

The Greene County Planning and Community Development Department is excited to announce that we are preparing to submit an application to the Department of Community and Economic Development (DCED) for federal grant funds through the HOME Investment Partnership Program. The HOME Investment Partnership (HOME) Program funds home rehabilitation projects which provide decent, affordable housing for low-to moderate-income persons in Greene County.

The HOME program is designed to assist income eligible homeowners with repairs to their homes to bring the property up to code. Our office will screen applications from homeowners, and once an application is approved, we will provide the homeowners with a list of qualified contractors. Homeowners will then be responsible for contacting contractors, who will then be able to bid on the projects.

Benefits to contractors include timely payments, year-round work, and multiple work locations/flexibility. Housing rehabilitation bids will typically range from \$5,000 to \$35,000.

Below you will find an application for the Greene County Housing Investment Partnership (HOME) Program. If interested in applying to become an approved contractor and to have your business contact information distributed to homeowners in need of home repairs, please mail the completed application and requested supporting documentation to:

**Greene County Planning and Community Development  
HOME Program  
93 E High Street  
Suite 215  
Waynesburg, PA 15370**

You may also scan and email the completed application to:  
**[nmickens@co.greene.pa.us](mailto:nmickens@co.greene.pa.us)**. Please contact the housing coordinator at (724) 852-5300 if further assistance is needed.

### **Contractor approval process**

1. The contractor must complete and return the enclosed application and supporting documentation to the Greene County HOME Program.
2. The contractor must furnish evidence of comprehensive liability insurance coverage, to include but not limited to, bodily injury including death and any damages arising out of the work performed by the contractor, per this agreement. Coverage shall be a minimum of three hundred thousand (\$300,000) per occurrence for bodily injury and one hundred thousand (\$100,000) per occurrence for property damage. All contractors must contact their insurance carrier to request that a certificate of insurance coverage be sent to the county verifying the contractor's liability insurance coverage.
3. The contractor must furnish evidence of Workman's Compensation insurance.
4. Lead certification is a federal requirement for this program. If you have a valid lead certification, please send a copy with the application. If you do not currently have a lead certificate but are willing to obtain one, please check "Yes" to question 15.
5. The contractor must have at least one year of contracting business experience.
6. The contractor must have (or be able to secure) sufficient credit or finances to properly and efficiently conduct business.
7. The contractor must be willing to provide references concerning job performance and quality by request.
8. Approved contractors will be placed on the Greene County HOME Program "Approved Contractor List" that will be provided to homeowners once their application is approved.
9. Projects will be bid out following federal procurement regulations. One such regulation is that all contractors must be registered in the federal System for Award Management (SAM). You do not need to provide evidence of SAM registration when returning this application, but you would need to complete the SAM registration prior to bidding on a project. Registering for SAM is a fairly straightforward no-cost online process, and we can assist with the registration.

## **STATEMENT OF BIDDER/CONTRACTOR QUALIFICATIONS**

Please answer all questions thoroughly. This document must be notarized. If you need additional space to answer any questions, please attach a separate sheet.

1. Name of Bidder (business name): \_\_\_\_\_
2. Name of Primary Owner: \_\_\_\_\_
3. Business Address:  
\_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Date of Business Organization: \_\_\_\_\_
7. Business Structure (circle one):  LLC     Sole Proprietor     Partnership     S-Corp     Corp
8. Tax ID No.: \_\_\_\_\_
9. PA HIC No.: \_\_\_\_\_
10. Please list all owner or partners in the business, including percentage of ownership and Tax ID/SS nos.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME	% OWNED	TAX ID or SS no.
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. How many years have you been operating under this business name/trade name? \_\_\_\_\_
12. How many permanent employees does the business have? \_\_\_\_\_
13. Have you ever operated under another trade name/business name? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, please list name of former company: \_\_\_\_\_
14. What type of work does your business perform? (roofing, GC, electrical, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Do you hold certification for any of the following environmental hazards? (check all applicable)  
 Lead     Radon     Asbestos
16. If you do not have any of these certifications, would you be interested in a local training to obtain these certifications? YES    NO

17. Have you ever failed to complete a job you were contracted for? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, what job and why were you unable to complete the work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Please list 3 projects recently completed by your company. For each job, please state the approximate cost for each job, year completed, nature of the work performed, and the name and address of the person/entity for whom the work was completed.

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

19. Please list any large equipment/machinery available: \_\_\_\_\_  
\_\_\_\_\_

20. Are you able to qualify for a performance bond? \_\_\_\_\_  
If you are already bonded, please provide name and phone number of bonding agent:  
\_\_\_\_\_

21. Insurance. Please complete this section and attach a copy of your insurance policy.

Insurance Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Amount of liability and compensation coverage: \_\_\_\_\_

22. Please list three trade references with phone numbers:

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

23. Are you a member of any Homebuilder's Association? \_\_\_\_\_ YES \_\_\_\_\_ NO

24. Do you hold any other licenses, certifications, or memberships relevant to this project?

YES  NO

If yes, please list here: \_\_\_\_\_  
\_\_\_\_\_

25. Does your company carry Worker's Compensation Coverage?  YES  NO

If yes, list amount of coverage: \_\_\_\_\_

If no, please explain why you don't carry WC: \_\_\_\_\_  
\_\_\_\_\_

26. Are you able to secure sufficient credit to efficiently conduct your business?  YES  NO

If yes, please list name of lending institution: \_\_\_\_\_

If no, please explain why not: \_\_\_\_\_  
\_\_\_\_\_

27. Are you able to submit a detailed financial statement or any other pertinent information requested by the Greene County HOME Program?  YES  NO

28. Each Bidder must disclose any alleged significant prior or ongoing contract failures, any litigation (criminal or civil), any pending investigations that involve the Bidder, or any previous legal proceeding in the past ten (10) years in which the Bidder has been found guilty or liable. Has the Bidder been found guilty or liable in any such cases?  YES  NO

If Yes, please disclose the relevant facts relating to the charge or suit on a separate sheet of paper.

The undersigned hereby authorized and requests any person, firm, or corporation to furnish any information requested by the County of Greene HOME Program for verification of the recitals comprising this Statement of Bidder's Qualifications.

Bidder (print): \_\_\_\_\_

By: (signature): \_\_\_\_\_

Its: (Title): \_\_\_\_\_

Date: \_\_\_\_\_