

JACKSON COUNTY SHIP PROGRAM OFFICE

Phone: 850-482-9083 Fax: 850-718-0518



CONTRACTOR PRE-QUALIFICATION APPLICATION PACKET FOR REHABILITATION PROJECTS



JACKSON COUNTY SHIP PROGRAM OFFICE

Phone: 850-482-9083 Fax: 850-718-0518

[wschlesinger@jacksoncountyfl.com](mailto:w Schlesinger@jacksoncountyfl.com)

Any contractor desiring to bid on Jackson County SHIP Program Rehabilitation Assistance projects must be pre-qualified with the SHIP Program Office.

This packet contains the required documents for the pre-qualification process.

- Complete all of the attached documents
 - Application
 - Letter of Authorization
 - Sworn Statement - Public Entity Crimes
 - New Vendor Information (Submit even if you are not a new vendor)
 - Experience Statement
 - Subcontractor List

- W-9 Form

- Three letters of reference (within the past 90 days)

- Copy of the State of Florida contractor license

- Proof of Worker Compensation Insurance or Exemption

- Copy of General Liability Insurance showing amount of coverage and Jackson County Board of County Commissioners as certificate Holder

All applicants who submit a Pre-Qualified Packet will be notified in writing of their status in a timely manner.

The completed application and all supporting materials required in this packet are to be submitted to the Jackson County SHIP Program Office. The SHIP Program Office is in the process of changing locations. Please contact me via e-mail or phone for information. Thank you.

Sincerely,

Wendy Schlesinger

Wendy Schlesinger,
Housing Grant Coordinator



JACKSON COUNTY BOARD OF COUNTY COMMISSIONERS
STATE HOUSING INITIATIVES PARTNERSHIP

4487 Lafayette Street, Marianna, Florida 32446

Phone 850-482-9083 Fax 850-718-0518

CONTRACTOR APPLICATION

Name of Legal Entity _____

Mailing Address _____

Telephone _____ Cell _____ Fax _____

E-mail _____

Type of Business Organization

Sole Proprietorship Partnership Joint Venture Corporation

Other, please explain: _____

State of Incorporation _____ FEIN _____

Florida Construction Industries Licensing Board Licensure

Please provide the following information for all licenses required by Florida statutes of the Prime Contractor for the performance of the work in this project. *Bidder may use additional sheets to provide information for all applicable licenses and shall provide copies of each license as a part of the bid submittal.*

Primary Licensee _____

Alternate Licensee _____

License Type _____

License Number _____ Expiration Date _____

Qualified Business License (certificate of authority) number _____

Primary Licensee _____

Alternate Licensee _____

License Type _____

License Number _____ Expiration Date _____

Qualified Business License (certificate of authority) number _____

Contractor Signature

Date



JACKSON COUNTY BOARD OF COUNTY COMMISSIONERS
STATE HOUSING INITIATIVES PARTNERSHIP

4487 Lafayette Street, Marianna, Florida 32446

Phone 850-482-9083 Fax 850-718-0518

LETTER OF AUTHORIZATION TO SIGN

I, _____, qualifier of license number _____
do hereby grant the persons listed below authorization to sign for any and all documents necessary
to secure SHIP Program contracts in Jackson County, Florida:

NAMES OF AUTHORIZED PERSONS:

Listed are the only contract(s) the above listed person(s) has/have authorization to sign:

PRINTED NAME OF LICENSE QUALIFIER _____

SIGNATURE OF LICENSE QUALIFIER **DATE**

**NOTE: This authorization will remain valid unless otherwise noted or until qualifier sends
notice of cancellation of this document or replaces with updated document.**

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County
aforesaid to take acknowledgements personally appeared who is personally known to me, or who
has produced _____ as identification, and who did/did not take an oath.

WITNESS my hand and official seal this _____ day of _____, 20_____.

Stamp:

Notary Public Signature

SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. This SWORN statement is submitted with bid number : _____

By: _____ PRINT
INDIVIDUALS NAME AND TITLE

For: _____
PRINT NAME OF ENTITY SUBMITTING SWORN STATEMENT

Whose business address is:

CITY STATE ZIP VOICE PHONE

And (if applicable) its Federal Employee Identification Number (FEIN) is:

2. I understand that a “public entity crime” as defined in Paragraph 287.133 (1)(g), Florida Statutes means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency of political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand “convicted” or “conviction” as defined in Paragraph 287.133 (a)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court or record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:
 - A. A predecessor or a successor of a person convicted of a public entity crime; or
 - B. An entity under the control of any natural person who is active in the management of the entity and who had been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that no one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

I UNDERSTAND THAT A “PERSON” AS DEFINED IN Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies

to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

1. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this SWORN statement.

SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES - CONTINUED
[INDICATE WHICH STATEMENT APPLIES]

_____ Neither the entity submitting this SWORN statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this SWORN statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME subsequent to July 1, 1989.

_____ The entity submitting this SWORN statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or as a affiliate of the entity HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME subsequent to July 1, 1989. HOWEVER, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this SWORN statement on the convicted vendor list (ATTACH A COPY OF THE FINAL ORDER).

STATEMENT OF UNDERSTANDING

I understand that the submission of this form to the contracting officer for the Public Entity Identification in Paragraph one (1) above is for that Public Entity Only and, that this form is valid through December 31 of the calendar year in which it is filed. I also understand that I am required to inform the Public Entity prior to entering into a contract in excess of the threshold amount provided in Section 287.017, Florida Statutes for category two (2) of any change in the information contained in this form.

AUTHORIZED SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally known ____ OR Produced identification _____
LIST TYPE OF IDENTIFICATION PROVIDED

Notary Public-State of Florida

Signature

Printed Name

NEW VENDOR INFORMATION

If you are a new vendor with Jackson County.

Please type or print neatly.

FIRM NAME:				PRINCIPAL CONTACT:			
E-MAIL ADDRESS				WORK PHONE & EXT		CELL PHONE	
COMPANY WEB ADDRESS							
MAILING ADDRESS:				CITY:		STATE:	ZIP:
MAIN PHONE:		FAX:		OTHER:			
Is the principal contact listed above authorized to sign bids, contracts and checks?				Yes:	NO:		
If no, list the name of the individual who has such authority:				Phone number: Ext.			
Federal I.D. :		Occupational License No.:		State Contractor's License No.:			
Primary Type of Business:	Manufacturer Contractor	Distributor		Other (Please specify)			
Product to be provided/sold:							
Firm/Company type:	Sole Proprietorship Profit Corp.	Partnership		Corporation		Non-	Other:
Is your company a Certified:		Woman-Owned	African American	Hispanic	Asian American	Native American	Native Alaskan
Terms of payment:							
Bonding Capability:	Don't know		Under \$100,000		Over \$100,000		Other:
Does your firm currently cover all employees with Workman's Compensation insurance: Yes No					If yes, in what amount:		
Are any officers, owners, partners, or employees (or employee family) an employee of the Jackson County Board of Commissioners: Yes No							
If above answer is Yes, please identify that person and their position with the County.							
Certification							
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant is a principal officer so far as known, is now debarred or otherwise ineligible from bidding for any reason or project with the Jackson County Bard of Commissioners.							
Signature:			Title:			Date:	

EXPERIENCE STATEMENT

BID NUMBER: _____

BID NAME: _____

List at least three references for work of a similar nature performed within the last three years.

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

SUBCONTRACTOR LIST

TO BE SUBMITTED IF SUBCONTRACTORS WILL BE USED

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION: