COCIC FRANKLIN COUNTY LAND BANK

REMOVING BARRIERS. REUSING LAND. REBUILDING COMMUNITIES.

VENDOR INFORMATION & QUALIFICATION PACKET

Welcome & Instructions

Before you begin

Complete all sections that apply to your business and attach the required documents listed. Incomplete packets cannot be reviewed. Being added to the vendor list does not guarantee work; it makes your firm eligible to be invited to quote or bid.

Submit to: Jake Hiestand | jhiestand@cocic.org | 845 Parsons Avenue, Columbus, OH 43206 | 614.724.4942

Thank you for your interest in working with the Central Ohio Community Improvement Corporation (COCIC) and its subsidiary, Central Ohio Community Land Trust (COCLT). We maintain a list of qualified vendors and contractors who may be invited to provide quotes or bids on demolition, site work, construction and rehabilitation, property and lot maintenance, and professional services tied to our land acquisition, redevelopment, and affordable homeownership work in Franklin County.

How the vendor list works

- Submitting this packet adds your firm to our vendor pool. It does not create a contract or guarantee any volume of work.
- When work arises, we invite qualified vendors in the relevant category to quote or bid. Selection considers price, qualifications, capacity, past performance, insurance, and responsiveness.
- Keep your information current. Notify us of any change to your insurance, licensing, ownership, or contact information.
- Vendor list status is reviewed periodically. We may request updated documents to confirm continued eligibility.

Completing this packet

To be considered for work awarded, please provide the following:

- This Vendor Information & Qualification Packet, completed in its entirety and signed
- Worker's Compensation Certificate
- Certificate of Insurance (see Minimum Insurance Coverage Requirements in this packet)
- Signed Equal Opportunity Employment Statement (included in this packet)
- Current IRS W-9

COCIC reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to qualification. Completing this packet adds your company to COCIC's vendor database; it does not guarantee work, and COCIC reserves the right to issue service contracts at its sole discretion.

COCIC is an equal opportunity organization. We do not discriminate in vendor selection on the basis of race, color, religion, sex, national origin, age, disability, familial status, or any other protected class.

SECTION A. COMPANY INFORMATION

Legal Business Name			
DBA / Trade Name (if any)			
Year Established		**No. of Employees**	
Federal Tax ID (FEIN) or SSN		**Years contracting under present name**	

Physical Address			
City		**State**	
ZIP Code		**County**	
Mailing Address (if different)			
City		**State**	
ZIP Code		**County**	
Business Phone		**Website**	
Business Structure	☐ Sole Proprietor ☐ Partnership ☐ LLC ☐ S-Corp ☐ C-Corp ☐ Nonprofit ☐ Other		
Union Status	☐ Union ☐ Non-Union		

Owner

Owner Name		**Phone**	
E-mail			

Primary contact

Contact Person		**Phone**	
E-mail		**Title**	

SECTION B. DIVERSITY & INCLUSION

This section is **informational only.** It is not used to qualify or disqualify any vendor. COCIC collects this information to better understand and support the diversity of our vendor pool. Mark all that apply and attach documentation if available.

☐ Minority Business Enterprise (MBE)	☐ Women Business Enterprise (WBE)
☐ Ohio EDGE certified	☐ Disadvantaged Business Enterprise (DBE)
☐ Veteran-Owned (VOSB)	☐ Service-Disabled Veteran-Owned (SDVOSB)
☐ Small Business / SBA 8(a)	☐ LGBTBE
☐ Section 3 Business Concern	

Certifying agency	
Certification number	
Self-identified ownership category (optional)	

SECTION C. SERVICES & CAPABILITIES

Mark all categories your firm is qualified and equipped to perform. *This determines which opportunities we send you.*

Demolition & site work

☐ Residential demolition	☐ Commercial demolition	☐ Selective / interior demo
☐ Site clearing & grading	☐ Excavation	☐ Foundation removal
☐ Hauling & debris removal	☐ Asbestos abatement	☐ Lead abatement
☐ Environmental remediation	☐ Concrete / flatwork	☐ Erosion control

Construction & rehabilitation

☐ New home construction	☐ Whole-home rehab	☐ Roofing
☐ Framing / carpentry	☐ Electrical	☐ Plumbing
☐ HVAC	☐ Drywall / paint	☐ Flooring
☐ Windows / doors	☐ Masonry	☐ Foundation / structural
☐ Weatherization	☐ Lead-safe RRP work	☐ General contracting

Property & lot maintenance

☐ Lawn / lot mowing	☐ Landscaping	☐ Tree removal / trimming
☐ Board-up / securing	☐ Trash-out / clean-out	☐ Snow removal
☐ Fencing	☐ General handyman	☐ Pest control

Professional & technical services

☐ Architecture	☐ Engineering	☐ Land surveying
☐ Environmental (Phase I / II)	☐ Appraisal	☐ Title / closing
☐ Property inspection		

Other / specialty services not listed	

Capacity

Geographic service area		**Crew / field staff size**	
Typical project size handled		**Largest project completed ($)**	
Can you handle multiple jobs at once?	☐ Yes ☐ No		

SECTION D. LICENSING & REGISTRATIONS

List all licenses, registrations, and certifications relevant to the services you offer. *Attach copies of current licenses. Requirements vary by trade and jurisdiction — list what applies to your firm.*

License / Registration / Certification	Issuing Authority	Number	Expires

Commonly applicable: City of Columbus contractor registration; Ohio specialty-trade licenses (electrical, plumbing, HVAC/refrigeration, hydronics) through the Ohio Construction Industry Licensing Board; EPA Lead-Safe (RRP) certification for pre-1978 properties; Ohio Department of Health asbestos certification; demolition contractor registration. Confirm current requirements with the relevant jurisdiction.

SECTION E. INSURANCE & BONDING

Vendors must carry insurance meeting or exceeding the minimums below and provide a Certificate of Insurance (COI) naming COCIC/COCLT as additional insured before work begins.

Coverage	Minimum Required	Your Carrier / Policy No. / Expiration / Limit
General Liability — Bodily Injury	$1,000,000 each person / $1,000,000 each accident	
General Liability — Property Damage	$1,000,000 each person / $1,000,000 each accident	
Workers' Compensation	Ohio statutory limits	

COCIC reserves the right to (a) waive minimum limits to a lower limit for vendors performing work with limited risk exposure; (b) raise minimum limits for vendors performing high-exposure work; and (c) require additional types of coverage as the need arises. Each vendor is responsible for verifying that subcontractors carry coverage in sufficient amounts and types prior to the start of any work.

Bonding

Are you bondable?	☐ Yes ☐ No
Bonding company	
Single / aggregate bond capacity	

SECTION F. SAFETY & COMPLIANCE

Do you have a written safety program?	☐ Yes ☐ No
Experience Modification Rate (EMR), most recent	
OSHA recordable incidents, past 3 years	
OSHA citations or serious violations in past 3 years?	☐ Yes ☐ No

If yes to any item above, attach a brief explanation.

SECTION G. RECENT COMPLETED PROJECTS

Provide up to three recent, relevant projects completed by your company (within the last 3 years).

Project 1

Client / Organization		**Contact Name**	
Phone		**Email**	
Project type		**Approx. value ($)**	
Location		**Year completed**	

Project 2

Client / Organization		**Contact Name**	
Phone		**Email**	
Project type		**Approx. value ($)**	
Location		**Year completed**	

Project 3

Client / Organization		**Contact Name**	
Phone		**Email**	
Project type		**Approx. value ($)**	
Location		**Year completed**	

SECTION H. BUSINESS REFERENCES

Provide no fewer than three business references that may be contacted if a COCIC agreement commences.

Name	Address	Phone

SECTION I. LEGAL & STANDING DISCLOSURES

Answer each question. A "Yes" answer does not automatically disqualify your firm but must be explained.

Disclosure question	Response
Are your federal, state, and local taxes current?	☐ Yes ☐ No
Is your firm currently a party to any litigation, lien, or judgment related to its work?	☐ Yes ☐ No
Does any owner, officer, or employee have a family or financial relationship with a COCIC/COCLT board member, officer, or staff member? If yes, identify the individual(s) and describe the relationship.	☐ Yes ☐ No
In the past 5 years, has your firm defaulted on a contract or had a contract terminated for cause? If yes, explain.	☐ Yes ☐ No
Have you contracted under any other name(s)? If yes, state the time frame and explain.	☐ Yes ☐ No
Have you ever failed to complete work awarded to you? If yes, explain.	☐ Yes ☐ No
Are you currently debarred, suspended, or otherwise excluded from federal, state, or local contracting (e.g., listed on the SAM.gov federal exclusions database)? If yes, explain.	☐ Yes ☐ No
Has your firm filed for bankruptcy in the past 7 years? If yes, explain.	☐ Yes ☐ No

SECTION J. EQUAL OPPORTUNITY EMPLOYMENT STATEMENT

By signing below, you certify that your firm is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, sex, gender identity, sexual orientation, national origin, ancestry, age, military or veteran status, disability, genetic information, pregnancy, or any other characteristic protected by law. Your firm will ensure that applicants are employed, and that employees are treated during employment, without regard to the characteristics listed above. This applies 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. If your firm fails to comply with this certification, COCIC may cancel, terminate, or suspend its contracts in whole or in part, and your firm may be declared ineligible for further COCIC contracts.

Authorized signature		**Printed Name**	
Title		**Date**	

SECTION K. APPLICANT CERTIFICATION & SIGNATURE

By signing below, you certify that the information in this packet and its attachments is true, complete, and accurate to the best of your knowledge, and that you are authorized to submit this application on behalf of the firm named above. You understand that submission does not guarantee any work, that COCIC may verify any information provided, and that any material misrepresentation may result in removal from the vendor list. You agree to notify COCIC promptly of any change to the information provided, including insurance, licensing, or ownership.

Authorized signature		**Printed Name**	
Title		**Date**	

FOR COCIC INTERNAL USE ONLY

Date received	
Reviewed by	
Categories approved	
Status	☐ Approved ☐ Pending ☐ More info needed ☐ Declined
Notes	