

Vendor / Contractor Application

Vendor/Contractor registration with the Housing Authority of the City of Fort Myers has requested to be included on a resource list.

1. Company Information: Federal Employer's I.D. Number -

If Individual, Social Security Number - - Last Name of First Name

Company

Number of Employees (Not including yourself)

2. Company Address

Street Address

City State Zip

Office Phone #: - Cell Phone #: - Fax #: -

E-Mail Address:

3. Please check the box most accurately describing your firms ownership (50.1%)

- | | |
|--|---|
| <input type="checkbox"/> Caucasian Male (1) | <input type="checkbox"/> Caucasian Female (1/MBF) |
| <input type="checkbox"/> African American Male (2 MBE) | <input type="checkbox"/> African American Female (2/MBEF) |
| <input type="checkbox"/> Hispanic American Male (4MBE) | <input type="checkbox"/> Hispanic American Female (4/MBEF) |
| <input type="checkbox"/> American Indian Male (3/MBE) | <input type="checkbox"/> American Indian Female (3/MBEF) |
| <input type="checkbox"/> Asian Pacific American Male (5/MBE) | <input type="checkbox"/> Asian Pacific American Female (5/MBEF) |

4. Type of Organization (Check one)

Corporation Partnership (DBA Certificate Required) Individual (DBA Certificate Required)

5. Workman's Compensation

I do not carry Workmen's Compensation I do carry Workmen's Compensation (Certificate Required)
 I do not hire employees directly I do hire/pay employees directly

6. Signatories

The following individuals are authorized to execute contracts, lien waivers, pick up bids, etc. on behalf of the firm:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Printed Name: _____ Signature: _____

Title: _____ Date: _____

The Above signatory parties hereby certify the above and foregoing information is a full, true and a correct statement of the facts. It is understood that failure to respond on (3) three consecutive solicitations may result in your firms removal from our list of eligible bidders.

7. Construction Trades/Specialties
(Complete this section if you are interested in Construction Contracts)

The term Vacancy Rehab refers to a unit that is no longer occupied. This work typically includes cleaning of walls, cabinets, windows, bath fixtures, appliances, strip and wax floors, replacement of cabinets, countertops, painting, plumbing, minor electrical and carpentry. The contract amounts of these jobs vary on estimated labor hours and material required to complete this work.

___ If your firm is **ONLY** interested in performing **Vacancy Rehabs**, You only need to select this category/box.

****ANY Construction or Maintenance Service Contract exceeding \$2,000.00****
****requires the use of Wage Rates and Certified Payrolls****

Please check the contract amount(s) your firm is interested in:

- | | |
|------------------------------|-----------------------------|
| ___ Under \$1,500.00 | ___ \$1,500.00 - \$1,999.00 |
| ___ \$2,000.00 - \$49,999.99 | ___ \$50,000.00 and above |

Please check the type(s) of work your firm performs (do NOT include categories sub-contracted out):

- | | | |
|-------------------------------|----------------------------------|----------------------------------|
| ___ General Contracting (2) | ___ Carpentry | ___ Masonry/Concrete |
| ___ Electrical (2) | ___ Painting | ___ Asphalt Paving |
| ___ Plumbing (2) | ___ Roofing (2) | ___ Fire Alarms |
| ___ Sewers | ___ Flooring | ___ Security Alarms |
| ___ HVAC (2) | ___ Ceramic Tile | |
| ___ Fire Extinguisher Service | ___ Windows/Doors | ___ Mold Testing/Remediation (1) |
| ___ Pumps | ___ Glass Replacement | ___ Welding |
| ___ Backflow Testing | ___ Power Washing | ___ Emergency Disaster Services |
| ___ Fencing | ___ Lead Testing/Abatement (1) | ___ Other: _____ |
| ___ Landscaping/Sprinklers | ___ Asbestos Test'g/Abatement(1) | |

(1) Your firm must supply valid certifications for these categories before your firm is added to these categories.
 (2) Your firm must supply a valid City of Fort Myers/Lee County license(s) to be added to these categories. License(s) must be in the name of the company or the name of a company employee

8. Insurance Requirements

All contractors must supply the HACFM with valid certificates of Insurance as required by the HUD-5370 General Conditions of the Contract for Construction in the amounts set forth below. Certificates must be either mailed or faxed to (239) 344-3272.

**** A sample Certificate is available upon request****

- A. Commercial General Liability
 Commercial General Liability insurance with a combined single limit for bodily injury and property damage of not less than: \$500,000 per occurrence for contracts less than \$25,000.00 or \$1,000,000 per occurrence for contracts \$25,000 and over.
- B. Automobile Liability
 Automobile Liability insurance with a combined single limit for bodily injury and property damage of not less than; \$500,000 per occurrence for contracts less than \$25,000 or \$1,000,000 for contracts \$25,000 and over.
- C. Workers Compensation
 Workers Compensation insurance is required by the State of Florida for any business performing work within the State in which your firm hires/pay employees directly.

****Contract document insurance requirements supersede all previously published insurance requirements****

It is the contractor's responsibility to ensure certificates are received by the HACFM as well as ensuring all subsequent update/renewals are received. Any contractor without proof of coverage will be suspended.

9. Product/Service Providers
(Complete this section if you are interested in Product/Service Contracts)

Please indicate the Products and/or Services your firm can provide:

Maintenance/Repair/Inspection Services*

- | | | |
|--|--|---|
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Security Alarm/CCTV | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Automatic Doors | <input type="checkbox"/> Exterminating | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Vehicles | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Suppression Systems | <input type="checkbox"/> Towing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> Cleaning | _____ |

***All Maintenance/Repair/Inspection service providers must meet the insurance requirements outlined in Section 8.**

Professional Services

- | | |
|---|--|
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Mailing Services |
| <input type="checkbox"/> Accounting/Auditing Services | <input type="checkbox"/> Interpreting |
| <input type="checkbox"/> Staff Training/Development | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> A&E Services | <input type="checkbox"/> Auditing/Studies Services |
| <input type="checkbox"/> Security | <input type="checkbox"/> Feasibility Services |
| <input type="checkbox"/> Printing/Copying | <input type="checkbox"/> Other:_____ |

Information Technology Services

- | | |
|---|---|
| <input type="checkbox"/> Computer Systems Analysis & Programming | <input type="checkbox"/> IT Hardware and Infrastructure |
| <input type="checkbox"/> IT Project Oversight | <input type="checkbox"/> Telephones/Telecommunications |
| <input type="checkbox"/> Cellular Telephone/Mobile Communications | <input type="checkbox"/> Other_____ |

Resident Services

- | | |
|--|---|
| <input type="checkbox"/> Employment and training | <input type="checkbox"/> Education |
| <input type="checkbox"/> Specialized Services Youth | <input type="checkbox"/> Specialized Services Seniors |
| <input type="checkbox"/> Specialized Services Other Target Populations | <input type="checkbox"/> Other:_____ |

Other Services

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Laundry Equipment | <input type="checkbox"/> Other:_____ |
|--|--------------------------------------|

Goods and Materials

- | | | |
|---|--|--|
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Appliances | <input type="checkbox"/> Automotive Supplies |
| <input type="checkbox"/> Cleaning Supplies | <input type="checkbox"/> Paint | <input type="checkbox"/> First Aid/Safety Supplies |
| <input type="checkbox"/> HVAC Equipment | <input type="checkbox"/> Janitorial Equipment | <input type="checkbox"/> Appliance Parts |
| <input type="checkbox"/> Flooring and Carpeting | <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Power/Hand Tools |
| <input type="checkbox"/> Sundries | <input type="checkbox"/> Lumber and Doors | <input type="checkbox"/> Office Furniture |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Hardware | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Kitchen Cabinet & Countertops | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Building Materials | |

10. REFERENCES

Please supply on a separate sheet of paper a list of at least three (3) verifiable references for previous work performed or materials/services provided. Include company/owner name, address, and telephone number, type of work or materials and services supplied.

CONTRACTOR/VENDOR AGREEMENT

It is hereby agreed by _____ (Contractor/Vendor) as follows:

That he/she, or any entity under which he/she does business, or through any family member (defined as spouse or former spouse, child, parent, sibling, aunt, uncle, cousin or in-law in the same degree, but not limited thereto) has not in the past and will not in the future conspire or engage in collusion with any Housing Authority of the City of Fort Myers (HACFM) staff or employee for HACFM contracts, services and materials, but not limited thereto, by any means, directly or indirectly to include but not limited to, price fixing. Price fixing shall include but not be limited to fixing of overhead, profit or cost elements of any bid price to work to the disadvantage of HACFM. Any Contractor/Vendor with a business relationship with any HACFM employee may NOT contract or subcontract services to be provided to the HACFM.

He/she agrees that he/she will disclose (below) any family relationship to any HACFM staff or employee and understands that if such relationship exists, he/she could be prohibited from doing business with HACFM. The determination will be made by the HACFM contracting officer (Executive Director). A family member is as defined above.

That he/she recognized that his/her dealing and/or relationship with HACFM is dependent upon conducting him/herself with the highest degree of honesty and integrity, and that failure to so conduct oneself in that manner will result in termination of the relationship and/or the filing of a criminal complaint.

He/she further states that he/she has no present or past knowledge of any falsifying of certified wage reports by him/herself for his/her employees and is unaware of any contract where he/she knowingly instructed his/her employees to report false wage rate information.

He/she agrees that he//she has been and will be in the future completely truthful when interviewed by any representative of HACFM concerning any aspect of his/her relationship with HACFM and his/her dealings with any HACFM staff or employee.

Disclosure: _____

Company Name

Signature

Date