



**MARTIN COUNTY**

**HOUSING REHABILITATION PROGRAM**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**CONTRACTORS' APPLICATION PACKET**



*Prepared by*  
Guardian CRM Inc.

**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): \_\_\_\_\_ / \_\_\_\_\_
- FEIN: \_\_\_\_\_

Social Security # (if no FEIN provided above) <b>PLEASE PROVIDE ON LAST PAGE</b>
--

- B. Business is a: \_\_\_sole proprietorship \_\_\_partnership \_\_\_corporation in the State of \_\_\_\_\_

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: \$ _____
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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 City, County, State, and any other applicable oversight agency.
2. That insurance and worker's compensation will be maintained as required by the Housing Rehabilitation Program, City, County, State, and any other applicable oversight agency.
3. To allow the Housing Rehabilitation Program to check any reference named herein or elsewhere in determining his/her 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/she will abide by regulations pertaining to Equal Employment Opportunity.
7. That he/she and all employees of said firm will adhere to a strict drug free work place policy as set forth by the County.
8. That he/she 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 the Florida Department of Economic Opportunity (DEO).
9. 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.
10. I understand that if I and my firm are 1) found to be qualified to participate in the County's Housing Rehabilitation program and 2) eligible to receive work from the program, that: I

and any member of my firm or any person employed to provide any services directly related to the County's Housing Rehabilitation 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 program or any HUD funded programs.

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.

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.

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.

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.

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.

Print Name: \_\_\_\_\_  
Contracting Firm President \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Contracting Firm President \_\_\_\_\_

**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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Project Number

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**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

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
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 Martin County CDBG Program, 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: <b>SUBMIT SS # ON LAST PAGE</b> )
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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 below 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)

**WMBE/Veteran and Section 3 Compliance Statement**  
(Construction Prime Contractor)

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 Martin County CDBG Program, 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: **SUBMIT SS # ON LAST PAGE**)

1. I attest that I will employ equal and fair employment standards for the duration of any project that I am awarded under the Martin County CDBG Housing Rehab Program. I and/or my firm will undertake any and all reasonable actions to seek out and utilize Women and Minority/Veteran Owned, as well as Section 3 individuals, businesses, and/or sub-contractors. I will employ the same practice(s) shall be I be required make any new hires as a result of any awarded Martin County CDBG Housing Rehabilitation contracts.

**NOTE 1:** WMBE/Veteran and Section 3 information and directory tools:

**Download Section 3 information from HUD's website:**

<http://www.hud.gov/offices/fheo/section3/section3.cfm>

**Download Section 3 information from Florida Jobs website:** <http://www.floridajobs.org/community-planning-and-development/assistance-for-governments-and-organizations/community-development-block-grant-program/section-3-economic-opportunities>

**Download W/MBE and Veteran Owned Business information from the Florida Department of Supplier Diversity website:** <https://osd.dms.myflorida.com/directories> or from <http://www.veteranownedbusiness.com/fl>

\_\_\_\_\_  
[Contracting Entity Signature]

Sworn to and subscribed before me this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

Personally known: \_\_\_\_\_ OR Produced identification \_\_\_\_\_ (Type of Identification) \_\_\_\_\_

Notary Public - State of Florida: Commission Expiration: / \_\_\_\_\_ / \_\_\_\_\_

(Printed typed or stamped Commissioned name of Notary Public)

**CONFIDENTIAL SHEET – ADDENDUM PAGE  
COLLECTION AND USE OF SOCIAL SECURITY NUMBERS**

Notice of Privacy Act

*"The Privacy Act regulates the use of Social Security Numbers by government agencies. When a Federal, State, or local government agency asks an individual to disclose his or her Social Security number, the Privacy Act requires the agency to inform the person of the following: the statutory or other authority for requesting the information; whether disclosure is mandatory or voluntary; what uses will be made of the information; and the consequences, if any, of failure to provide the information."*



Martin County Disclosure Statement

MARTIN COUNTY COLLECTS YOUR SOCIAL SECURITY NUMBER, OR A PORTION THEREOF, FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VERIFICATION OF FINANCIAL; IDENTIFICATION AND VERIFICATION; CREDIT WORTHINESS; BILLING AND PAYMENTS; DATA COLLECTION, RECONCILIATION, AND TRACKING; PAYROLL AND BENEFIT INFORMATION; TAX, UTILITY ACCOUNT INFORMATION; BANK INFORMATION; FOR BACKGROUND CHECKS; AND VERIFICATION OF IDENTITY.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**THIS SHEET SHALL BE KEPT IN A NON-PUBLIC PORTION OF THE APPLICATION FILE**