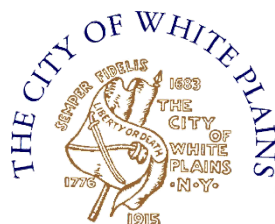


Contractor's Handbook & Qualifications Application

FOR CITY OF WHITE PLAINS
COMMUNITY DEVELOPMENT PROGRAM
NEIGHBORHOOD HOUSING REHABILITATION PROGRAM



Contractor's Handbook

Foreword

The Neighborhood Housing Rehabilitation Program has helped to rehabilitate over 4,600 housing units in the City utilizing over \$14 million in federal funds since 1974. Loans are available at below-market rates to income qualified property owners. Typical home repairs include heating, plumbing, electrical work, roofing, siding and window replacement, carpentry, masonry, drainage and more.

The Neighborhood Rehabilitation Program maintains an open list of pre-qualified, licensed and insured contractors. Only pre-qualified professionals are eligible to submit bids. If your firm is interested in being on the City's pre-qualified list, please complete the Qualifications Form for Contractors.

White Plains is committed to meeting and surpassing any guidelines for the support of Minority-owned and Women-owned Business Enterprises (M/WBE). We encourage contractors to get involved in registering your business in Westchester County and NYS Empire Development/Division of Minority and Women Owned Business Development.

Thank you for your interest in becoming one of our prequalified contractors. The successful operation and value of this program reflects highly on the attitudes and skills of our partners and will always be a predominant factor for continued effectiveness.

The purpose of this document is to:

1. describe the procedures to be used while working on projects financed with CDBG program resources
2. provide helpful information and familiarity with the forms used in the program

This guidebook will familiarize you with the criteria, procedures, and standards of the Community Development Block Grant Rehabilitation Program. Becoming well versed on the information and documents within this guidebook, and gaining a true understanding (and appreciation) of how these materials are collectively used, will be of utmost value in facilitating a successful and valued program.

When new procedures develop or changes are made to the current procedures, copies will be issued for inclusion in the handbook to all contractors on the bidder's list.

If you have any questions or concerns about our program, please contact:

EDWARD NIXON
REHABILITATION OFFICER
914-422-1300
ENIXON@WHITEPLAINS.NY.GOV

GENERAL INFORMATION AND CONTRACTOR REQUIREMENTS

Requirements to Enter Contractor Registry

Basic Requirements

To be eligible for participation in our program, a general contractor must provide:

- Contractor's Qualification Form, providing information on company structure and financial ability to undertake projects
- Valid New York State Contractor's License
- Workmen's Compensation
- Federal Tax ID Number
- Necessary "tools of the trade" to include: contractor tools and equipment, a vehicle for work/job transportation with capacity to haul tools, equipment and possibly some construction materials and basic small office equipment including cell phone
- Basic communication/contact information consisting of phone numbers and email addresses
- Evidence of acceptable past performance record on housing rehabilitation projects (if feasible)

COMMUNITY DEVELOPMENT REHABILITATION PROGRAM

Insurance Review Guidelines

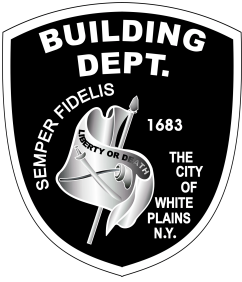
Please carefully follow these guidelines to provide the required insurance certificates. If you have already provided a certificate, if any information is missing or incomplete, resend a correct certificate(s). The certificate(s) shall include:

1. The name of the Insurance Company.
2. The name of the contractor as insured and include the correct address.
3. "Certificate Holder" or "Additional Insured" shall specify "The City of White Plains Community Development Rehabilitation Program and All Homeowners for Whom Insured is to do work under the City of White Plains Community Development Rehabilitation Program" if you are providing an annual policy.
4. For individual policies, please show "Certificate Holder" or "Additional Insured" as the City of White Plains Community Development Rehabilitation Program and the name of the homeowner(s).
5. The following minimum coverage is required:

a. Bodily injury	\$500,000 for each person \$1,000,000 for each occurrence
b. Property damage	\$100,000 for each occurrence
c. Workmen's compensation	entire obligation under NYS Law
6. Location: for annual policies statements like "all locations" or "all work in City of White Plains" are acceptable as long as the particular location is covered. For individual policies it should state the correct owners address.
7. The expiration date for each in number 5 (a) (b) and (c).
8. That if the policy is cancelled, ten (10) days advance written notice shall be given to the City of White Plains.
9. The signature of an authorized person from the Insurance Company.

For Further Information Please Contact the Community Development Rehabilitation Office:

70 Church Street
White Plains, NY 10601
P: (914) 422-1300
E: planning@whiteplainsny.gov



CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

70 Church Street, White Plains, New York 10601

Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471

<http://www.cityofwhiteplains.com/>

INSURANCE COMPLIANCE

APPLICATION WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE OF INSURANCE!

CERTIFICATE IS TO BE MADE OUT TO THE CITY OF WHITE PLAINS, 255 Main Street, White Plains, NY 10601. LIABILITY POLICY SHALL INCLUDE THE CITY OF WHITE PLAINS AS ADDITIONAL INSURED AND ALL POLICIES SHALL PROVIDE 30 DAYS NOTICE TO THE CITY OF WHITE PLAINS PRIOR TO CHANGE OR CANCELLATION

Please submit the following information on a Certificate of Insurance form from your insurance company at the time of submitting application:

Contractor's Applications - (With employees).

- | | |
|-------------------------------|---|
| A)----- GENERAL LIABILITY | \$1,000,000 coverage each occurrence |
| B)----- AUTOMOTIVE LIABILITY | \$1,000,000 coverage |
| C)----- WORKER'S COMPENSATION | STATUTORY (Acord Form not acceptable)* |
| D)----- N.Y. STATE DISABILITY | STATUTORY (Acord Form not acceptable)* |

CONTRACTORS WITH **NO** EMPLOYEES SHALL PROVIDE ITEMS A. & B. PER ABOVE REQUIREMENTS AND A APPROVED NYS WORKER'S COMPENSATION BOARD FORM #CE-200(12-08). CONTRACTOR UNDERSTANDS THAT PERMIT MAY NOT BE ISSUED IF FORM IS NOT SUBMITTED TO BUILDING DEPARTMENT.

Homeowner's Applications - All work to be performed by homeowner with no employees.

1. Homeowner shall provide proof of general liability insurance of \$500,000 per occurrence.
 2. Homeowner shall submit a completed NYS Workers' Compensation Board form #BP-1(9-07).*
- (One completed #BP-1(9-07) satisfies both Workers' Compensation & Disability requirements.)

*NOTE: Effective 12/01/08 only the following completed forms approved by the State of New York Workers' Compensation Board shall be accepted by the City of White Plains Building Department as proof of insurance compliance.

WORKERS' COMPENSATION- #CE-200 (12-08) ; #C-105.2 or U-26.3; #SI-12
DISABILITY REQUIREMENTS -#CE-200(12-08) ; #DB-120.1 ; #DB-155

Any questions relating to these forms should be directed to the Board's Bureau of Compliance at 866-298-7830 or go to their Official Website: www.wcb.ny.gov

Form CE-200

**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p align="center">From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203. Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009. The estimated dollar amount of project is \$25,001 - \$50,000</p>
---	--

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<p>SIGN HERE</p>	<p>Signature:</p>	<p>Date:</p>
<p>Exemption Certificate Number 2008-00197</p>		
<p align="right">Received October 2, 2008 NYS Workers' Compensation Board</p>		

CE-200 (Draft 06/02/08)

Lead Hazard Reduction

All work performed on lead-containing surfaces must conform to lead-safe practices, and be completed by workers who are either supervised by an EPA-certified abatement supervisor, or be performed by workers trained in lead-safe work practices. If abatement options are specified in the work write-up, then the contractor must hire an EPA-certified and state-licensed abatement contractor and submit proof of the current state license.

Contractor Selection Process

Project bids may be requested from a list of contractors maintained by the CDBG Program who have expressed interest in bidding on local rehabilitation projects. Any contractor who would like to be added to this list or continue as a contractor must provide a valid and acceptable certificate of insurance, proof of Westchester County Home Improvement contractor registration/certificate and any other documents deemed necessary. The contractor must maintain an acceptable level of performance to remain on the list as a potential bidder/contractor.

Contract Documents

1. Scope of Work: This document is also known as the “PROJECT TECHNICAL SPECIFICATION & BID PROPOSAL” will be prepared by the CDBG program’s Rehabilitation Officer who performed the on-site inspection. It identifies mandatory work items, which are included in the general contractor’s proposal. The work is specified to the priority schedule below:
 - a. Compliance with the International Residential Code (the most recently adopted edition)
 - b. Energy conservation
 - c. General property improvements
2. Bid Proposal Form: Complete this form showing both the itemized and the total bid price for the work.

The Rehabilitation Officer will review the bid proposals.

3. Program Rehabilitation Standards: All construction work shall be performed according to the NYS Uniform Building Code Rules & Regulations, Local Building Zoning, Mechanical, Plumbing, Electrical & Demolition Codes, National Electrical Code, all locally adopted codes in effect and White Plains program rehabilitation standards. The contractor’s workmanship and performance are subject to evaluation and acceptance by both the homeowner and CDBG Rehabilitation Officer. Failure to maintain an acceptable performance level will result in debarment from future work.

Standard Procedures

Bidding

1. The general contractor is ultimately responsible for the bid and its content, which encompasses the entire project, permits and fees. Pre-bid site visits are required. This includes site familiarity, inspections, and review of the work write-up items, verification of measurements, and quantities, and further review of those items listed by a subcontractor within the bid document.
2. Return completed proposal to the program’s Rehabilitation Officer prior to the deadline.

Contractor's Handbook & Qualifications Application

3. The homeowner reviews the proposal with the Rehabilitation Officer for approval. Approval will be granted by the Rehabilitation Officer if all work items are included and the work proposed conforms to the program specifications and will properly address the deficiencies, and the cost is reasonable. The Rehabilitation Officer will contact the general contractor on behalf of the homeowner to explain revisions to the proposal.
4. Should you need any assistance, please feel free to contact the Rehabilitation Officer.

Rehab Project Contract

When the loan is approved, the contract will be prepared. The contract is between the homeowner and the general contractor and the CDBG Rehabilitation Officer will act as the Project Manager on behalf of the homeowner.

In addition to the contract, the following documents will be reviewed prior to start of project:

Colors and Materials Selection

The homeowner's selection checklist supplements the contract documents. The purpose of the form is to list specific materials (colors, brand names, model numbers of fixtures, etc.) as chosen by the homeowner. The selection must be specified and forwarded to the Rehabilitation Officer before the notice to proceed is issued.

Notice to Proceed

The Notice to Proceed is issued by the Rehabilitation Officer to authorize the general contractor to begin work. The form also indicates when work is to start and when it is to be completed.

Permits

The general contractor is responsible for obtaining all required permits prior to starting the project and all required building department inspection signoffs during the rehabilitation.

Required Progress Inspections

The Rehabilitation Officer is responsible for monitoring the day-to-day progress of the job. The Rehabilitation Officer will require notification for foundation, roofing, and pre-close inspections. Any additional notifications will be outlined on the required progress inspections. Failure to notify the Rehabilitation Officer for such an inspection may result in the general contractor being debarred from the contractor registry.

Payment Procedures

All payments will be released in accordance with the pay-out schedule in the construction contract, the homeowner(s) will endorse all checks and the Rehabilitation Officer will release payment to contractor.

Prior to any payment authorization, lien waivers or paid receipts will be collected from the general contractor and all subcontractors and/or suppliers furnishing material for the items on the job of which payment is requested. No money will be authorized for payment for items which are not completed or properly installed.

Warranty

The warranty provides an outline of the general contractor's obligation (under a one-year warranty period) for both workmanship and materials completed under the contract.

Contracting Norms

Resolving Disputes

The contract is between the homeowner and the general contractor. The CDBG staff will clarify misunderstandings and negotiate disputes between the homeowner and the general contractor.

Authorized Sanctions

The following is a list of sanctions that may be imposed based on reasonable cause:

1. Temporary Denial: denial of participation or conditions for participation in specific program
2. Suspension: immediate exclusion from participation based on adequate evidence of wrongdoing
3. Debarment: exclusion from participation for a period of time commensurate with the seriousness of the infraction
4. Voluntary Exclusion: voluntary exclusion by agreement with the program staff

Disqualification

If the contractor fails to comply with the program requirements, or in the judgment of the program staff does not perform satisfactory work, the contractor will be disqualified from the program and unable to secure a rehabilitation contract. The reasons for disqualification include, but are not limited to:

1. Failure to perform work in a workmanlike manner or to use safe work practices during lead hazard reduction
2. Failure to complete a contract or failure to fulfill the contractual obligations
3. Repeated failure to adhere to an established time schedule for work completion
4. Failure to honor a bid
5. Failure to maintain a professional working relationship with the client and program staff
6. Failure to comply with all the requirements of the construction contract and related documents
7. Discrimination against, or denial of employment to any individual in the performance of any construction contract on the grounds of race, color, national origin, age, sex, handicap, belief, or political affiliation, in violation of the Title V and VII of the Civil Rights Act (42 USC 2000d) and the age discrimination in Employment Act (29 USC §621)
8. Collusion between the homeowner, contractor, or other party involving kickback or other mutual efforts to fix a bid in violation of the Copeland Anti-Kickback Act (18 USC 847, as supplemented by 29 CFR, part 3)

Equal Opportunity

The contractor shall take affirmative action to ensure employees and applicants for employment are treated without regard to their race, color, religion, sex, national origin, age, or disability. Such action shall include but is not limited to the following: employment, promotion, demotion, or transfer; recruitment or recruiting advertisement; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeships. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth provisions of this non-discrimination clause.

Contractor's Handbook & Qualifications Application

In all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, or disability.

The contractor shall comply with the provisions of Federal Executive Order 11246 of 1965, as amended by Federal Executive Order 11375 of 1967, and the Equal Employment Opportunity Act of 1972.

Conflict of Interest

In order to avoid conflicts of interest in awarding contracts or making purchases of property or service under this program:

1. No contract or procurement will be made with any organization, in which any person in an administrative capacity may benefit unless authorized by the CDBG Program, in conformity with applicable federal, state, and local laws.
2. No contract or procurement will be made to any organization, in which an immediate family member of a person in an administrative capacity with program may benefit unless authorized by the CDBG Program.
3. No employee or board shall solicit or accept gratuities, favors, or anything of monetary value from contractors, providers, or potential subcontractors.

Bidders List Standards

Inactive Bidders List

A contractor shall be placed on the Inactive Bidders List as a result of the following:

1. Failure to maintain insurance coverage
2. Failure to complete awarded jobs within the agreed time span as stated in the contract
3. Failure to make satisfactory progress towards completion of any contract in construction
4. If the contractor fails to respond to three (3) consecutive invitations to bid by either not bidding or providing an explanation to program staff for why they cannot bid
5. By mutual agreement between the contractor and program staff

Removal from Bidders List

1. If the contractor is on the Inactive Bidders list for a period in excess of one-hundred and eighty (180) days
2. If the contractor fails to complete, in a workmanlike manner, any specified work under any contract
3. If the contractor violates any terms or conditions established by the program staff
4. If the contractor violates any terms or conditions of the owner/contractor contract
5. If the firm fails to conduct itself in an ethical, polite manner in their dealings with homeowners, program staff, or other contractors

Contractor Qualifications

For City of White Plains

Community Development Program

Neighborhood Housing Rehabilitation Program



Please complete the application using the fill-able PDF form. Print, sign and submit the original hard copy either in person or by mail.

Part 1: COMPANY INFORMATION

Business Name:

Business Phone #:

Owner's Name(s)

Cell Phone Contact:

Business Address:

E-mail:

NYS MWBE Certified: Yes
 No

NYS SDVOB Certified: Yes
 No

Part 2: CONSTRUCTION CAPABILITIES

Check all that apply:

General Contracting

Masonry

Windows

Insulation

Painting

Glass

Carpentry

Landscaping

Plumbing

Electrical

Siding

Fencing/Railing

Tree Work

Asbestos Removal

Mold Removal (assessment)

Mold Removal (remediation)

Paving (driveways, etc.)

Roofing

Heating

Garage Doors

Earthmoving

Demolition

Flooring

Chimney/Fireplaces

Excavation

Other

Part 3: FOR CORPORATIONS ONLY

Federal Tax ID #:

EIN #:

State Incorporated:

Date Incorporation:

Please Provide Names for Each of the Following:

President:

Vice President:

Secretary:

Treasurer:

Part 4: FOR PARTNERSHIPS ONLY

Type of Partnership:

General

Limited

Association

Partner (1):

Partner (2):

Address:

(For Partner 1)

Address:

(For Partner 2)

Part 5: GENERAL INFORMATION

State Tax ID #:

Westchester County
Home Improvement
License #:

Years in Business:

Annual Sales *(last year)*:

Permanent
Employees:

PT Employees:

Geographic Limits of Operation:

If you authorize a person to act as a representative, please list their name(s) below:

If you authorized a person to act as a representative, please list their authorized actions below:

Sign Contracts

Represent the Company During Conferences

Other

List Contractor's Major Equipment Stock:

Please provide the name of your insurance carrier and attach a copy of your current insurance certificate to this form

Name:

Policy #:

Address:

Can the Company obtain
a performance bond?:

If yes, please give the name of the agent and amount of bond
obtainable:

Yes

No

If yes, please give the name of the agent and amount of bond obtainable:

If this company has conducted business under another name, provide the name and address of
said business below:

Has this Company ever defaulted on any work awarded?

Yes

No

If yes, please provide the date and details below:

Are there any lawsuits or liens pending against this Company for work performed?

Yes

No

If yes, please provide details:

Has this Company or any partner/officer/director ever filed for bankruptcy?

Yes No

If yes, please provide details:

Has this Company, any partner/officer/director ever been indicted, tried or convicted of a crime related to work performed?

Yes No

If yes, please state all relevant details below:

Please provide three (3) examples of projects completed and provide the **owner's name**, **address** and **phone number** (*these may be used as references*):

Project (1):

Owner Name (1):

Phone Number (1):

Address (1):

Project (2):

Owner Name (2):

Phone Number (2):

Address (2):

Project (3):

Owner Name (3):

Phone Number (3):

Address (3):

List at least two (2) building supply companies from which this Company has purchased over \$5,000 in materials from within the past year:

Supply Company (1):

Supply Company (2):

Supply Company (3):

Is this Company on the Equal Employment Opportunities Contractors Non-Compliance List?

Yes

No

If yes, provide the date this Company was placed on the list:

List names and addresses of two (2) major sub-contractors used by this Company:

Sub Name (1):

Sub Address (1):

Sub Name (2):

Sub Address (2):

List languages spoken by contracting staff (for communicating with our non-English speaking homeowners):

Language (1):

Language (2):

Language (3):

CONTRACTOR'S ACKNOWLEDGEMENT

The undersigned contracting firm agrees to be considered for placement on the housing rehabilitation program's contractor registry. I hereby authorize and request any person, firm or corporation to furnish any and all information requested by the City of White Plains Community Development Neighborhood Rehabilitation Program in verification of the information provided by Company in this Statement of Qualifications.

I hereby acknowledge that I am responsible to provide a new certificate if there is a change in any information. I understand that I am responsible to provide current insurance documents every 6 months whether the insurance is paid annually or not. I assure that I have read the attached Insurance Review Guidelines.

I understand that all work will be performed by my company. I understand that if any portion of the project requires sub-contracting due to a specialty trade requirement, such subcontracting must be reviewed and approved by the CD Rehabilitation Officer. Furthermore, any and all subcontractors shall provide all licenses and insurance requirements as stated above or the primary contractor can assume these responsibilities on behalf of the subcontractor and shall submit new insurance documentation naming the subcontractor as insured.

I hereby certify that the answers to the foregoing questions and all statements contained herein are true and correct to the best of my, as a Company's representative, knowledge and belief.

The firm will comply with the following conditions on all rehabilitation work performed on properties financed by the program:

1. To use applicable contract forms and documents as approved by the Rehabilitation Officer or program staff and made available for use and reference
2. If work performed by the contractor is found to be unsatisfactory by Rehabilitation Officer or program staff or evidenced in contract relations between the contractor, homeowner, and other parties are found to be unsatisfactory, program staff may remove the contracting firm's name from the contractor registry
3. All work shall be performed in accordance with the program's housing rehabilitation standards
4. Comply with Insurance Policy Coverage requirements
5. Comply with Workers' Compensation Compliance requirements
6. Westchester County Home Improvement Contractor Registration
7. The contractor will abide by the Equal Opportunity provisions of the Civil Rights Act
8. The contractor certifies that their license has not been revoked by any governing body

Construction Company/Contractor: _____ Phone #: _____
(please print)

Signature of Authorized Representative: _____ Date: _____

Print Name: _____ Title: _____

APPLICATION CHECKLIST

Please complete the application using the fill-able PDF form. Print, sign and submit the original hard copy either in person or by mail.

Please ensure all required items are included in your application

General Liability

Automotive Liability

Worker's Compensation

NY State Disability

Print and Sign Certificate of Attestation of Exemption (if applicable)

Print and Sign Contractor's Acknowledgement

Complete Contractor Qualifications Form

Print and Sign Statement of Qualifications Form

MWBE certificate (if applicable)

SDVOB certificate (if applicable)

New York State Mold License (if applicable)