NOTE TO CONTRACTORS:

Wyandotte County Land Bank (WCLB) is seeking qualified contractors for the WCLB Renovation Program. Contractors with a strong track record of success in rehabilitation of single/multifamily properties or commercial properties are invited to apply. Consequently, the WCLB has established a pre-qualification procedure for contractors, and will maintain this list. **Opportunities for rehabs will only be awarded to pre-qualified contractors.**

WCLB Property Renovation Program

The WCLB Property Renovation Program provides nonprofit and private contractors access to a pipeline of distressed properties in the Wyandotte County area. The WCLB may facilitate the transfer of property at a reduced price to selected contractors. This program allows the purchase of vacant, blighted homes, once they are available in the WCLB inventory.

Program Goals

The WCLB Property Renovation Program supports efforts to stabilize and strengthen neighborhoods through collaboration between public, private, and nonprofit development partners. Through the program and working with development partners to rehabilitate blighted property, the WCLB will:

- Create affordable ownership opportunities to stabilize neighborhoods
- Engage responsible developers to increase the capacity for large-scale development
- Improve the health, safety, durability and energy-efficiency of rehabilitated properties through the WCLB Housing Standards

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Prospective Contractor’s Qualification & Evidence of Responsibility form in its entirety and submit it to the WCLB
- Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program
- Submit a copy of your Occupation Tax Receipt for the Business License Division

If, the contractor meets the program’s standards for qualified contractors, the Contractor’s name will be placed on list of Qualified Contractors.

The WCLB reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.
Thank you in advance for your cooperation.

Application Date: ____________

PROSPECTIVE CONTRACTOR’S QUALIFICATIONS
& EVIDENCE OF RESPONSIBILITY

A) GENERAL CONTRACTOR INFORMATION

Name: ____________________________________________________________

Address: __________________________________________________________

City: ____________________________ State: _______ Zipcode: ____________

Phone: ___________________________ Cell: _____________________________

E-Mail: ____________________________________________________________

Federal Tax I.D. Number or Social Security Number: _______________________

Company Name: _____________________________________________________

Address: __________________________________________________________

Contact Person: ____________________________ Phone: ____________________

B) ORGANIZATION (Check):

_____ Sole Proprietorship/Owner’s Name ________________________________

_____ Partnership/Partner’s Name ________________________________

_____ Corporation/Company Name ________________________________

_____ Other/Specify ________________________________

When organized? ________________________________

Where Incorporated? ________________________________

How long contracting under present name? ________________________________

Have you contracted under any other name(s)? _____ Yes _________ No

If yes, explain ________________________________

Have you ever failed to complete work awarded to you? _____ Yes _________ No
If yes, explain ________________________________________________________________

Have you ever defaulted on a contract? ______ Yes ________ No

If yes, explain ________________________________________________________________

Are you currently listed as an ineligible contractor by the U.S. Department of Housing & Urban Development? ______ Yes ________ No

If yes, explain ________________________________________________________________

Litigation Information:

Has any kind of judgment, including that which is the result of a regulatory preceding been rendered against you, in the last ten years, related to those services being proposed herein? Please explain in summary.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

C) LICENSES HELD (If any) Please describe the type of licenses you possess and the corresponding identification number.

License Number: ___________________________ Expiration Date: _________________

License Number: ___________________________ Expiration Date: _________________

Other _______________________________________________________________________

D) INSURANCE: NOTE: CERTIFICATION OF INSURANCE TO BE PROVIDED BY AGENT

Insurance Company: __________________________________________________________

Agent Name: ___________________________ Phone Number: _________________

Address: ___________________________________________________________________

Liability Insurance Policy Number: ___________________________ Expiration Date: _______

Auto Insurance Policy Number: ___________________________ Expiration Date: _______
E) PROJECT EXPERIENCE – *Provide the following information on all of your relevant project(s)*

Type of Work: 

Primary Contract Amount: Term of Work: 

Number of Units Services at One Time: 

Location of current project(s): 

Type of Work: 

Primary Contract Amount: Term of Work: 

Number of Units Services at One Time: 

Location of current project(s): 

I hereby certify that the information provided herein is, to the best of my knowledge and belief, true, accurate, and complete.

__________________________

Date Authorized Signature of Contractor

__________________________

Company Please Print Name
MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under the Wyandotte County Land Bank (WCLB) Renovation Program, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE with the following MINIMUM limits of liability:

   - $1 million dollars each occurrence
   - $2 million dollars general aggregate
   - $2 million dollars products/completed operations aggregate
   - $1 million dollars personal and advertising injury

2. WORKERS COMPENSATION with statutory limits.

NOTE: The WCLB Renovation Program reserves the right to raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk, and to require additional types of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.