

**Harris County Community Services Department
Home Repair Program
Contractor Certification**

Contractors invited to bid on Housing Repair work must meet the qualifications of the Harris County Community Services Department (HCCSD) Home Repair Program.

Contractors must be eligible to receive Federal contracts through U.S. Government Programs in accordance with the policies and procedures of the U.S. Department of Housing and Urban Development (HUD) as enforced by HCCSD and in accordance with the Title 24 Code of Federal Regulations (C.F.R) part 24.

The Contractor must provide the following to HCCSD in order to be considered for approval and placement on the "List of HCCSD Eligible Contractors"¹:

- 1. Return the attached Contractor Qualification Application and Questionnaire signed dated and all sections completed.**
 - 2. Return completed and signed "Request for Verification of Deposit" form (attached).**
 - 3. Financial Statement (Year to date Profit & Loss, Cash Flow, Trial Balance and Balance Sheet. For Sole Proprietors, use the Financial Statement attached as Exhibit A to the Application including Business and Personal Information).**
 - 4. A copy of the most recent signed and filed Federal Tax Return both personal and business.**
 - 5. Bank Statements for the last two months must be submitted.**
 - 6. Affidavit completed and notarized.**
 - 7. Insurance:**
NEED NOT SUBMIT WITH APPLICATION but will be required to provide the following minimum levels of insurance coverage. If Contractor is selected/qualified for the program, Harris County must be a named beneficiary on the policies. Copies of insurance policies may be submitted in advance of, or during, the application process however, no contracts will be awarded until this has been received.
- A. Worker's Compensation:**
Statutory, and Bodily Injury by Accident: \$100,000 each employee. Bodily Injury by Disease: \$500,000 policy limit \$100,000 each employee.
- B. Commercial General Liability:**
- a. In the amount of \$300,000 each occurrence Limit Bodily Injury and Property Damage Combined
 - b. \$300,000 Products-Completed Operations Aggregate Limit \$500,000 Per Job Aggregate \$300,000 Personal and Advertising Injury Limit. Harris County shall be named as "additional insured" on commercial general liability policy.
- C. Automobile Liability Coverage:**
- a. \$300,000 Combined Liability Limits. Bodily Injury and Property Damage Combined. Harris County shall be named as "additional insured" on automobile policy.

Individual evaluation will be conducted on the basis of the business's prior work history, credit status, and financial standing. Your business will be notified by letter should your company be approved. All approved contractors are required to attend the Annual Contractor's Orientation Seminar which outlines the procedures and guidelines a Contractor must follow when participating in the HCCSD Home Repair Program.

Please return application by September 6, 2019 at 4:30 P.M. to:

**Housing Construction & Inspection Services
8410 Lantern Point
Houston, Texas 77054
(713) 578-2000**

¹ List only applicable to informal bids under \$50,000 issued by HCCSD and approved by the Harris County Purchasing Agent.

Contractor Qualification Application Checklist

- Contractor's Qualification Application Form
- Contractor's Questionnaire
- Request for Verification of Deposit
- Most Recent Tax Return
(For Sole Proprietors: attach most recent year 1040 and Schedule C. For Corporations: attach 1120 or 1120S. For Partnerships: attach Form 1065)
- Bank Statements
(Most recent: past two months)
- Personal Financial Statement
- Affidavit
- Power of Attorney
(Only if applicable.)
- Copy of Insurance Coverages
(If selected/qualified, Harris County must be a named beneficiary. Insurance may be submitted in advance or during the application process; or once you have been qualified however, no contracts will be awarded until this has been received.)
- Conflict of Interest Questionnaire and Conflicts Disclosure Statement

For HCCSD Office Use Only:

Date received: _____

By: _____

Contractor Qualification Application Form

1) Company Name _____

2) Company Address _____

City, State, Zip _____

3) Phone Number: _____ Fax # _____ Tax ID # _____

4) Company E-mail Address/Website _____

5) Legal Entity Corporation _____ Sole Proprietorship _____
Partnership _____ Joint Venture _____

6) Principals of Company (Attach additional page if needed)

Name _____ Title _____

Home Address _____ City, State, Zip Code _____

Telephone # _____ Social Security # _____

Name _____ Title _____

Home Address _____ City, State, Zip Code _____

Telephone # _____ Social Security # _____

Name _____ Title _____

Home Address _____ City, State, Zip Code _____

Telephone # _____ Social Security # _____

7) History of Company

Number of Years in Operation _____

8) Federal ID # _____

9) Bank Information

Name of Bank _____

Address _____

City, State, Zip Code _____

Type of Account(s) _____

Account Number(s) _____

Name of Bank _____

Address _____

City, State, Zip Code _____

Type of Account(s) _____

Account Number(s) _____

10) Recent Suppliers and Subcontractors

(Provide information for three (3) most recent Suppliers and Subcontractors who applicant has conducted business)

Name of Supplier	Type of Materials	Telephone No.	Contact Person

Name Subcontractor	Type of Trade	Telephone No.	Contact Person

11) Recently Completed Projects (Provide information for three (3) most recent projects)

Client Name _____ Telephone _____
 Address _____ City, State, Zip _____
 Type of Job _____ Contract Price \$ _____ Start/Finish Dates _____
 Description of project:

Client Name _____ Telephone _____
 Address _____ City, State, Zip _____
 Type of Job _____ Contract Price \$ _____ Start/Finish Dates _____
 Description of project:

Client Name _____ Telephone _____
 Address _____ City, State, Zip _____
 Type of Job _____ Contract Price \$ _____ Start/Finish Dates _____
 Description of project:

12) Minority Business Enterprise (MBE)/Woman-owned Business Enterprise (WBE)/Section 3

Is your company certified as a MBE/WBE with the City of Houston or METRO? Yes No
 Is your company a registered and qualified Section 3 Business? Yes No
 Does your company employ at least 30 percent or more Section 3 residents? Yes No

Questionnaire for Contractor Application Form

Please respond to the following questions regarding your company's financial status.

1. Has your company been denied credit within the last sixty (60) days? Yes No

If yes, provide the reason and an explanation, current status, and attach copy(s) of documented proof.

2. Within the last ten years, has your company has been involved in or a party to any of the following actions?

- Judgments Yes No

If yes, provide an explanation, current status, and attach copy(s) of documented proof.

- Satisfied Judgments Yes No

If yes, provide an explanation of current status below and attach copy(s) of documented proof.

- Tax Liens Yes No

If yes, provide an explanation, current status, and attach copy(s) of documented proof.

- Bankruptcy Yes No

If yes, provide an explanation, type of bankruptcy filed, current status, type of plan, and attach copy(s) of documented proof.

3. Does your company have certificates of insurance with the requisite minimum coverage amounts? **Do Not Attach IF YOU ARE SELECTED TO PARTICIPATE IN THE HOME REPAIR PROGRAM, YOU WILL BE REQUIRED TO PROVIDE THE CERTIFICATES OF INSURANCE WITH REQUISITE INFORMATION.**

Worker's Compensation?

Yes No

Statutory and Bodily Injury by Accident with \$100,000 for each employee?

Yes No

Bodily Injury by Disease with a \$500,000 policy limit and \$100,000 for each employee?

Yes No

Commercial General Liability?

\$300,000 for each occurrence?

Yes No

Limited Bodily Injury and Property Damage Combined in the amount of \$300,000?

Yes No

Products-Completed Operations Aggregate Limit of \$500,000 per job?

Yes No

Aggregate \$300,000 Personal and Advertising Injury Limit?

Yes No

(Note: Harris County must be named as an "additional insured" on the Commercial General Liability Insurance Policy)

Automobile Liability Coverage?

\$300,000 Combined Liability Limits, Bodily Injury, and Property Damage?

Yes No

(Note: If certified, Harris County must be named as an "additional insured" on the Automobile Liability Insurance Policy)

4) In the last five (5) years has your company ever failed to complete a contract? Yes No
 If yes, provide the reason and give an explanation. _____

5) In the last five (5) years, has your company, its owners, or officers been convicted of a crime involving the awarding of a contract entered into with Harris County, a government construction project, the bidding of a government contract, or performance requirements of a government contract? Yes No
 If yes, provide the reason and give an explanation. _____

6) In the last five (5) years has your company, or any business which your company's owners, officers, or partners was associated, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing any Harris County or government agency project for any reason? Yes No
 If yes, provide the reason and give an explanation? _____

7) Has your firm or any of its owners, officers, or partners ever been convicted of a crime involving any federal, state or local law related to construction? Yes No
 If yes, provide the reason and give an explanation? _____

8) List all real estate located in Harris County that is either owned personally or by any of your company's owners, officers, partners, through partnership, joint venture, or other legal entity associated with your firm:

Title Holder	Address

9) Is your company, officers, partners, partnership, joint venture, or any other legal entity of the company delinquent in payment of property taxes to Harris County? Yes No
 If yes, provide the reason and give an explanation? _____

Failure to pay Harris County property taxes or any delinquent property tax due to Harris County may disqualify a contractor from participation in the Harris County Home Repair Program.

10) Within the last five (5) years or as of today's date, has your company, officers, partners, partnership, joint venture, or any other legal entity of the company been involved with any type of litigation with Harris County? Yes No
 If yes, provide an explanation of its nature with documentation showing current status as an attachment to this application. _____

11) Provide a list of all officer name(s) and title(s), or name of person(s) legally authorized to commit or obligate the company contractually. (For individuals and sole proprietors a sample a Specific Power Of Attorney form has been provided as Exhibit B):

Name	Title
<hr/>	
<hr/>	
<hr/>	

THE UNDERSIGNED CERTIFIES ALL STATEMENTS, DOCUMENTATION, AND INFORMATION CONTAINED WITH IN THIS HOME REPAIR CONTRACTOR APPLICATION AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

<hr/> Signature	<hr/> Title	<hr/> Date
<hr/> Signature	<hr/> Title	<hr/> Date

CERTIFICATION & AGREEMENT BY CONTRACTOR FOR QUALIFICATION

RIGHT TO FINANCIAL PRIVACY ACT: This is to notify you, as required by the Fight to Financial Privacy Act of 1978, that the Harris County Community Services Department (HCCSD) (in accordance with the policies and procedures of the U.S. Department of Housing and Urban Development) has a right of access to financial records held by any financial institution in connection with the consideration of your application for the HCCSD Housing Construction Services Program Eligible Contractor's List. Financial records involving your transactions will be available to HCCSD without further notice of authorization but will not be disclosed or released to another Governmental Department or Harris County Department without your consent except as required or permitted by law.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or Department of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or representation, or makes any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.

THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

VERIFICATION OF ANY OF THE INFORMATION IN REGARD TO THIS APPLICATION MAY BE OBTAINED FROM ANY SOURCE REQUIRED OR NAMED HEREIN.

Signature

Title

Date

Signature

Title

Date

REQUEST FOR VERIFICATION OF DEPOSIT

A. Name of Applicant

B. Name of Bank/Depository

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

C. Social Security Number(s) or Tax ID #

D. Account Number(s)

E. Balance \$

F. Type of Account(s)

NOTE TO BANK OR OTHER DEPOSITORY: The applicant has indicated in a financial statement that the information shown in Block E and F above concerning a deposit with you, and has authorized this Public Body in writing to verify this information with any source named in the application. We also wish to know whether this application has any loans outstanding with your institution. Your verification of this information, together with any other information that may be of assistance in rendering a decision, is for the confidential use of this Public Body shown in Block M, using the address shown. Any statements on your part or on the part of any of your officers as to the responsibility or standing of any person, firm or corporation is a matter of opinion and is given as such, and solely as a matter of courtesy, for which no responsibility is attached to your institution or any of your offices.

VERIFICATION OF BANK OR OTHER DEPOSITORY

G. Is information given in Blocks E and F approximately correct? Yes No

H. Loans outstanding to applicant:

Date of Loan and balance		
1. Secured		\$
2. Secured		\$

I. Approximate average balance for the past two months: _____

J. If account was opened less than two months ago, give the date opened: _____

K. Additional information: _____

L. Signature of Official Bank or other Depository

The above information is furnished in strict confidence in response to your request, and is solely for use of the Public Body shown in Block M and the U.S. Department of Housing and Urban Development.

Date

Signature

Title

M. Name and Address of Public Body to which this form is to be returned (including Zip Code)

Harris County Community Services Department

Attn: Ricardo Watson

8410 Lantern Point

Houston, Texas 77054

N. Authorization

I hereby authorize release of the above requested information.

Signature

Date

vod\rehab\contractor

Section 3. Stocks and bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency).

Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Hold. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

AFFIDAVIT

STATE OF _____
COUNTY OF _____

Before me, a duly commissioned Notary Public within and for the State and County aforesaid, personally appeared _____

(full name)

who, after being duly sworn as required by law, deposes and says:

1. That _____ (full name) is a principal officer, owner, or authorized representative of _____

(name of company) and that said company is a Building, Remodeling, or Construction Company which is applying for approval to perform construction services under the Harris County Community Services Department, Housing Construction and/or Repair Program funded under the HUD CDBG, HOME or Harris County TIRZ programs.

2. That _____ (full name) or company, officers, partners, partnership, joint venture, or any other legal entity is not the subject to any assessment of tax liens or liabilities resulting from its operations; and/or bankruptcy, creditor's reorganization, or insolvency proceeding and none are pending, contemplated or threatened, or that any exceptions or extenuating circumstances to this part have been noted under part seven (7) of this Affidavit.

3. That _____ (full name) has legal possession of all the company's real and business personal property and certifies there is no other person or legal entity in possession of or has legal right to the company's real and business property; or that any exceptions or extenuating circumstances to this part have been noted under part seven(7) of this Affidavit.

4. That there are no unrecorded labor, mechanic's or materialmen's liens against the company's assets or real and business property and no material has been furnished or labor performed on the company's property which has not been paid in full; or that any exceptions or extenuating circumstances to this part have been noted under part seven (7) of this Affidavit.

5. That _____ (full name) certifies there are no past or current claims whatsoever of any kind or description against any fixtures or equipment located at the premises of the principal place of business outside the normal course of financing or leasing of the principal place of said businesses' premises or its equipment; or that any exceptions or extenuating circumstances to this part have been noted under part seven (7) of this Affidavit.

6. That _____ (full name) certifies there are no past or current litigation proceedings whatsoever with Harris County for the company, officers, partners, partnership, joint venture, or any other legal entity of the company

7. All exceptions to part(s) one (1) through five (5) above have been fully noted and explained below:

8. That _____ (full name) certifies this affidavit is made for the sole purpose and use as an attachment to the Harris County Community Services Department Home Repair Program Contractor Certification Application.

NOTARY PUBLIC

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature
My commission expires _____, 20____.

(seal)

Specific Power of Attorney

State of Texas §
Harris County §

BE IT ACKNOWLEDGED that I, _____
(Full Name)

of _____ the undersigned, do
(Address) (Phone)

hereby grant a limited and specific power of attorney to _____
(Full Name)

of _____ as my attorney-in-fact. (Address)
(Phone)

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. Concerning matters relating to services provided to Harris County, Office of Community Services.
2. _____
3. _____

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This specific power of attorney is effective upon execution. This specific power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this specific power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this _____ day of _____, 20 ____.

Printed (Full Name Assignor)

Printed (Full Name Designated Attorney in Fact)

Signature

Signature

NOTARY

I _____, having been duly appointed and commissioned a Notary Public in and for the State of Texas, do solemnly affirm on this day, personally, appeared _____ (Assignor) and _____ (Attorney-In-Fact), known to me to be the person(s)

whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Notary Public's Signature
My Commission Expires on _____

NOTARY SEAL

**INSTRUCTIONS FOR COMPLETING
CONFLICTS OF INTEREST QUESTIONNAIRE [Form CIQ]**

How do I go about filling out the Conflict of Interest Questionnaire form?

Each number below corresponds with the number on FORM CIQ:

1. Fill in the full name of the person who is trying to do business with the County. If the person is a corporation, partnership, etc., then it is the name of that corporation, partnership, etc., that is required on Form CIQ.
2. Check box if the form is an update to a form previously completed. Updates are required by the 7th business day after an event that makes a statement in a previously filed questionnaire incomplete or inaccurate.
3. Complete this Section by listing the name of the **Local Government Officer or Community Services Department Employee** with whom there is an affiliation to or business relationship.
4. Describe each employment or other business relationship or family member of the **Local Government Officer or Community Services Department Employee** named on the form.
 - 4a. State whether the **Local Government Officer or Community Services Department Employee** named on the form receives or is likely to receive taxable income, other than investment income, from the vendor filing the questionnaire.
 - 4b. State whether the filer receives or is likely to receive taxable income, other than investment income, from or at the direction of the **Local Government Officer or Community Services Department Employee** named on the form AND the taxable income is not received from the local governmental entity.
5. State whether the filer is employed by a corporation or other business entity with which the **Local Government Officer or Community Services Department Employee** serves as an officer or director or holds an ownership interest.
6. State whether the vendor has given the **Local Government Officer, Community Services Department Employee**, or a family member of the officer or employee one or more gifts.
7. Signature box. Person completing form must date and sign the form. If the form is being completed for a corporation, partnerships, etc., the person signing should be someone who is authorized to act on behalf of the corporation, partnership, etc.

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date