

**VIRGINIA SUPPORTIVE HOUSING
CONFIDENTIAL CONTRACTOR PREQUALIFICATION FORM**

You are requesting that your business be prequalified for the opportunity to bid on new and rehabilitation multi-family developments with contracts in excess of \$5,000,000.00 being undertaken by Virginia Supportive Housing. Virginia Supportive Housing will evaluate all interested contractors on the basis of previous multifamily construction projects for which the contractor served as the general contractor, other relevant construction experience, the quality and credentials of the organization and personnel, reputation in the industry, financial stability, insurance coverage, bonding capability, claims history, litigation history and references. The information provided will be evaluated as a whole by Virginia Supportive Housing and used to determine if your business meets the requirements for qualification as established and determined by Virginia Supportive Housing in its sole discretion. Contractors listed on the HUD debarred list or who have filed suit against Virginia Supportive Housing or any of its subsidiaries are not eligible for prequalification. In evaluating the suitability of any interested contractor, Virginia Supportive Housing may contact any references as it deems necessary. Unsatisfactory references may serve as a basis for disqualification. Virginia Supportive Housing reserves the right to reject any application for prequalification for any reason in its sole discretion.

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete as not to be misleading. Contractors are prohibited from altering this form in any way. Please provide additional sheets for clarification where necessary. Completed forms along with all required information should be sent electronically to Mrs. Elizabeth Nice at enice@virginiassupportivehousing.org.

SUBMITTED BY: _____

Corporation _____

Partnership _____

Individual _____

CONTACT PERSON: _____

Joint Venture _____

Other _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

TYPE OF WORK (check all that apply):

_____ General Construction

_____ Plumbing

_____ Other _____

(please specify)

_____ HVAC

_____ Electrical

[Signature on Page 11]

1. ORGANIZATION

1.1 How many years has your organization been in business as a Contractor?

1.2 How many years has your organization been in business under its present business name?

1.2.1 Under what other or former names has your organization operated?

1.3 If your organization is a corporation, answer the following:

1.3.1 Date of incorporation:

1.3.2 State of incorporation:

1.3.3 President's name:

1.3.4 Vice-president's name(s):

1.3.5 Secretary's name:

1.3.6 Treasurer's name:

1.4 If your organization is a partnership, answer the following:

1.4.1 Date of organization:

1.4.2 Type of partnership (if applicable):

1.4.3 Name(s) of general partner(s):

1.5 If your organization is individually owned, answer the following:

1.5.1 Date of organization:

1.5.2 Name of owner:

1.6 If the form of your organization is other than those listed above, describe it and name the principals (attach supplemental sheets if necessary):

1.7 Type of Business: (Check all that apply)

- Small Business Enterprise
- Woman Business Enterprise
- Disabled Veteran Business
- HUD Section 3 Business

- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Other _____
(please specify)

2. LICENSING

- 2.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate specific type and registration of license numbers, if applicable.

- 2.2 List any trade names or fictitious names under which your organization operates and the jurisdictions in which those names are operated.

3. EXPERIENCE

- 3.1 List the categories of work that your organization normally performs with its own forces.

- 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)
 - 3.2.1 Has your organization ever failed to complete any work awarded to it?

 - 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

 - 3.2.3 Has your organization been a party to any lawsuits, mediations, arbitrations or other proceedings involving disputes with regard to construction contracts within the last five years? (If the answer is yes, please attach details.)

- 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

3.4 On a separate sheet list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.

3.5 State total worth of work currently in progress and under contract:

3.6 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

3.7 State average annual amount of construction work performed during the past five years:

3.8 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

3.9 Will you perform work with your own forces?

Yes No

3.10 Do you or any of your subcontractors operate under a standard form of union agreement?

Yes No

3.10.1 If the answer to the above question is “yes”, please explain in detail:

3.11 Are you on the list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing & Urban Development, or Virginia Department of Highways?

Yes No

3.11.1 If the answer to the above question is “yes”, please explain in detail:

3.12 Have you ever been cited/fined by OSHA?

_____ Yes _____ No

3.12.1 If the answer to the above question is “yes”, please explain in detail, including date of citation/fine:

3.13 Are background checks performed on employees to screen for criminal and/or child offenders?

_____ Yes _____ No

3.14 Have you previously completed projects with Virginia Supportive Housing?

_____ Yes _____ No

3.14.1 If the answer to the above question is “yes”, please note the project name and year completed:

4. HUD AND OTHER GOVERNMENT PROGRAMS

4.1 On a separate sheet list the projects your organization has completed in the last five (5) years which have been wholly or partially funded with money from the U.S. Department of Housing and Urban Development, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

4.2 On a separate sheet list the projects your organization has completed in the last five (5) years which have been wholly or partially funded with money from the federal or any state or local government, other than the U.S. Department of Housing and Urban Development, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

4.3 Has your organization been involved with any projects which have been subject to the Davis-Bacon Act, or any other wage determination or qualified payroll programs?

_____ Yes _____ No

4.3.1 If the answer to the above question is “yes”, please explain in detail:

4.4 Has your organization been involved with any projects which have utilized photovoltaic, thermal, or geothermal energy?

_____ Yes _____ No

4.4.1 If the answer to the above question is “yes”, please explain in detail:

4.5 Has your organization been involved with any projects which have utilized Earth Craft Virginia, LEED, National Green Building Standard, or Enterprise Green Communities Criteria?

_____ Yes _____ No

4.5.1 If the answer to the above question is “yes”, please explain in detail:

4.6 Has your organization been involved with any projects which have utilized Low Income Housing Tax Credits and/or Historic Tax Credits?

_____ Yes _____ No

4.6.1 If the answer to the above question is “yes”, please explain in detail and be specific as to the type of tax credit experience (i.e. LIHTC and/or historic):

4.7 Has your organization been involved with any projects which have encountered non-construction grade (i.e. “unsuitable”) soil?

_____ Yes _____ No

4.6.1 If the answer to the above question is “yes”, please explain in detail:

4.8 Has your organization been involved with any projects that have utilized Virginia Housing Development Authority's "Universal Design" (UD) standards?

_____ Yes _____ No

4.7.1 If the answer to the above question is "yes", please explain in detail:

4.9 Has your organization been involved with any projects that have involved wetlands and associated governmental regulations?

_____ Yes _____ No

4.8.1 If the answer to the above question is "yes", please explain in detail:

4.9 Describe in detail how your organization utilizes HUD Section 3 businesses, Minority Owned businesses, Woman Owned businesses, or any similar business enterprise regulated by any local, state or federal government agency:

5. REFERENCES

5.1 Trade References:

5.2 Bank References: (please indicate credit available)

5.3 Client References:

5.4 Surety:

5.4.1 Name of bonding company:

5.4.2 Name and address of agent:

6. INSURANCE

6.1 Provide the name of your insurance carrier and the limits for each of the following:

Liability-Property:	_____	\$ _____
Liability-Personal Injury:	_____	\$ _____
Vehicle and Equipment:	_____	\$ _____
Other-_____:	_____	\$ _____

(Identify)

6.2 Provide a claims history for the previous three years:

7. FINANCING

7.1 Financial Statement.

7.1.1 Attach your organization’s latest financial statements, prepared by an external accounting firm and in accordance with GAAP, preferably audited, showing the following items:

Balance Sheet;

Income Statement:

Current Assets (e.g., cash, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepared expenses);

Net Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

7.1.2 Name, address, and contact information of firm preparing attached financial statement, and date thereof:

7.1.3 Is the attached financial statement for the identical organization named on page one?

_____ Yes _____ No

7.1.3.1 If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary):

7.1.4 Internal financial statements for the most recent month end closing to include:

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

7.2 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

_____ Yes _____ No

8. ACKNOWLEDGMENT

8.1 Contractor acknowledges that Virginia Supportive Housing discloses the names of pre-qualified Contractors upon the request of third-parties. Upon prequalification, Contractor hereby authorizes Virginia Supportive Housing to disclose that Contractor has been approved as a pre-qualified Contractor and such authority shall continue until such time as Contractor, by written notice to Virginia Supportive Housing, expressly withdraws such authority.

[Signature on the following page]

The undersigned hereby certifies that the information provided herein or in any attachment hereto is true and sufficiently complete and does not contain any material misstatements or omissions. The undersigned acknowledges that any material misstatement or omission shall be grounds for disqualification. The undersigned authorizes and requests any person or entity to furnish any information requested by Virginia Supportive Housing or its designees in verification of the information contained herein or in any attachment hereto.

Dated this ____ day of _____, 20__.

Name of Organization:

By: _____

Title: _____