NOTE TO CONTRACTORS:

Trumbull Neighborhood Partnership (TNP) and the Trumbull County Land Reutilization Corporation (TCLRC) emphasize the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, TNP/TCLRC has established a pre-qualification procedure for Contractors, and has developed and maintains a list of pre-qualified Contractors in the respective trades.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Contractor’s Qualification Packet in its entirety and submit it to TNP/TCLRC
- Agree to provide equal employment opportunities, as evidenced by Contractor’s signature on the Equal Opportunity Employment statement
- Agree to warranty all work performed under the contracts, as evidenced by Contractor’s signature on the Contractors Warranty (part of the Qualification form)
- Submit Certificate of Insurance, confirming the insurance required by the program (this must be resubmitted annually)
- Submit a completed W-9 Tax Form (enclosed)
- Provide all licenses and certification required by TNP/TCLRC
- Submit copy of Worker’s Compensation Certificate
- Have an active registration with Sam.gov and have a Unique Entity Identifier (UEIN)

If, in the opinion of TNP/TCLRC, the contractor meets the program’s standards for qualified contractors, the Contractor’s name will be placed on the list of Qualified Contractors, according to trade or specialty.

TNP/TCLRC reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

Thank you in advance for your cooperation,

Trumbull Neighborhood Partnership and Trumbull County Land Reutilization Corporation Staff

*Registration is valid for the calendar year starting January 1st, or any date thereafter during the year, and expires December 31st of same year.
CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION

Name: ___________________________ Address: __________________________________________
Phone: __________________________ Fax: __________________________ Pager: __________________________
Mobile: __________________________ E-Mail: __________________________
Federal Tax I.D. Number or Social Security Number: __________________________
Unique Entity Identifier (UEIN): __________________________ Sam.gov Registration Expiration Date: __________________________
Company Name: __________________________ Address: __________________________________________
Contact Person: __________________________ Phone: __________________________

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): ☐ No ☐ Yes
If yes, explain and list other names: __________________________

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 listed as an ineligible contractor by the U.S. Department of Housing & Urban Development? 
☐ Yes ☐ No If yes, explain __________________________
CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

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

<table>
<thead>
<tr>
<th>License</th>
<th>Number: _____</th>
<th>Expiration</th>
<th>Date: _____</th>
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<td>Other</td>
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4) Areas of Specialization (Non-Subcontracted Work) (Check Which Category Best Apply):

- [ ] Abatement
- [ ] Lead
- [ ] Asbestos
- [ ] Cleaning
- [ ] Excavating/Landscape
- [ ] Board Up and Security
- [ ] Carpentry: Rough Finish
- [ ] Concrete
- [ ] Demolition
- [ ] Electrical
- [ ] Floor Covering:
  - [ ] Garage Doors
  - [ ] Gutters & Downspouts
  - [ ] Insulation/Weather-stripping
- [ ] General Contracting
- [ ] Mechanical, (HVAC) Specify
- [ ] Miscellaneous, Specify
- [ ] Painting
- [ ] Pest Control
- [ ] Plaster/Drywall
- [ ] Tree Removal
- [ ] Plumbing
- [ ] Roofing
- [ ] Siding
- [ ] Windows
- [ ] Aluminum Covering
- [ ] Special Construction, Specify
- [ ] Water Heating/Conditioning
- [ ] Waterproofing
- [ ] Kitchen/Bath
- [ ] Masonry/Brick
- [ ] Yard Maintenance
- [ ] Title & Escrow
- [ ] Other

Revised July 2023
5) 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: __________

6) PROJECT EXPERIENCE – Provide the following information on your largest project

Type of work: ____________________________________________
Primary Contract Amount: ___________________________
Term of Work: ____________________________________________
Number of Units Served at one Time: ___________________________
Location of current project(s): ____________________________

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

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

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<td>Hispanic American</td>
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<td>Native American</td>
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<td>Asian American</td>
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<tr>
<td>Other</td>
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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:  Trumbull Neighborhood Partnership
  Trumbull County Land Reutilization Corporation  Attention: Mikenna McClurg
  736 Mahoning Ave NW - Warren, OH 44483  Phone: (330) 647-6301
  Email: landbank@tnpwarren.org  Website: www.trumbullcountylandbank.org

(STAFF USE ONLY)

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Revised July 2023

Trumbull Neighborhood Partnership
Trumbull County Land Reutilization Corporation
736 Mahoning Ave NW Warren, OH 44483
Phone: (330) 647-6301
EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned realty agency is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin, military status (past, present or future), disability, age, genetic information, or sexual orientation, as those terms are defined in Ohio law, federal law and any current executive order of the governor of Ohio. The realty agency shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, color, religion, sex, or national origin, military status (past, present or future), disability, age, genetic information, or sexual orientation. 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 Trumbull Neighborhood Partnership and the Trumbull County Land Reutilization Corporation may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

_________________________  __________________________
Date                                      Authorized Signature of Contractor

_________________________  __________________________
Company                              Please Print Name
CONTRACTOR’S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

- That all materials used in the performance of the work funded through Trumbull Neighborhood Partnership (TNP) the Trumbull County Land Reutilization Corporation (TCLRC) shall be free from defect,
- That all work performed and funded through TNP/TCLRC shall be free from defect of faculty workmanship,
- That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from TNP/TCLRC Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- That the Contractor will furnish the owner with all applicable manufacturer’s and supplier’s written guaranties and warranties covering materials and equipment installed or constructed,
- That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor’s non-compliance with the contractor's warranty, contracts for work through TNP/ TCLRC may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further TNP/TCLRC Program contracts.

________________________________________  ______________________________________
Date                                          Authorized Signature of Contractor

________________________________________  ______________________________________
Company                                      Please Print Name
CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under Trumbull Neighborhood Partnership (TNP) and the Trumbull County Land Reutilization Corporation (TCLRC), 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 $100,000 each occurrence, $300,000 aggregate
   --PROPERTY DAMAGE $100,000 each occurrence, $300,000 aggregate
   --GENERAL LIABILITY $1,000,000 for the business

2. WORKERS COMPENSATION with statutory limits.

3. BUSINESS COMMERCIAL AUTO POLICY

NOTE:

TNP/TCLRC 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.