

**CITY OF WESTLAND COMMUNITY DEVELOPMENT DEPARTMENT  
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS**

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**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**

**COMPANY NAME:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

EMPLOYER'S TAX ID # \_\_\_\_\_ DUNS # \_\_\_\_\_

**PRINCIPALS IN FIRM**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**HISTORY OF COMPANY**

Number of years in business \_\_\_\_\_ 18 Month Work Warranty provided?  YES  NO

Number of Employees: Office \_\_\_\_\_ Trades \_\_\_\_\_ (Give average if number fluctuates)

Michigan Builder's License Number \_\_\_\_\_ Other State License?  YES  NO

Michigan Lead Certification # \_\_\_\_\_ Category \_\_\_\_\_

Is your company listed as a Minority Business Enterprise? \_\_\_\_\_ Woman-owned Business? \_\_\_\_\_

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Have you ever had your Builder's or Home Improvement license revoked?

YES  NO If so, give details \_\_\_\_\_

Have any members of the firm been sued in the last 18 months by subcontractors, suppliers or customers?

YES  NO If so, give details \_\_\_\_\_

Have you ever been debarred from a federal job?

YES  NO If so, give details \_\_\_\_\_

Have you been reinstated?

YES  NO If so, give details \_\_\_\_\_

**Area(s) of Expertise** Check all that apply

<input type="checkbox"/> General Carpentry	<input type="checkbox"/> Lead Abatement	<input type="checkbox"/> Window/Door Replacement
<input type="checkbox"/> Roofing	<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Chimney Repair
<input type="checkbox"/> Heating & Cooling	<input type="checkbox"/> Attic & Sidewall Insulation	<input type="checkbox"/> Environmental Services
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Siding	<input type="checkbox"/> Other (list):
<input type="checkbox"/> Electrical	<input type="checkbox"/> Masonry	

**Types and Limits of Insurance Coverage**

The firm shall, at its own cost and expense, procure and maintain during the entire performance of any contract with the City of Westland the following types and Limits of Insurance Coverage, which may be subject to change. Each policy shall be for the benefit of the City of Westland with the City of Westland named as an additional insured. (Attach copies of Certificate of Insurance)

Type of Insurance	Limits
1. Workers 'Compensation	\$500,000 each accident, \$500,000 disease policy limit and \$500,000 disease each employee regardless of state exclusions
2. Commercial General Liability (Including Contractual Liability)	\$1,000,000 per occurrence \$2,000,000 general aggregate
3. Automobile Liability (covering vehicles owned, non-owned or leased)	\$1,000,000 each accident
4. Excess or Umbrella Liability Insurance	\$1,000,000 over primary insurance may be necessary

**Banking Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Subcontractors:**

1. Name: \_\_\_\_\_ Trade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Trade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Trade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Suppliers:**

1. Name: \_\_\_\_\_ Type of Materials: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Type of Materials: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Type of Materials: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Person to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**List two Residential Rehabilitation jobs performed during the past two years:**

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Type of Job: \_\_\_\_\_ Contract Price: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Job: \_\_\_\_\_ Contract Price: \_\_\_\_\_

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

**Similar Government Programs in which you have performed Residential Rehabilitation work:**

1. Name of City: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name of City: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**The City of Westland reserves the right to verify all of the information given above by the contractor. Contractor acknowledges the following:**

- furnish insurance in at least the minimum amount as required, in accordance with the above stated insurance reference;
- must comply with the terms and conditions as set forth by this application and the Rehabilitation Program;
- furnish copies of their Builder's License and/or Mechanical Licenses, Lead Abatement License and/or Lead Certifications with this application.

**The above statements are true to the best of my knowledge.**

BY: \_\_\_\_\_  
(Signature)

NAME: \_\_\_\_\_  
(Type or print)

TITLE: \_\_\_\_\_  
(Type or print)

DATE: \_\_\_\_\_ CDSpecialist/Rehab/Contractors/contractor application

**CITY OF WESTLAND NEIGHBORHOOD DEVELOPMENT  
REHABILITATION PROGRAMS BID PROPOSALS  
COMPREHENSIVE TERMS AND CONDITIONS  
CLOSING/PAYMENT PROCEDURES**

- I. All eligible bidders must be prequalified by the Community Development Department prior to being placed on the bid list. A valid application, General Contractor's License and appropriate Certificate of Insurance must be on file in the Program Office. The contractor must provide, upon expiration a copy of the annual renewal of his/her General Contractor's License and a Certificate of Insurance covering general public liability and property damage as well as worker's compensation insurance.
- II. The bid proposal must be completed in full including a price for each line item under the plumbing/heating, electrical, and structural calls. The cover sheet requires subtotal prices for each of the three basic trade areas and a total bid estimate. Individual line items must add up to the total bid estimate on the cover sheet. Errors or omissions may result in a default of bid as determined by the Community Development Department. Forms must be filled out in ink or typewritten with signatures on each page. All erasures or changes must be initialed.
- III. Bidders are expected to examine specifications and all instructions. Failure to do so will be at the bidder's risk.
- IV. If any firm contemplating submitting a proposal is in doubt as to the true meaning of any part of the specifications or other conditions within the bid packet, they may contact the Community Development Department for an interpretation thereof. An interpretation may be verbal or by written addendum to the bid duly issued by the Community Development Department. A copy of any written addendum will be emailed to each firm in receipt of the bid packet. Failure on the part of the prospective bidder to receive a written interpretation prior to the time of the opening of bids will not be grounds for withdrawal of proposal. Bidder will acknowledge receipt of each addendum issued by stating same in the proposal.
- V. Each bidder must furnish all information required on the Community Development Department bid form. Bid packet shall be submitted directly to the Community Development Department located at 32150 Dorsey Road, Westland, MI 48186.
- VI. All bids shall be submitted in sealed envelopes and shall include the following information on the face of the envelope: bidder's name, address, bid item no., job address, date and hour of bid opening as stated in the Bid Packet. The above information must also be included on the summary page of the Bid Packet. The bidder must sign each page of the specifications.
- VII. Bidders are responsible for submitting proposals before the stated closing time. Delays in the mail will not be considered. Any proposal received after the stated closing time will be returned to the bidder unopened. Bids may be publicly opened at the time of bid opening.
- VIII. In the event no bid is to be submitted, contact the Community Development Department regarding the non-submission and advise whether future invitations for bids are desired.
- IX. Any bidder may withdraw the bid at any time prior to the scheduled bid opening. After bid opening, proposal must remain firm and without change for a period of 60 days after the bid opening date for single family rehabilitation projects and for 90 days after bid opening for rental rehabilitation projects.

- X. The Community Development Department shall represent the program in all matters pertaining to this proposal and contract in conjunction therewith. The city of Westland reserves the right to reject any or all proposals and to disregard any informality in the bids and bidding.
- XI. The Community Development Department reserves the right to approve as an equal, or to reject as not being equal, any article proposed which contains major or minor variations from specification requirements but which may comply substantially therewith. The Community Development Department will approve the lowest eligible, responsible bid for rehabilitation work to be funded.
- XII. ***The City of Westland reserves the right to accept any bid, to reject any or all bids in part or in total, and to waive any irregularity in any bid if it is deemed to be in the best interests of the Community Development Department and Homeowner. Mutually agreeable changes in the bid specifications and prices may be negotiated with the successful bidder prior to the execution of the contract. The contractor's bid, along with other requirements and specifications will be incorporated into the contract by reference.***
- XIII. The low bid is subject to approval by the Community Development Rehabilitation Review Board. The program applicant may select a contractor who is not the low bidder if he/she chooses to pay the difference in the contract amount from private funds and requests said change in writing to the Board.
- XXIV. The contractor will be responsible for submitting all plans and specifications and for obtaining all necessary permits and inspections for work to be performed.
- XV. Bids may be signed for in either one of the three following manners:
- a. Bids signed by an individual, "doing business as" (D.B.A.) or, in lieu of; provide signature authorization certificate for the designated employee.
  - b. Bids signed for by a partnership should be signed by one of the partners.
  - c. Bids signed for by a corporation shall include the corporate name and the signature of the president or other authorized officer of the corporation, with the printed name written below the corporate name; provide signature authorization certificate.
- XVI. All work must be performed in accordance with the following codes: The BOCA National Code, the National Electrical Code, the Michigan Plumbing Code, the Reciprocal Heating Code, the Michigan Energy Code, and HUD Contractor's Performance Standards as well as all applicable local codes. All materials shall be new, equal or better than existing material unless stated otherwise. All new materials and plans for work are subject to the approval of the City of Westland Community Development Department.
- XVII. All work is to be done and completed in a workmanship like manner by appropriately licensed contractors. Funds for work completed by unlicensed individuals or who are not working for a licensee may cause revocation of funds. The contractor will be responsible for removing all debris caused by the work and for leaving the premises in a neat, clean condition.
- XVIII. All items and material having a design, style or color choice will be selected by the owner.
- XIX. Appointment to walk through subject property prior to bid due date, contact the owner listed on the Bid Proposal.

**REHABILITATION PROGRAMS CLOSING PROCEDURES**

- Submit final invoice and other closing documentation to the Community Development Department:
- Final invoice and detailed summation of all addendums and credits; Balance to complete column must be marked "Paid in Full" and form must be signed and notarized.
  - Contractors sworn statement, in a form acceptable to Community Development Department, listing all direct subcontractors and major material suppliers.
  - Full unconditional waivers of lien completely executed with name, address and telephone numbers of subcontractors or material suppliers printed at the bottom.
  - Furnace clean and safety check form countersigned by Homeowner, if applicable.
  - Warranties not left at job site with Homeowner (provide copy for project file).
  - Permits: copies of structural, plumbing, heating and electrical permits.

Community Development Department will arrange for the full final inspection of the project and secure homeowner's acceptance of the completed work. The Contractor's presence is not required at the final inspection unless otherwise requested.

If corrections are required (punch list), the Community Development Department will notify the contractor of the punch list items and schedule a "complete by" date. The second final inspection will be scheduled to verify the punch list items are complete. Final payment will be approved after all items are completed.

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***I have read and agree to the Rehabilitation Programs Bid Proposals Terms and Conditions and Closing/Payment Procedures***

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

Company Address \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Return to:** City of Westland Community Development Department  
 32150 Dorsey Road, Westland, MI 48186  
 Attention: Rick Gowan, Deputy Director  
[rgowan@cityofwestland.com](mailto:rgowan@cityofwestland.com); 734.793.9391

