



# Safe Homes

## For O.C. Seniors



### Contractor Participation Application

The Safe Homes for O.C. Seniors Program allows eligible homeowners to select a licensed contractor of their choice. Contractors wishing to participate in the Program must complete this application and provide all required documentation. The County of Orange will verify contractor qualifications including licensing, insurance, and program eligibility before issuing a Notice to Proceed. Submission of this application does not guarantee participation in any project.

#### Company Information

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: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ Contact Mobile #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

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:<sup>1</sup> \_\_\_\_\_

<sup>1</sup> Minority Business Enterprise (MBE) / Women Business Enterprise (WBE) / Disadvantaged Business Enterprise (DBE) / Disabled Veteran Business Enterprise (DVBE) / Orange County Local Small Business (OCLSB)



General Contractor: Yes No

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

Electrical Contractor (C10): Yes No

Mobile Home Specialty: Yes No

Other delineations you would like to highlight: \_\_\_\_\_

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## 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. Yes No  
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

### Company Performance Expectations:

Contractors participating in the Safe Homes for O.C. Seniors Program are expected to maintain professional standards throughout each project. Failure to meet these expectations may result in removal from the Program or ineligibility for future participation, as determined by the County.

A contractor may be removed from the Program or deemed ineligible for future participation for reasons including, but not limited to:

- Failure to maintain a current, valid California Contractor's License.



- Failure to maintain the required insurance coverage.
- Failure to complete work in a timely manner.
- Workmanship determined by the County to be below acceptable standards.
- Failure to obtain required permits or maintain accurate project documentation, including private property agreements.
- Failure to conduct business in a professional and respectful manner with homeowners, the County staff, CivicStone staff, inspectors, or other project participants.
- Failure to maintain an acceptable performance record on Program projects.

### **Program Eligible Repairs:**

**Code / Health and Safety Repairs:** The focus of the Safe Homes for O.C. Seniors Program is to promote the health, safety, and welfare of the senior community. This is often accomplished through repairing and eliminating any code violations and immediate health or safety issues. Some code violations and safety issues may be discovered upon the initial home walk-through and will be added to the Scope of Work. The Program can fund the necessary repairs to bring the home into Code Compliance and obtain approved building permits.

**ADA Repairs:** These repairs help make a home accessible to those with disabilities. Sample repairs include: ramps, sidewalks, grab bars, shower accessibility, high boy toilets, drive way repair, and hand rails

**Energy Efficiency Repairs:** Sample repairs include: HVAC (heating only) repair/replacement, window or door replacement for energy efficiency, insulated vinyl siding installation and water heater replacement.

**Welfare:** A variety of items can deteriorate the welfare of the Senior community if they are not in good repair, including: roofing, electrical, plumbing, painting (Lead Based Paint), and termite or dry rot damage/repair. Other Eligible Repairs to be determined on an as-needed basis and must be approved by the County staff and meet the intent of the Safe Homes for O.C. Seniors program.

### **Program Inspections:**

**Periodic Inspections:** The County may at any time inspect and evaluate the progress and quality of the repairs at the Property. If the County is not satisfied that the repairs are proceeding in accordance with the time schedule set forth in the Construction Timeline, that the quality of the repairs conform to the approved Scope of Work, or that the actual cost of the repairs will comply with the approved Scope of Work, the County shall issue a Correction Notice to the Contractor to cure all deficiencies noted in the Correction Notice within seven (7) calendar days from the date of the Correction Notice. Contractor shall be fully responsible

for all costs incurred to cure the deficiencies set forth in the Correction Notice. If Contractor does not adequately address and cure all deficiencies set forth in the Correction Notice within the time set forth herein, the County shall have the right to cure such deficiencies and either add the cost of such cure to the principal balance of the Loan.

**Final Inspection:** Contractor shall notify the County in writing within two (2) calendar days of completing the repair work at the Property. Within seven (7) calendar days of receiving such notice, The County will conduct a final inspection of the Property to ensure that the repairs have been satisfactorily completed in accordance with the approved Scope of Work. The County will issue Correction Notices for any items included within the Scope of Work that have not been completed to the satisfaction. Upon approving the repair work, the County shall issue a Certificate of Completion evidencing that the repair of the Property has been satisfactorily completed before final payments to the Contractor are issued.

### **Insurance Requirements:**

During the entire repair period Contractor shall take out and maintain the following insurance:

- a. a commercial general liability and property damage insurance policy in the amount of not less than \$1,000,000 combined single limit policy, including contractual public liability, as shall protect County from claims for such damages until one (1) year after the completion of all repair work performed;
- b. a comprehensive automobile liability policy in the amount of not less than \$1,000,000 combined single limit;
- c. a policy of all-risk property insurance with respect to the Property in an amount of not less than one hundred percent (100%) of the full replacement value of the Property
- d. workers' compensation insurance as required by law.

Contractor shall furnish a certificate of insurance countersigned by an authorized agent of the insurance carrier on a form of the insurance carrier setting forth the general provisions of the insurance coverage. This countersigned certificate and the policy which it certifies, shall name the County and their respective officers, agents, and employees as additional insured. The certificate by the insurance carrier shall contain a statement of obligation on the part of the carrier to notify the County of any material change, cancellation or termination of the coverage at least thirty (30) days in advance of the effective date of any such material change, cancellation or termination. Coverage provided hereunder by Contractor shall be primary insurance and not contributing with any insurance maintained by County, and the policy shall contain such an endorsement. The insurance policy and the certificate of insurance shall contain a waiver of subrogation for the benefit of the County.

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 contractor in the Safe Homes For OC Seniors Program and herewith authorizes The County to contact any of the above listed entities and/or individuals as deemed necessary by the County of Orange for the purpose of verifying the qualifications of the Company. 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 application on behalf of the "Company."

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Authorized Signature

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Signature Date

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Print Name

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Title

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County Staff use only:

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|---------------|---------------|--------------------------------|------------------|
| Insurance     | Worker's Comp | Contractor License             | Lead-Based Paint |
| Certification | CSLB Check    | <u>SAM.gov</u> Debarment Check |                  |

Accepted    Declined    Staff Initials \_\_\_\_\_ / Date \_\_\_\_\_

