proof of SAMS.gov registration**
- **DUNS Number**

Please send your information to: **ATTN: Shauntia Lewis**, City of Brunswick, Department of Community Development, PO Box 550, Brunswick, Georgia 31521

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,

Shauntia A. Lewis

Neighborhood Revitalization Manager

Attachments: Contractor Qualification Registration/Policy & Procedures/ Written Standards/ Brochure

**City of Brunswick-Department of Economic and Community Development
CDBG (Community Development Block Grants)
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 3 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 4 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: _____

**City of Brunswick-Department of Economic and Community Development
CDBG (Community Development Block Grants)
Contractor Qualification Registration 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 CDBG Program:

1. That work will be performed in the accordance with the specifications and the CDBG program Written Policy & Procedures. Upon Completion, the work will meet the City of Brunswick State Recipients requirements for the CDBG program, subject to such inspections as deemed 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 Contractors name from the “Acceptable Contractors Register.”
7. That withdrawal of bid without justification would remove the contractors name form the “Acceptable Contractors Register.”

In connection with this application for my approval as a contractor on the “Acceptable Contractors Register”, I authorized the City Of Brunswick CDBG program agent to make inquires as necessary to verify the accuracy of statements made and to determined my creditworthiness. I further certify that the above information is true and complete.

Signature (Authorized Representative)

Date

Name (printed)

Title

**City of Brunswick-Department of Economic and Community Development
CDBG (Community Development Block Grants)
Contractor Qualification Registration
Lead Paint and Asbestos Abatement Contractors Only**

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 Licenses
2. Leas-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 Economic and Community Development

601 Gloucester Street

PO Box 550

Brunswick, GA 31520

Office: 912-267-5511

Fax: 912-267-5549

Email: cjones@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 workers compensation (if applicable) before entering into 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, 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 the certification is attached.

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 provide to the City and/or the Owner. The insurance certificates shall include the following statements:

No change or cancellation in insurance shall be made without thirty (30) days written notices to the City of Brunswick Grant Administrative Specialist. Insurance coverage required in this specification 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 anytime during the contract term, the City shall have the right to consider the contract breached, justifying the termination there of. 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 premises of the owner in connection with thus project, or performing work covered by this contract form claims for damages for bodily injury, including accidental death , as well from claims for property damages, which may arise from operations under the Contract Agreement , whether such operation are by himself or by anyone , 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 maintain during the life of the Contract Agreement, such 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. Workers Compensation-

If applicable, the bidder shall procure and 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.

Certification:

I certify that this offer to the City of Brunswick is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and verify that I am authorized to sign this proposal as/for the bidder. I further state that the company affiliated with this proposal currently complies with all applicable federal and state laws and directives relative to non-discriminatory practices in employment.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

SAVE Affidavit:

CITY OF BRUNSWICK-LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

___ I am a United States citizen, or

___ I am a legal Permanent Resident of the United States, or

___ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

The secure and verifiable document provided with this affidavit can best be classified as:

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Title

*Alien Registration # for Non-citizens

Business Name

TIN or SSN

If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit.

Notarized this ___ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

*Note: O.C.G.A § 50-36-1(e) (2) requires that aliens under the Federal Immigration and Nationality Act., Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of “alien”, legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Another Identifying Number

E-Verify Affidavit:

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present and affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number/E-verify User Number (4 to 6 digits)

Date of Authorization

Date of contract between Contractor & Public Employer

Legal Name of Contractor (please print)

Contract Number

Legal Address of Contractor

City, State, & Zip Code

Name of Project

Contract Amount

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on ____ of _____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____, 20__.

Notary Public

Commission Expires

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G. Attach a copy of your Valid Driver's License & Business License,

***** A license submitted for verification from any state must not be expired. If so, it is considered invalid for participation in this RFP process. *****