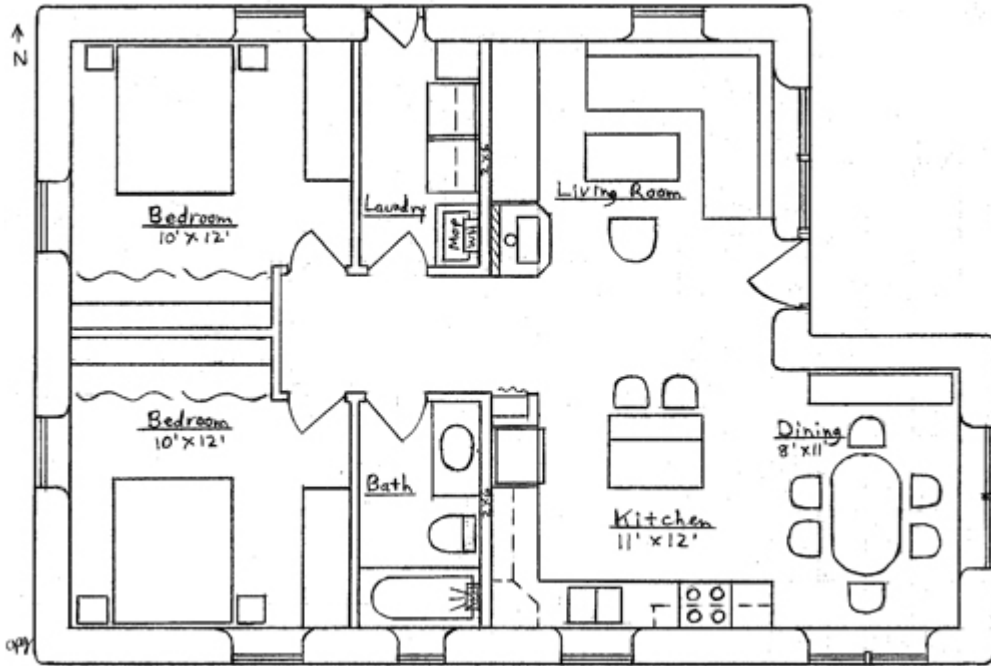




OSCEOLA COUNTY
HOUSING REHABILITATION PROGRAM
CDBG/NSP
CONTRACTORS APPLICATION PACKET



**RETURN COMPLETED APPLICATIONS TO: Neighborhood Stabilization Program, Osceola County
Human Services, 330 North Beaumont Avenue, Kissimmee, FL 34741**

Prepared by:
Guardian CRM, Inc.



www.GuardianCRM.com

HOUSING REHABILITATION PROGRAM
APPLICATION FOR CONTRACTOR CERTIFICATION

Please complete the following application in its entirety, including the attached debarment forms and provide all requested items:

- A. Name: _____
- Company Name: _____
- Business Address: _____
- Telephone Number(s): Office _____ Cell _____
- Fax Number: _____
- E-mail Address: _____
- License Number(s): _____ / _____
- Social Security and/or
Federal I.D. Number: _____ / _____
- DUNS Number: _____
(This can be obtained at: <http://fedgov.dnb.com/webform>)

- B. Business is a: sole proprietorship partnership
 Corporation in the State of _____
 Minority-Owned Business Enterprise (MBE)
 Woman- Owned Business Enterprise (WBE)
 Section 3 Owned Business.

Notes: MBE/WBE status must be certified by the State, National, Municipal or similar third party organization and shall be current. MBE/WBE Certificate must be attached. See attached guidance on Section 3 beneficiaries.

Owner(s) and address (es):

1. Owner 1: _____
Address: _____
2. Owner 2: _____
Address: _____
3. Additional Owner(s): _____
Address: _____

Officers (name and title) and addresses:

1. _____
2. _____
3. _____

C. Name of Insuring Company: _____

Address: _____

Policy Number: _____

Comprehensive Public Liability Coverage: \$ _____

Property Damage Coverage: \$ _____

Workmen's Compensation Coverage: \$ _____

D. Number of years in business under present name: _____

Ownership of a previous business ___ yes / ___ no

If yes: 1. Name: _____

From (mm/dd/yy) ___ / ___ / ___ to ___ / ___ / ___

Location of Previous Business: _____

2. Name: _____

From (mm/dd/yy) ___ / ___ / ___ to ___ / ___ / ___

Location of Previous Business: _____

E. Local creditors (banks, savings & loans, other):

Name

Address

1. _____

2. _____

3. _____

4. _____

F. Suppliers used frequently and currently:

Name

Address

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

G. Subcontractors:

Name

Contact Number

- | | | |
|-------------|----|-------|
| Electrical: | 1. | _____ |
| | 2. | _____ |
| Plumbing: | 1. | _____ |
| | 2. | _____ |
| Mechanical: | 1. | _____ |
| | 2. | _____ |
| Other: | 1. | _____ |
| | 2. | _____ |
| | 3. | _____ |

H. Recent Customers:

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I. Current Employees:

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Superintendent for jobs is usually (check one): Contractor Employee

Name and Contact Information for superintendent(s):

1. _____
2. _____

J. Have you (personally or under present or past business) been declared bankrupt during the past five (5) years? Yes _____ No _____

If yes, have debts been paid? Yes _____ No _____

*** Please provide statement(s) of satisfaction of debts paid***

The undersigned Contractor certifies that all information given herein is correct and further agrees:

1. That his/her contractor license(s) is (are) current, and that all required licenses will maintain in a current status as required by the County and State.
2. That insurance and workmen's compensation will be maintained as required by the Housing Rehabilitation Program, County and State.
3. To allow the Housing Rehabilitation Program to check any reference named herein or elsewhere in determining his competence, credit worthiness, and integrity as a contractor.
4. That the work will be performed in accordance with all code standards, zoning regulations and specifications, subject to a clear final inspection by the Housing Rehabilitation Program, Building Inspection Department, and Property Owner.
5. That if the work is found to be unsatisfactory by the Housing Rehabilitation Program, or the Building Inspector, or if contract relations between the Contractor and the Homeowner or other parties are found to be unsatisfactory, the Contractor's name may be removed from the approved list, with such accompanying publicity as deemed necessary.
6. That he will abide by regulations pertaining to Equal Employment Opportunity.
7. That he will take affirmative steps to attempt to hire MBE/WBE Firms.
8. That he and all employees of said firm will adhere to a strict drug free work place policy as set forth by the County
9. That he has a satisfactory record regarding complaints filed against the contractor at the state, federal or local level and is not on any list of debarred contractors issued by the Federal or State DOL, HUD or DCA.
10. That by signing this agreement the firm and its officers hereby understand and agree to complete and submit the attached certification regarding debarment, suspension, and other responsibility Matter forms for both itself and its' secondary sub contractors.
11. I understand that if I and my firm are 1) found to be qualified to participate in the County's NSP program and 2) eligible to receive work from the NSP program, that: I and any member of my firm or any person employed to provide any services directly related to the County's NSP Program may be subject to a background check consisting of a criminal history check and a sex offender registry check. Such procedures will be employed solely to ensure that the persons or entity are eligible to participate in the NSP program or any HUD funded programs.
12. I warrant and assure that I have not been convicted of a State or Federal felony crime involving fraud, bribery, theft, misrepresentation of material fact, misappropriation of funds, or similar criminal offenses within ten years preceding execution of this application.
13. I warrant and assure that I have not defaulted on any obligation covered by a surety or performance bond, or been the subject of a claim under an employee fidelity bond.
14. I warrant and assure that I have not been in breach of any agreement relating to construction, rehabilitation, use, operation, management, or disposition of real property, or had payments suspended or terminated under any state or federal assistance contract.
15. I warrant that all work will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations.
16. I warrant that I will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601), and implementing regulations at 49 CFR Part 24, except as those provisions are modified by the Notice for the NSP program published by HUD. NSP requires an exception to the Uniform Relocation Act and purchase price requirements under CDBG regulations. URA requires that sellers of property acquired with CDBG funds be paid an amount equal to the appraised value of the property. Properties receiving NSP funds

must be purchased at a price that is at least 1% less than the current appraised value of the property. An appraisal by the purchasing entity is required and must have been done within 60 days of any offer. All other URA requirements, including relocation, continue to apply.

Signed: _____
Contracting Firm President

Date

**Certification Regarding
Debarment, Suspension,
And Other Responsibility Matters
Primary Covered Transactions**

(1) The prospective primary participant 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 commission of embezzlement, theft, forgery, bribery, 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 governmental 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 attach an explanation to this proposal.

	Osceola County NSP 1
Name	Project Name
	10DB-4X-06-59-01-F19
Title	Project Number
Firm	
Street Address	
City, State, Zip	

24 CFR 24.510 & 24 CFR, Part 24, Appendix A

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to the above statement, the prospective participant shall attach an explanation to this form.

Name Osceola County NSP 1
Project Name

Title 10DB-4X-06-59-01-F19
Project Number

Firm

Street Address

City, State, Zip

**SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,
ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted to The Osceola County Health and Human Services Division, along with the completed application.

By: _____
[Print individual's name and title]

For: _____
[Print name of entity submitting sworn statement]

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)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an 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(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an 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, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), **Florida Statutes**, means:

a. A predecessor or successor of a person convicted of a public entity crime; or

b. 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 by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, 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 relation to the entity submitting this sworn statement. **[Indicate which statement applies.]**

___ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___ 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 management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

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 subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered 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. **[Attach 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 THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. 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 and subscribed before me this day _____ of _____, 20____.

Personally known: _____ OR Produced identification _____ (Type of Identification) _____

Notary Public - State of _____ My commission expires ____/____/____

(Printed typed or stamped Commissioned name of Notary Public)

Section 3 Compliance Information
(Construction Prime Contractor)

Local Government: Osceola County

Grant #: 10DB-4X-06-59-01-F19

Project: Osceola County NSP1

Part A: Completed only by prime contractor if contract amount is at least \$100,000

Contractor Name: _____

1. Does the business qualify as a "Section 3 business concern" because: Yes No

a) it is at least 51% owned by Section 3 residents* _____

OR

b) at least 30% of its permanent full-time employees are:

i) currently Section 3 residents* OR _____

ii) were Section 3 residents* within first 3 years of employment _____

OR

c) will at least 25% (dollar value) of construction subcontracts (no material/supplies/equipment vendors unless they are also installing same) be to businesses meeting (a) or (b) above? _____

If yes, list any Section 3 subcontractors and subcontract amount:

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

Name: _____ Amount: \$ _____

2. Will the contractor be hiring any additional staff (office or field) for this project? ___Yes ___No

If yes, what types of jobs (e.g., laborer, equipment operator), and how many additional hires estimated in each job type?

* **Section 3 resident** is a member of a family whose total household income does not exceed a certain amount depending on family size and county of residence. The local government will provide a form and the information needed for each worker to make this determination on a "yes" or "no" basis without specifying exact total household income or income sources.

Note: This contract is funded with federal funds and this information is required for reporting purposes. See Section 3 portion of CDBG Supplemental Conditions for additional information.

Section 3 Compliance Information
(Construction Sub-contractor)

Part B: Completed only by construction subcontractors if subcontract is at least \$100,000
(do not include equipment or material suppliers unless they are installing also)

Subcontractor Name: _____ Subcontract Amount :\$ _____

1. Does the business qualify as a “Section 3 business concern” because: Yes No

a) it is at least 51% owned by Section 3 residents* _____

OR

b) at least 30% of its permanent full-time employees are:

i) currently Section 3 residents* OR _____

ii) were Section 3 residents* within first 3 years of employment _____

2. Will the subcontractor hire any additional staff (office or field) for this project? ___Yes ___No

If yes, what types of jobs (e.g., laborer, equipment operator, and how many additional hires estimated in each job type?

* **Section 3 resident** is a member of a family whose total household income does not exceed a certain amount depending on family size and county of residence. The local government will provide a form and the information needed for each worker to make this determination on a “yes” or “no” basis without specifying exact total household income or income sources.

Note: This contract is funded with federal funds and this information is required for reporting purposes. See Section 3 portion of CDBG Supplemental Conditions for additional information

Section 3 - Economic Opportunities

What is Section 3?

Section 3 is a provision of the Housing and Urban Development (HUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement, and individual self-sufficiency. The Section 3 program requires that recipients of certain HUD financial assistance, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

Download Section 3 information from HUD's website: <http://www.hud.gov/offices/fheo/section3/section3.cfm>

How does Section 3 promote self- sufficiency?

Section 3 is a starting point to obtain job training, employment and contracting opportunities. From this integral foundation coupled with other resources comes the opportunity for economic advancement and self-sufficiency.

- Federal, state and local programs
- Advocacy groups
- Community and faith-based organizations

How does Section 3 promote homeownership?

Section 3 is a starting point to homeownership. Once a Section 3 resident has obtained employment or contracting opportunities they have begun the first step to self-sufficiency.

Who are Section 3 residents?

Section 3 residents are:

- Public housing residents or
- Persons who live in the area where a HUD-assisted project is located and who have a household income that falls below HUD's low-mod income limits.

Determining Income Levels

- Low income is defined as 80% or below the median income of that area.
- Very low income is defined as 50% or below the median income of that area.

What is a Section 3 business concern?

A business that:

- Is 51 percent or more owned by Section 3 residents;
- Employs Section 3 residents for at least 30 percent of its full-time, permanent staff; or
- Provides evidence of a commitment to subcontract to Section 3 business concerns, 25 percent or more of the dollar amount of the awarded contract.

What programs are covered?

Section 3 applies to HUD-funded Public and Indian Housing assistance for development, operating, and modernization expenditures.

Section 3 also applies to certain HUD-funded Housing and Community Development projects that complete housing rehabilitation, housing construction, and other public construction.

What types of economic opportunities are available under Section 3?

- Job training
- Employment
- Contracts

Any employment resulting from these expenditures, including administration, management, clerical support, and construction, is subject to compliance with Section 3.

Examples of Opportunities include:

- | | | |
|------------------------|-------------------------|-----------------------|
| • Accounting | • Electrical | • Painting |
| • Architecture | • Elevator Construction | • Payroll Photography |
| • Appliance repair | • Engineering | • Plastering |
| • Bookkeeping | • Fencing | • Plumbing |
| • Bricklaying | • Florists | • Printing Purchasing |
| • Carpentry | • Heating | • Research |
| • Carpet Installation | • Iron Works | • Surveying |
| • Catering | • Janitorial | • Tile setting |
| • Cement/Masonry | • Landscaping | • Transportation |
| • Computer/Information | • Machine Operation | • Word processing |
| • Demolition | • Manufacturing | |
| • Drywall | • Marketing | |

Section 3 is a provision of the Housing and Urban Development (HUD) Act of 1968 that promotes local economic development, neighborhood economic improvement, and individual self-sufficiency.

The **Section 3** program requires that recipients of certain HUD financial assistance, to the greatest extent possible, provide job training, employment, and contract opportunities for low- or very-low income residents in connection with projects and activities in their neighborhoods.

More about Section 3:

- 24 CFR 135
- Section 3 Summary Report

Requirement of the Florida Small Cities and Disaster Recovery CDBG Programs

Any recipient of CDBG funds that has an open grant must report Section 3 activities to the Department by July 31 each year using the Section 3 Summary Report form. The reports received from grant recipients will be summarized by the Department and submitted to HUD with the Annual Performance Report. The following information may assist you in completing the Section 3 Summary Report form:

- Section 3 persons are individuals from households with low or very low income. The Section 8 income limits are used to define low income. Section 3 is “race and gender” neutral.
- If CDBG funds are used for one of the covered activities – housing rehab, housing construction or public construction – a report must be completed.

- If the funds awarded to a contractor are under \$200,000, no activity needs to be reported. If the funds awarded to a subcontractor are under \$100,000, no activity needs to be reported.
- If a local government hires an employee that will have any oversight or administrative responsibilities relating to the covered activities, the local government should report Section 3 activity.
- A permanent employee may be an employee hired for full time work on a temporary basis or an employee hired for full time work on the job site whether temporary or permanent.
- Grant recipients and the contractors they work with should attempt to provide employment opportunities to Section 3 persons or businesses when possible. (Job announcements, bid language, etc., may reference that priority will be given to Section 3 persons or businesses.)
 - Grant recipients are not required to set numerical goals nor are they required to have a Section 3 plan. This, however, does not exempt a local government from the requirement to attempt to make economic opportunities available for Section 3 persons or businesses within the area.
- The area or jurisdiction is typically the county or the region surrounding the work to be paid for with CDBG funding OR the county or region nearest to the address of the recipient. Grant recipients may want to give preference to Section 3 individuals or businesses having the same zip code as a way of show preference.
- Grant recipients will have to work closely with contractors in order to be able to report on Section 3 activities. The Department provides a form that contractors may complete to provide information regarding their Section 3 activities.
 - When contractors submit bids, they should state whether or not it will be necessary for them to employ an additional workers. If a contractor believes that additional employees may be necessary, they should indicate in the bid that they will give preference to hiring low income persons within the area.
- Individuals who have been receiving public assistance may meet the definition of Section 3.
- Any contract reported on the Contractual Obligations and Minority Business Enterprise report that is reflected as a Section 3 business should be reported on during the fiscal year in which the contract was awarded.
- The exclusion for minor rehab does not typically apply to CDBG since the housing unit is usually brought up to the local building code. Minor rehab consists of replacing broken windows, fixing a leaking roof, and other such repairs.