

**CITY OF HATTIESBURG  
DEPARTMENT OF URBAN DEVELOPMENT  
COMMUNITY DEVELOPMENT DIVISION**

**INSTRUCTIONS TO RESPONDENTS FOR CDBG AND HOME  
PROGRAM SERVICES**

**BID FORM**

**PROPOSAL FOR: Qualified Eligible Contractors for the purposes of housing rehabilitation, housing repair, housing reconstruction and related activities as needed for a period ending December 31, 2021 for the Department of Urban Development - Community Development Division.**

Statements of Qualifications will be received until 10 a.m. Thursday, October 22, 2020 in the City Clerk's Office in the Hattiesburg City Hall located at 200 Forrest Street, P. O. Box 1898, Hattiesburg, MS 39403-1898. SOQs will be opened beginning at 10 a.m., Thursday, October 22, 2020.

For questions or clarifications, respondents should contact:

City Clerk  
P. O. Box 1898  
200 Forrest Street  
Hattiesburg, MS 39403-1898  
(601) 545-4552

The undersigned Respondent agrees to comply with and provide the following services to the City of Hattiesburg:

Respondent shall furnish contracting or construction services associated with CDBG housing rehabilitation, HOME housing rehabilitation, CDBG Emergency Repair, HOME Reconstruction and related activities.

Successful respondents shall furnish and supervise any personnel needed to perform any necessary activities related to said services.

Successful respondents shall furnish all tools and equipment necessary to perform said services. Respondents shall provide a detailed equipment list as part of the QEC Application and Checklist.

Respondents must be licensed contractors with the State of Mississippi and the City of Hattiesburg by the deadline for submitting qualifications and must provide all the information indicated on the attached QEC Application and Checklist.

Responses will be reviewed by committee. Incomplete responses, failure to provide minimally required information, or evidence of ineligibility will result in a finding of non-qualification. For the respondents with completed applications that meet basic eligibility requirements, the committee will check references and review examples of work for work standards and quality of workmanship.

Successful respondents will be placed on a list of Qualified Eligible Contractors for the City's CDBG and HOME programs. For each related residential rehabilitation, repair or reconstruction project, contractors must submit bids based on a work write-up completed by the Department of Urban Development - Community Development Division staff. Only contractors on the list of Qualified Eligible Contractors may bid on these CDBG and HOME projects.

If there is no available contractor from the list, the City may use some other objective method of identifying contractors to complete the various related projects. Further, the City may use an alternative objective method of selecting contractors from the established list of QECs.

Successful respondents agree to comply with all federal, state, and city laws in performing the work contracted or assigned as a result of being placed on the City's list of QECs.

Successful respondents shall coordinate all work and related activities with the City's Department of Urban Development – Community Development Division. **Contractors must perform work as written on work write-ups. Changes to work write-ups will be made only by permission of Community Development staff. Any additional work completed without prior permission and proper inspection by Community Development staff will not be eligible for Change Order.**

Successful respondents agree to hold harmless and indemnify City from any and all liability and damages of any kind whatsoever resulting from participation in its CDBG and HOME programs.

It is understood that contractors may be removed from the list of QECs for failure to comply with terms and conditions herein or any other violation of any federal, state or local law and/or regulation.

Respondents shall provide all company information identified on the attached form and must include all required supporting documentation where requested.

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NAME OF COMPANY

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STREET/P.O. BOX ADDRESS

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CITY/STATE & ZIP CODE

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PHONE NUMBER (DAY AND NIGHT)

---

FAX NUMBER

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DATE OF BID

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COMPANY OFFICIAL'S NAME & TITLE

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COMPANY OFFICIAL'S SIGNATURE

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SOCIAL SECURITY OR EMPLOYER ID NUMBER

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DUNS NUMBER (required)

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OFFICIAL'S SIGNATURE – I hereby acknowledge receipt of all bid instructions and agree, if selected, to abide by all program guidelines. I additionally acknowledge that *Housing Rehabilitation/Reconstruction and Housing Repair Grants Program Manual (Amended December 2019)* has been made available as a public record through the City of Hattiesburg's City Clerk's Office, and I am fully prepared to abide by the guidelines, policies, and procedures contained therein.

**APPLICATION FOR ELIGIBILITY FOR QUALIFIED  
CDBG/HOME PROGRAM GENERAL CONSTRUCTION CONTRACTOR**

*General Construction Contractors/Remodelers who are interested in participating in CDBG/HOME Programs should answer the questions below and submit the information as noted.*

*By completing this application and providing the information requested it is understood that any/all information will be verified and references will be checked.*

Date of application: \_\_\_\_\_

1. Name of Company: \_\_\_\_\_

Name of owner/owners: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Responsible Individual: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

2. Have you ever been or are you currently an employee of the City of Hattiesburg? \_\_\_\_\_

If yes, please give the date(s) of employment \_\_\_\_\_

3. Please list all major equipment owned by you or your company.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



2. Name of Subcontractor: \_\_\_\_\_

Type of work Subcontractor Performs: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name of Subcontractor: \_\_\_\_\_

Type of work Subcontractor Performs: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**B. Material Suppliers (Please provide two material supply references).**

1. Name of Supplier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Supplies: \_\_\_\_\_

2. Name of Supplier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Supplies: \_\_\_\_\_

C. \*Prior Job References:

1. Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of work Performed: \_\_\_\_\_

\_\_\_\_\_

2. Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of work Performed: \_\_\_\_\_

\_\_\_\_\_

3. Owner of Property: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of work Performed: \_\_\_\_\_

\_\_\_\_\_

\*Note: If no local jobs, please provide copies of pictures of prior jobs for our file.

## CONTRACTOR'S APPLICATION CHECKLIST

**Please attach the following information to your application:**

- Copy of Privilege Tax License
- Copy of State Contractor's License
- Copy of Liability Insurance
- Copy of Performance and Payment Bond, if applicable
- Copy of Workmen's Compensation **OR** a letter from your insurance agent that your company is not required to carry Workmen's Compensation Insurance

**Applicant should NOT assume that previous submission of this information to the Department of Urban Development Community Development Division or any other city department is acceptable. Failure to include all requested documentation accompanying this application will constitute an incomplete application, and will be denied.**

## AUTHORIZATION FOR RELEASE OF INFORMATION

By my signature below I authorize the release of information by all subcontractors, references and others from the information supplied herein to the City of Hattiesburg Department of Urban Development – Community Development Division.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Printed Name of Authorized Signatory

\_\_\_\_\_  
Date

