



Suffolk Redevelopment and Housing Authority

CONTRACTOR QUALIFICATION STATEMENT

All questions must be answered in full. Additional sheets for clarification of answers of additional information may be attached. This statement **MUST** be notarized.

1. Company Name: _____
Company Address: _____

Phone Number: _____ Extension: _____
Fax Number: _____ Cellular Number: _____
Contractor License #: _____ Class: _____
Federal ID#: _____
Name of Responsible Party: _____
Title of Responsible Party: _____
Email Address of Responsible Party: _____
2. Date Organized: _____ Place Organized: _____
3. General character of work performed:

4. Any work awarded failed to be completed or contracts defaulted on
Where and Why?

5. List three most recent contracts. State owner, address, phone, work, cost,
date started/completed.

6. List current projects. State owner, address, value and estimated completion date.

7. List three suppliers, date established and high credit limit.

_____ \$ _____
_____ \$ _____
_____ \$ _____

8. List bank references and credit available.

_____ \$ _____
_____ \$ _____
_____ \$ _____

9. Number of employees: _____
Highest number of employees over the past 12 months: _____

10. List insurance company name with coverage and amounts.

General Liability: _____ \$ _____
Property Liability: _____ \$ _____
Vehicles/Equipment: _____ \$ _____
Workman's Compensation: _____ \$ _____
Other: _____ \$ _____

11. **SUBCONTRACTORS:** List name, address, phone number, trade, contractor license number and years of experience:

Name/Address: _____
Trade: _____ License #: _____
Phone Number: _____ Years of experience: _____

Name/Address: _____
Trade: _____ License #: _____
Phone Number: _____ Years of experience: _____

Name/Address: _____
Trade: _____ License #: _____
Phone Number: _____ Years of experience: _____

12. Provide a general description of the experience of the company and its key Employees: _____

13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, Federal HUD or V.D.O.T.? _____
- 13a. Over the past seven (7) years, has your firm, or any key employee within your firm ever declared bankrupt or been declared insolvent by a U.S. Bankruptcy Court? _____ If yes, when and where was this case heard? _____
- 13b. Have you or any key employee ever been convicted of a Felony or high Misdemeanor? _____ If so, when and where and for what reason:

14. Would you object to you or any of your employees being subject to a random drug test? _____
15. Have you or your firm, over the past five (5) years, ever been reported to the Better Business Bureau of the Virginia Department of Commerce-Department of Professional, Occupational Regulations (Board of Contractors)? _____
 If so, please explain:
16. Please attach the following articles to this statement. An incomplete statement is invalid.

A. COPY OF LOCAL BUSINESS LICENSE

B. COPY OF CURRENT GENERAL CONTRACTOR LICENSE as issued by Virginia Department of Professional and Occupational Regulation (VDOR)

C. CERTIFICATE OF INSURANCE from your insurance company naming the Suffolk Redevelopment and Housing Authority as “Additional Insured”, “Loss Payee” and Notification Party (in the event of cancellation or termination of this policy). Show coverage period, minimum \$2,000,000.00 and other insurances as required by SRHA.

D. CERTIFICATION OF LEAD-SAFE WORK PRACTICES: If applicable, submit name or trainer, date and place trained and list of all persons in your company trained to perform Lead-Safe Remodeling.

E. OTHER LICENSES OR CERTIFICATIONS

F. MINORITY OR WOMAN OWNED _____ Yes _____ No

By evidence of our duly authorized signature below, I/we hereby agree to adhere to all rules, regulations and standards of the Virginia Department of Housing and Community Development and the Commonwealth of Virginia, to include, but not limited to, the Virginia Board of Contractors. I/we agree to adhere to all regulations concerning Fair Housing, Equal Opportunity, Non-hiring of Illegal Immigrants, Prohibited use of Lead-based paint, Occupational Safety and Health Administration and any and all other Federal, State and Local Laws, rules, regulations and standards applicable to Federal and State Housing Rehabilitation grants and loans.

The undersigned hereby authorizes and request any person, firm or corporation to furnish any information requested by the Suffolk Housing Authority in verifying the recitals comprising this statement of Contractor's Qualifications.

Contractor: _____

By: _____ (SEAL)

Title: _____

BE IT KNOWN that _____ came before me this _____ day of _____, 20____ and attested that all information contained herein is true and accurate.

NOTARY PUBLIC

My commission expires _____ .