

Kent County



Department of Planning Services Division of Planning

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CONTRACTOR PREQUALIFICATION APPLICATION

Directions: Type (or print in black ink) the answers to all questions. Fill out all requested information; incomplete applications will delay processing. If a question does not apply to you, write N/A in the space. Use the reverse of this form if additional space is needed.

Please attach a copy of the following when submitting this Prequalification Application:

1. State of Delaware Business License
2. Certificate of Insurance
3. HUD/EPA lead-based paint certifications

General Company Information			
Company Legal Name			
Mailing Address			
Contact Information	Phone:	Fax :	
	Email Address:		
Years in Business (under current name)			
Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
Certification(s) (Attach Certificates)	<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Number of Owners, Principals, or Partners			
Number of Employees	Office Personnel	Field Supervisors	Field Labor
Special License #s (Include State)			
Federal Tax ID			
Company or Owner Bankruptcy last 5 yrs ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)		
Workman's Comp Insurance	Coverage in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exclusions:	

WORK REFERENCES: The Applicant/Company must list the names, addresses, and phone numbers of four (4) individuals for whom your firm has completed similar residential projects in the last year. *(NOTE: REFERENCES LISTED BELOW CANNOT HAVE A BUSINESS OR FAMILIAL RELATIONSHIP WITH THE APPLICANT/COMPANY).*

Project Contract Range (\$)			
Annual Volume (\$)	This Year	Last Year	Prior Year
State (s) work was performed			
Has company ever defaulted on a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain on reverse of form)		
<i>Please provide information on four (4) single-family <u>occupied</u> rehabilitation projects that equal or exceed \$10,000.00 of work in the past two years. Use the reverse of this form, if necessary.</i>			
<i>ATTENTION: (Slow, or non-responsive references may result in the non-approval of this application.)</i>			
Homeowner Name & Address	Scope of Work	Contract Amount	Reference Contact (name, phone, email)

CREDIT REFERENCES: The Applicant/Company must list the company, address, phone number and contact person for two (2) construction related charge accounts established for your company.

(NOTE: A charge card from a residential construction material supplier will be considered for one of the credit references if the card/account is in the company or business name and the 4 most recent and sequential monthly billing/purchase statements are provided to establish a purchase/payment history. Account numbers are to be removed/blocked out so as to safeguard the account.)

Company:	Phone No:
Address:	
Contact Person:	Phone No:

Company:	Phone No:
Address:	
Contact Person:	Phone No:

Insurance Company 1:		
Address		
Insurance Agent Name		Phone #:
Contact Name		Phone #:

Insurance Company 2 (if Applicable):		
Address		
Insurance Agent Name		Phone #:
Contact Name		Phone #:

I hereby certify that my firm, company and/or principal officers and owners have not been debarred or declared ineligible to receive government contracts and participate in federally assisted contracts.

I further certify that all information contained herein is true to the best of my belief and knowledge, and I understand that any false statements given in connection with this PREQUALIFICATION APPLICATION will make my firm and/or company ineligible to bid on projects offered through the Community Development Section of the Kent County Department of Planning.

Except for communications specifically authorized herein pertaining to the preparation and submittal of a response to this Request for Qualifications, Respondents to this Request for Qualifications or their representatives shall not separately or independently of their own accord discuss, negotiate, promote, market, lobby or solicit with any County Employee or any County Official, verbally or in writing, during the Request for Qualifications advertisement period and Qualifications Review and Selection Process as indicated in this Request for Qualifications. Failure of a Respondent to adhere to this provision may result in the Respondents disqualification from further consideration.

Signature of Officer or Owner

Title

Date

Company Organization:

- Corporation
- Sole Proprietorship
- Partnership
- LLC