

# COMMUNITY VENTURES CORPORATION

## RESIDENTIAL HOUSING INSPECTION PROCUREMENT

AGENCY: \_\_\_\_\_

### CRITERIA:

1. Availability to undertake and complete residential housing inspections in a timely manner on prospective properties being considered for purchase under the Community Ventures Corporation Neighborhood Stabilization Program Project.

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2. Experience in residential housing inspections.

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4. Price per Inspection with written report \_\_\_\_\_

Price x (up to) **25** units = \_\_\_\_\_ **Total Bid**

5. Inspector(s) must hold a Kentucky Residential Housing Inspector license and/or certification; a copy of the license(s) and/or certification(s) must be attached.

# COMMUNITY VENTURES CORPORATION

## INSPECTOR QUALIFICATIONS

### INSPECTOR INFORMATION: (complete all that apply)

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

S.S.# or BUSINESS ID #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ HOURS OF AVAILABILITY: \_\_\_\_\_

IS YOUR COMPANY OWNED/MANAGED BY 51% OR MORE:

- a) \_\_\_\_\_ WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ AMERICAN INDIAN / ALASKAN NATIVE  
\_\_\_\_\_ ASIAN / PACIFIC ISLANDER \_\_\_\_\_ OTHER
- b) \_\_\_\_\_ HISPANIC \_\_\_\_\_ NON-HISPANIC
- c) \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_ NUMBER OF QUALIFIED INSPECTORS: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

### BUSINESS EXPERIENCE:

List **company name**, **address**, and **phone number** as well as **contact person**. Please complete this section in detail; it is our best method of checking your past performance.

1. Have you ever entered into a contract with this agency? If yes, please list contract number, when, and the project number.

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### **Other References:**

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3. \_\_\_\_\_

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4. \_\_\_\_\_