

Contractor Application Package Check Sheet

MISSOURI HOUSING DEVELOPMENT COMMISSION

HeRO HOME Repair Program

For Participating Agency Use Only

Date Initial

- | | | | |
|--------------------------|--|--|--|
| <input type="checkbox"/> | | | <p><u>Contractor Application</u> (Form #435)
 <i>-Completed and signed by the applicant</i></p> |
| <input type="checkbox"/> | | | <p><u>Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions</u> (Form #440)
 <i>-Verified at https://www.epls.gov/ and signed by an Agency Representative</i></p> |
| <input type="checkbox"/> | | | <p>Copy of valid contractor's license, city license, and other applicable licenses</p> |
| <input type="checkbox"/> | | | <p>Copy of current proof of insurance-
 <i>-includes General (must show \$150,000 or more of coverage), Worker's Compensation, <u>and</u> Applicable Auto Coverage</i></p> |
| <input type="checkbox"/> | | | <p>Copy of Credit Report
 <i>-MHDC can run this for you</i></p> |
| <input type="checkbox"/> | | | <p>Proof of training for the "EPA Renovator Right" lead class</p> |

Regulations adopted by the EPA, effective April 2010, requires that all contractors who perform renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 must be certified by the EPA and must follow specific work practices to prevent lead contamination. Failure to follow the rule can result in severe civil penalties and other unpleasantness, including fines of up to \$37,500 per day per violation. Renovation is broadly defined as any activity that disturbs painted surfaces and includes most repair, remodeling, and maintenance activities, including window replacement. The training must be done by an EPA-Accredited Renovation, Repair and Paint training provider.

Who Must Follow the 2008 Lead Rules Requirements?

In general, anyone who is paid to perform work that disturbs paint in housing and child-occupied facilities built before 1978, this may include, but is not limited to:

- Residential rental property owners/managers
- General contractors
- Special trade contractors: painters, plumbers, carpenters, electricians, HVAC

What Activities are Subject to the Lead Renovation, Repair and Painting Program?

In general, any activity that disturbs paint in pre-1978 housing and child-occupied facilities, including:

- Remodeling and repair/maintenance
- Electrical work
- Plumbing
- Painting
- Carpentry
- Window replacement
- HVAC installation/replacement

- | | | | |
|--------------------------|--|--|--|
| <input type="checkbox"/> | | | <p>Proof of Lead Abatement Certification for Abatement Contractors, if applicable</p> |
|--------------------------|--|--|--|

This may be scanned and emailed to: tclavin@mhdc.com

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Contractor Eligibility Verification Form

Agency Name: _____ Fax: _____

Contact Person: _____

The contracting firm listed below has applied to be placed on the "List of Pre-Qualified Contractors" for the purpose of performing rehabilitation work in the Missouri Housing Development Commission HOME Rehabilitation Program. The contracting firm has provided the proper documentation and verification necessary to participate in the program.

Contractor Name: _____

Address: _____

<i>FOR MHDC USE ONLY</i>			
	Documentation/Verification	YES	NO
1.	"Contractor Application" completed and signed by applicant		
2.	<u><i>Current certificate of insurance with the following minimum coverage:</i></u>		
	a. General Commercial Liability of \$150,000 or more (Claims Made Policy – ok)		
	b. Worker's Compensation Missouri Statutory Limits		
	c. Vehicle Liability Insurance		
3.	<u><i>Electrical, Plumbing, and/or Heating License (as applicable) – Please List:</i></u>		
	a.		
	b.		
	c.		
4.	Has contractor participated in a "Lead-Based Paint Renovator/Safe Work Practices" Course?		
5.	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions		

List any comments and/or information noted you feel should be highlighted.

WORK HISTORY (Comments) _____

CLIENT REFERENCES (Comments) _____

CREDIT HISTORY (Comments) _____

Recommendation: Approve Disapprove

Made By: _____ Date: _____

Comments: _____

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Contractor Application

1. General Information

Name of Company: _____

Owner(s) Name(s): _____

Years Owned: _____ Number of Employees: _____ (of those, how many are family members? _____)

Former Company Names: _____

Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Tax I.D. # or Owner's Social: _____

Agency Applying Through: _____

2. Description of Services Offered *List & attach all applicable licenses

Have you taken the EPA Renovator Right lead safe practices course? ___ No
 *Required by the EPA for all rehabilitation contractors. ___ Yes _____ Date of course
 For additional information: <http://www.epa.gov/lead/pubs/renovation.htm> & Attach Certification

Are you Lead Abatement Certified? ___ No
___ Yes _____ Date of course
& Attach Certification

3. References (To be verified by agency.)

List the name of three (3) references where work has recently been completed by your firm. Please list the address and telephone number of each. Give a brief description of the work completed.

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
	<i>Description of Work:</i> _____		
2.	_____	_____	_____
	<i>Description of Work:</i> _____		
3.	_____	_____	_____
	<i>Description of Work:</i> _____		

4. Insurance Requirements:

Please furnish this office with a current, in-force certificate of your insurance with the following minimum coverages:

- General Commercial Liability in the amount of \$150,000 or more
(Claims Made Policy is acceptable)
- Worker’s Compensation Missouri Statutory Limits
- Vehicle Liability Insurance

In addition, appropriate licenses to perform certain kinds of work such as electrical, plumbing, and heating; copy of a certificate that you or representatives from your firm has attended the Lead-Smart Renovator course from a HUD certified trainer (a U.S. Department of Housing and Urban Development requirement for all contractors who potentially could disturb lead-based paint in the course of their work).

The contractor, shall at all times, during the life of the contract, comply with the Worker’s Compensation laws of the State of Missouri. Insurance must remain current while participating.

5. Credit History

Please list the name(s) address(es) and phone number(s) of your present supplier(s). Also provide the number of years you have done business, your highest credit limit and your present status with the supplier(s).

	SUPPLIER #1	SUPPLIER #2
Name of Supplier		
Address		
Phone Number		
# Years of Credit w/ Supplier		
Highest Credit Limit		
Present Status-Outstanding, Good, Poor		

I/We hereby certify that the foregoing figures and the statements contained herein, submitted to obtain approval for the MHDC HOME Repair Program under the State Housing Act of Missouri, Chapter 215 R.S. Mo. 1994, are true and correct to the best of my/our knowledge and belief.

I/We have provided the above information, and certified that it is true, and have fully authorized MHDC to verify said information through credit reports, deposit verifications, reference checks and through any other means they determine necessary.

I understand that approval does not guarantee work availability from the agency. Updated insurance documentation must be supplied to the agency upon approval on an annual basis. I also understand that the agency reserves the right to terminate approval based on documented poor performance, failure to pay suppliers, or failure to supply adequate insurance documentation or other applicable licenses.

Signature of Company Representative

Date

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

INSTRUCTIONS FOR CERTIFICATION

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith certification required by this clause.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters a lower tier covered transaction with a person who is suspended, debarred ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION

- 1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are 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 any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name of Contractor: _____

PR/Award Number and/or Project Name: _____

I do hereby certified that I have checked with the Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (Lists), which identifies those parties excluded throughout the U.S. Government (unless otherwise noted) from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non-financial assistance and benefits, and have found the above contractor to be in good standing.

PRINTED NAME AND TITLE OF AUTHORIZED AGENCY REPRESENTATIVE For AGENCY NAME

SIGNATURE DATE