



Safe Homes

For O.C. Seniors

County Of Orange Contractor Bidder's List

Thank you for your interest in the County of Orange, OC Housing & Community Development's (HCD) *Safe Homes for OC Seniors Contractor Program*. Only contractors who have submitted a complete application and have been found eligible per the *HCD Policies and Procedures* (AS 2.2.7) [\[hyperlink here\]](#) will be allowed to bid on work funded by this HCD program.

What is the Safe Homes for OC Seniors program all about?

The Safe Homes for OC Seniors program is designed to do what its name suggests; make homes safe for the seniors living in them. The focus of the program is on making improvements that promote the health, safety, or welfare of the senior community. These repairs and improvements range from enhancing energy efficiency, providing ADA accessibility, to alleviating code violations.¹

A senior can apply for the Safe Homes for OC Seniors Grant to make needed repairs and the County will utilize its Contractor Bidder's List to perform the work. Contractors may wish to choose a designation to highlight their specialty work; such as Mobile Home repair, roofing, ADA Improvements etc. Each job is capped at \$20,000 and will be completed within 2 months from the construction start date.

How can my Company be put on the OC Seniors Contractor Bidder's List?

In order to be considered for this list, simply follow this link ([Hyperlink here](#)):

¹ Included but not limited to: Energy Efficiency items (HVAC – heating only, window, door replacement for efficiency, siding, water heaters). ADA access (ramps, sidewalks, driveways, grab bars, bathroom ADA additions) Painting, Lead Based Paint Abatement, Roofing, Electrical, Plumbing, Code Violations, General Safety Issues.



OC Seniors Contractor Bidder's List Application

Company Legal Name: _____

Name of Owner(s): _____

Company Legal Status (corporation, partnership, etc.): _____

Business Address: _____

Website Address: _____

Telephone Number: _____ Fax Number: _____

Years in Business: _____ Regular Business Hours: _____

Contact Person for this Bidder's List: _____

Contact Telephone #: _____ Contact Mobile #: _____

Contact Email Address: _____

Contact Fax Number: _____

Federal Tax ID #: _____

State Contractor's License #: _____ Type of License: A B C

Specialty # _____

Lead-Based Paint Certificate:

Inspector: Yes No Monitor: Yes No Clearance: Yes No

Section 3 Contractor or Section 3 Employee's _____

MBE / WBE / DBE / DVBE / OCLSB Contractor:² _____

General Contractor: Yes No

Plumbing Contractor (C-36) Exterior Related (C-27, 8,12,13,39): Yes No

Electrical Contractor (CIO): Yes No

Mobile Home Specialty: Yes No

Other delineations you would like to highlight: _____

² Minority Business Enterprise (MBE) / Women Business Enterprise (WBE) / Disadvantaged Business Enterprise (DBE) / Disabled Veteran Business Enterprise (DVBE) / Orange County Local Small Business (OCLSB)

Company Experience, Background & Information

Please attach a brief response to the following items:

1. Provide information regarding your Company, including a short description of your services and company size.
2. Provide a description of the qualifications of all professional personnel including sub-consultants that your Company may use in your work for Safe Homes for OC Seniors.
3. Provide a sample Scope of Work that includes the experience and focus of your Company.
4. Provide a Company Organization Chart – including names, titles and position of all current employees.
5. References: Each Company on the OC Seniors Contractor Bidder's List must demonstrate successful prior performance of similar scope and services. Accordingly, please provide three (3) references to include: client name, title, address and telephone number of a specific individual(s) that may be contacted as a reference along with a brief description of the services provided.

Please include a current copy of the following documents with your application. Applications without the attached items will be considered incomplete until all documentation is submitted:³

Liability Insurance
Workers Compensation Insurance
State Contractor's License

³ HCD will verify your license and insurance as well as check the Federal List of Parties Excluded from Federal Procurement and Non-procurement Programs Publications.

Disclosures

Has anyone in the Company ever been convicted of violating federal, state or local laws in the course of discharging the duties as a contractor? Yes No If yes, please explain in an attachment to this application.

Has anyone in the Company ever been disbarred from participating as a contractor in any federal or local housing program? Yes No If yes, please explain in an attachment to this application.

Bankruptcy Information: The Company shall indicate whether an owner, its principals, directors, or majority shareholder(s), has held a controlling interest in, or which has ever filed for or has been involuntarily put into bankruptcy or has been declared bankrupt. If yes, attach a statement indicating the bankruptcy date, court jurisdiction, trustee's name and telephone number, amount of liabilities, amount of assets and current status of bankruptcy.

Current/Past Litigation: The Company shall provide detailed information regarding litigation (court and case number), liens, or claims involving the Company, or any of the principal officers of the Company in the past seven (7) years.

_____ No Action Pending _____ No Prior Action _____ Information Provided

Certificate of Insurance

The Company shall certify its willingness and ability to provide the required insurance coverage and certificates as set forth by the County of Orange within 10 calendar days of notification of invitation to bid, by signing below

Print Name

Signature

Conflict of Interest

The Company must certify either A or B by signing below:

A. The Company certifies that current/past financial, business or other relationship(s) with the County exist/existed as follows:

Disclose any financial, business or other relationship with the County of Orange, any other entity that the Orange County

Safe Home For O.C. Seniors • Monique Miner • monique@civicstone.com • 909.364.9000



Board of Supervisors governs, or any Orange County Board member, officer or employee, which could affect or influence award of the contract for the services you propose to provide.

Print Name

Signature

OR

B. Proposer certifies that no relationships exist/existed as outlined in item A above.

Print Name

Signature

Non-Discrimination:

The Company will, through all possible means, ensure equal opportunity for all persons to be employed regardless of age, handicap, national background, race, religion, or sex.

Non-Collusion: This application is genuine, and not a sham nor collusive, nor made in the interest or on behalf of any person not herein named; the Company has not directly induced nor solicited any other Company to put in a sham Proposal, nor any other person, firm or corporation to refrain from submitting an application; the Company has not in any manner sought by collusion to secure for itself an advantage over any other applicant.

Federal, State & Local Compliance Assurances:

The Company will meet all applicable Federal, State, and local compliance and regulatory requirements including, but are not limited to the following:

Meeting all lobbying certification/disclosure of lobbying activities requirements.

Ensuring that records accurately reflect actual performance

Meeting requirements of Section 504 of the Rehabilitation Act of 1973⁴

Meeting all applicable labor laws, including Child Labor Law standards

Reporting financial, participant, and performance data, as required

Maintaining record confidentiality, as required

⁴ Section 504 of the Rehabilitation Act of 1973 requires that any entity receiving federal financial assistance must ensure that persons with disabilities are not discriminated against in any and all aspects of employment, or denied access to the goods or services that these federal fund recipients provide.

The Company recognizes that it must give assurance for each of the items above, as applicable. If it cannot, this application will be automatically rejected.

Company Performance Expectations:

Companies performing work for HCD are expected to always display professional behavior and are subject to removal from the Contractor Bidder's List under, but not limited to, the following circumstances:

- The Company does not possess a current, valid Contractor's License;
- The Company does not possess required insurance;
- The Company's performance was determined to be unacceptable for any of the following reasons:
 - Project not completed on a timely basis;
 - Quality of workmanship was determined to be below standard;
 - The Company did not maintain nor provide necessary and accurate documentation, including, but not limited to, permits and private property agreements;
 - The Company did not treat the client in a business or professional manner;
 - The Company does not maintain an acceptable performance rating; and/or
 - The Company failed three (3) times to attend consecutive bid-walks when invited during any six month period.

I affirm that all information in this application is true and correct to the best of my knowledge and that the Company under my authority will adhere to all applicable rules and regulations to the fullest extent possible.

The undersigned hereby acknowledges that any misrepresentation as to the above information can result in disqualification from consideration as a participating Company in the Safe Homes For OC Seniors Program and herewith authorizes HCD to contact any of the above listed entities and/or individuals as deemed necessary by the County of Orange for the purpose of qualifying the Company herein identified. Furthermore, the undersigned hereby acknowledges that he/she is authorized by the Company's Board of Directors, Trustees, or other legally qualified officer to submit this proposal on behalf of the "Company."

Authorized Signature

Signature Date

Print Name

Title

HCD Staff use only:

Insurance

Worker's Comp

Contractor License

Lead-Based Paint

Certification

CSLB Check

Federal List Check

Accepted

Declined

Staff Initials _____ / Date _____