

# COMMUNITY VENTURES CORPORATION

## QUALIFICATIONS OF GENERAL CONTRACTORS

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

Name of Construction Firm: \_\_\_\_\_

Federal I.D.: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Status of Organization (check one)

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation \_\_\_\_\_ Other

If not individual, firm was organized on \_\_\_\_\_ under the laws of the State of

\_\_\_\_\_.

If out-of-state organization, is contractor authorized to do business in Kentucky?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Kentucky or Lexington Contractor's License Number: \_\_\_\_\_

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

Number of Years in Construction Business: \_\_\_\_\_

Briefly list types of construction activities and experience within last 3 years (below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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References:

*Business* (local banks, suppliers, etc.). Include name, address and telephone number:

- 1.
- 2.
- 3.

*Clients:* Include name, address and telephone number of the last three (3) clients for whom you have performed construction work in the last two years:

- 1.
- 2.
- 3.

*Insurance Agent(s)*, Please list the current name, address and telephone number of the agent(s) that handle your company's following insurance coverage.

(detail who specifically handles your Builder's Risk, Commercial General Liability, Worker's Compensation, other)

- 1.
- 2.

The undersigned hereby certifies that the information set forth in this document and in any attachments in support thereof, is true, correct and complete to the best of his/her knowledge and belief. The undersigned acknowledges that Community Ventures Corporation will rely upon the information herein on a continual basis and agrees to notify Community Ventures Corporation promptly in the event of any material change in that information. The undersigned also agrees to clarify this information and to confirm or update this qualification form upon request by the Community Ventures Corporation.

IN WITNESS WHEREOF, the General Contractor has caused this Certificate to be duly executed in its name on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of firm: \_\_\_\_\_

Firm Representative: \_\_\_\_\_

Representative Title: \_\_\_\_\_

State of Kentucky

County of

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**COMMUNITY VENTURES CORPORATION**

**CONTRACTOR'S CERTIFICATION OF ELIGIBILITY TO PARTICIPATE**

This certification is required pursuant to 24 CFR Section 24.510(b). It shall be completed, signed and submitted as part of the bid proposal.

The prospective bidder certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, and declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Firm:

BY: \_\_\_\_\_  
(Name Typed or Printed Above)

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

**VERIFIED BY CVC:**

LDP LIST DATED:

BY: \_\_\_\_\_  
Property Director

\_\_\_\_\_  
Date

# COMMUNITY VENTURES CORPORATION

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY (Primary Transactions)

- (1) I hereby certify, to the best of my knowledge and belief, that I and my principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
  - (b) Have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered 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 certification had one or more public transactions (federal, state or local) terminated for cause of default.
- (2) I am unable to certify to any of the statements in this certification and an explanation is hereby attached.

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Typed or Printed Name of Principal

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Title, Role or Specify

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Signature of Principal

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\_\_\_\_\_  
Date

## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY** (Lower Tier Transactions)

- \_\_\_\_ (1) I hereby certify, the best of my knowledge and belief, that I and my principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- \_\_\_\_ (2) I am unable to certify to any of the statements in this certification and an explanation is hereby attached.

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## **Section 3 Requirements:**

Contractor shall make a "Good Faith" effort to use low income and local sub-contractors and labor in the locality of projects as explained in Section 3 requirements. Documents are available from CVC and were included in original Qualified Builders application package. The contractor shall also maintain records of the same.

## **MBE/WBE:**

Contractors will also make a good faith effort to use minority and female operated business's and maintain records of same.

## **Drug Free Workplace:**

Contractor will also make efforts to maintain a drug free workplace.

Information for the above items is made available at Community Ventures Office.