EQUAL OPPORTUNITY EMPLOYMENT STATEMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex or national origin. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor’s non-compliance with the non-discrimination certification, contracts for work through the Central Ohio Community Improvement Corporation (COCIC) may be cancelled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further COCIC Property Maintenance Program contracts.

Date ___________________________  Authorized Signature of Contractor ___________________________

Company __________________________  Please Print Name ___________________________
CONTRACTOR INFORMATION & QUALIFICATION FORM

NOTE TO CONTRACTORS:

The Central Ohio Community Improvement Corporation (COCIC) emphasizes the importance of craftsmanship and quality in the performance of work. This emphasis requires a certain level of skill and experiences on the part of its Contractors. Consequently, the COCIC has established a qualification procedure for Contractors, to ensure a high standard of performance and outcomes.

In order to be considered for work awarded by COCIC, please provide the following:

- The Contractor’s Qualification in its entirety
- The Equal Opportunity Employment Statement
- A Certificate of Insurance (refer to Minimum Insurance Coverage Requirements)
- W-9 Tax Form
- Worker’s Compensation Certificate

The COCIC reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to qualification.

Thank you in advance for your cooperation,

The Central Ohio Community Improvement Corporation Staff
MINIMUM INSURANCE COVERAGE REQUIREMENTS

Each Contractor, in order to become qualified to perform work under the Central Ohio Community Improvement Corporation (COCIC) Property Maintenance Program, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with the following MINIMUM limits of liability:
   - BODILY INJURY $1,000,000 each person, $1,000,000 each accident
   - PROPERTY DAMAGE $1,000,000 each person, $1,000,000 each accident

2. WORKERS COMPENSATION with statutory limits.

NOTE:

COCIC reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) require additional types of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.
QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) CONTRACTOR INFORMATION

Company Name: __________________________ Address: ____________________________________________
Phone: ___________________ Fax: ___________________ Mobile: ____________________________
E-Mail: ________________________________________________________________

Owner Name: ________________________ Address: ____________________________________________
Contact Person: ___________________ Phone: ___________________ E-Mail: ________________________

Federal Tax I.D. Number or Social Security Number: __________________________________________

On-site/Project Supervisor: ______________________ Address: ____________________________________
Phone: ___________________ Mobile: ___________________ E-Mail: ____________________________

2) ORGANIZATION (Check):

___ Sole Proprietorship/Owner’s Name ________________________________
___ Partnership/Partner’s Name ______________________________________
___ Corporation/Company Name _______________________________________
___ Other/Specify ________________________________________________

___ Union  ___ Non-Union

Business Classifications (Check All That Apply)
___ DBE (Disadvantaged Business Enterprise)
___ MBE (Minority Business Enterprise)
___ WBE (Women-Owned Business Enterprise)
___ SBE (Small Business Enterprise)
___ Other (Classification Please List)

When organized? ___________________________ Where Incorporated? ________________________________

How long contracting under present name? ______________________________________________________

Have you contracted under any other name(s)? ___ Yes ___ No  If yes, state the time frame and explain
____________________________________________________________________________________________________

Have you ever failed to complete work awarded to you? ___ Yes ___ No  If yes, explain
____________________________________________________________________________________________________

Have you ever defaulted on a contract? ___ Yes ___ No  If yes, explain
____________________________________________________________________________________________________

Are you currently on the contractor debarment list administered by the U.S. Department of Housing and Urban Development? 
___ Yes ___ No  If yes, explain
____________________________________________________________________________________________________
Litigation Information:
Has any kind of judgment, including that which is the result of a regulatory preceding been rendered against you, in the last ten years, related to those services being proposed herein? Please explain in summary.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

3) CITY OF COLUMBUS LICENSE
License Number: _____________________________ Expiration Date: _____________________________

4) ADDITIONAL LICENSES HELD (If any) Please describe the type of licenses you possess and the corresponding identification number.

License Number: _____________________________ Expiration Date: _____________________________
License Number: _____________________________ Expiration Date: _____________________________
License Number: _____________________________ Expiration Date: _____________________________
Other ______________________________________

5) Areas of Specialization (Non-Subcontracted Work)
(Choose Which Category Best Apply):

____ Asbestos Survey and Abatement
____ Board Up and Security
____ Demolition
____ Survey Services
____ IT Services
____ Communications/Design Services
____ Realty Services
____ Yard Maintenance
____ Title, Escrow and Appraisal
____ Accounting Services
____ Other ____________________________________
6) INSURANCE: (See attached) NOTE: CERTIFICATION OF INSURANCE TO BE PROVIDED BY AGENT

Insurance Company: ____________________________________________________________
Agent Name: ___________________________ Phone Number: _________________________
Address: _________________________________________________________________
Liability Insurance Policy Number: ___________________________ Expiration Date: _____________
Auto Insurance Policy Number: ___________________________ Expiration Date: _____________

7) RECENT COMPLETED PROJECTS – Provide the last two job awards completed by your firm

1) Type of Work: ________________________________________________________________
Who awarded you the contract (business, agency, individual, other)? ________________________________
 Contact Name: ___________________________ Phone Number: _________________________
 Date: ________________________________________________________________

2) Type of Work: ________________________________________________________________
Who awarded you the contract (business, agency, individual, other)? ________________________________
 Contact Name: ___________________________ Phone Number: _________________________
 Date: ________________________________________________________________

References: Please provide no fewer than three business references

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Please provide demographic information of the ownership of your company
(Check All That Apply)

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I hereby certify that the information provided herein is, to the best of my knowledge and belief true, accurate and complete.

_________________________  ________________________________
Date                              Authorized Signature of Contractor

_________________________  ________________________________
Company                          Please Print Name

Please Return Completed Form To:  Central Ohio Community Improvement Corporation
Attention: Hope Kingsborough
845 Parsons Avenue - Columbus, OH 43206
Phone: (614)-724-4939

(STAFF USE ONLY)

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