



Central Ohio Community Improvement Corporation

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



Please check the appropriate box for services your firm is qualified to provide to the COCIC.

- Demolition
- Yard Maintenance
- Board Up and Security
- Asbestos Survey & Abatement
- Title, Escrow, Appraisal
- Realty Services
- Survey Services
- Accounting Services
- Communications/Design Services
- IT Services
- Other _____

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

Central Ohio Community Improvement Corporation (COCIC)
845 Parsons Avenue - Columbus, Ohio 43206
Phone: (614) 724-5263

CONTRACTOR INFORMATION & QUALIFICATION FORM (continued)

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.

Application Date: _____

CONTRACTOR INFORMATION & QUALIFICATION FORM (continued)

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 _____

CONTRACTOR INFORMATION & QUALIFICATION FORM (continued)

Litigation Information:

Has any kind of judgment, including that which is the result of a regulatory proceeding 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)

(Check 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 _____

CONTRACTOR INFORMATION & QUALIFICATION FORM (continued)

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

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide demographic information of the ownership of your company

(Check All That Apply)

	<u>Male-Owned</u>	<u>Woman-Owned</u>
White American	[]	[]
Black American	[]	[]
Hispanic American	[]	[]
Native American	[]	[]
Asian American	[]	[]
Other _____	[]	[]

CONTRACTOR INFORMATION & QUALIFICATION FORM (continued)

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)

DATE	ACTION TAKEN