

CITY OF WINTER GARDEN COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CONTRACTOR STATEMENT OF QUALIFICATIONS



Fred Fox Enterprises, Inc.

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City of Winter Garden

(CDBG) Housing Rehabilitation Program

Statement of Contractor's Qualifications

**Please complete and return
qualifications to:**

**City of Winter Garden
Attn: Tanja Gerhartz
300 West Plant Street
Winter Garden, Florida 34787**

and

**email a scanned copy to the project Grant Administrator
David Fox with Fred Fox Enterprises, Inc
david.fox@fredfoxenterprises.com**

Please request a response to verify email was received

**Contractor Qualifications will be accepted throughout the City of Winter Garden CDBG
Housing Program however Qualification Packages need to be submitted with or before bids
are submitted.**

**A re-submittal of an approved qualification packet is not required for each round of
bidding.**

Please contact David Fox at (904) 669-9486 if you have any questions.

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B. Type of Contractor: (Check all that apply)

- General
- Building
- Residential

License Type(s):

License Number(s):

C. References: (List three projects recently completed.)

1. Owner _____ Phone _____

Address _____

Start Date: _____ Completion Date: _____

Contract Price: \$ _____

Description of Work: _____

2. Owner _____ Phone _____

Address _____

Start Date: _____ Completion Date: _____

Contract Price: \$ _____

Description of Work: _____

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3. Owner _____ Phone _____

Address _____

Start Date: _____ Completion Date: _____

Contract Price: \$ _____

Description of Work: _____

Have you ever defaulted on any work awarded?

_____ Yes (attach explanation) _____ No

Are there any suits or liens pending against your firm?

_____ Yes (attach explanation) _____ No

Have you ever declared bankruptcy?

_____ Yes (attach explanation) _____ No

Have you ever been debarred from contracting on State or Federally funded projects?

_____ Yes (attach explanation) _____ No

List Three (3) Credit References and contact phone #'s:

1. _____

2. _____

3. _____

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D. Indicate Types and Terms of Insurance:

Type	Term	Agent
Workers Compensation	_____	_____
General Liability	_____	_____
Bodily Injury	_____	_____
Property Damage	_____	_____

(ATTACH DOCUMENTATION OF INSURANCE TO THIS STATEMENT)

E. General Information:

1. Bank Reference and Address: _____

2. Are you a member of the Better Business Bureau or any home builders association?
If yes, please list:

3. Are you able to complete rehabilitation jobs without interim draws?

\$1,000 - \$3,000	_____ Yes	_____ No
\$3,001 - \$5,000	_____ Yes	_____ No
\$5,001 - \$8,000	_____ Yes	_____ No
\$8,001 - \$11,000	_____ Yes	_____ No
\$11,001 - \$20,000	_____ Yes	_____ No
Above \$20,000	_____ Yes	_____ No

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4. What is the average cost of your typical rehabilitation contract?

\$ _____

5. How many permanent employees are in your firm? _____

6. Are you an Equal Opportunity Employer? _____ Yes _____ No

7. Do you qualify as a minority-owned firm? _____ Yes _____ No

(If yes, please attach an explanation.)

8. Is your firm a drug free workplace? _____ Yes _____ No

9. Describe any additional licenses or certifications as a contractor you possess:

10. Has any member of your firm ever been employed by the City of Winter Garden?

_____ Yes _____ No

If Yes: Name(s): _____

Dates: ___/___/___ thru ___/___/___

Job Description: _____

Has anyone from your organization completed a lead abatement class? _____yes ____no

Name: _____ Completion Date: _____

Title: _____

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Signature Page

F. Certification:

The undersigned hereby certifies that the answers to the foregoing questions and all statements contained herein are true and correct to the best of his/her knowledge and belief. Furthermore, verification may be obtained from any source named in this application.

Contractor's Signature

Date

PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS:

1. A copy of the company's active contractor's license(s) and construction related license.
2. Documentation from Sunbiz.org that your corporation is active
3. A copy of the bonding/insurance statement.
4. A copy of the letters of incorporation
(if a corporation).
5. Certification of Completion Lead Abatement Education

**CITY OF WINTER GARDEN CDBG HOUSING
CONTRACTOR PREQUALIFICATION
SWORN STATEMENT
DISCLOSURE OF RELATIONSHIPS**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted as part of the Contractor Prequalification Package for the City of Winter Garden CDBG Housing Rehabilitation Program.

2. This sworn statement is submitted by: _____

(Name of entity submitting Statement)

whose business address is: _____

and its Federal Employer Identification Number (FEIN) is _____

3. My name is _____

(Please print name of individual signing)

and my relationship to the entity named above is _____

4. I understand that an “affiliate” as defined, means:

The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity.

5. I understand that the relationship with a City Council Member, CATF Member or City employee that must be disclosed as follows:

Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, or grandchild.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, have any relationships with any City Council member, CATF Member or City employee.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity have the following relationships with a City Council Member, CATF Member or City Employee.

Name of Affiliate or entity	Name of Council Member CATF Member or City Employee	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC

SIGN: _____

PRINT: _____

Notary Public, State at large
My Commission Expires:

(Seal)

CITIZENS ADVISORY TASK FORCE (CATF):

Pat Primrose

Xeres Snell

Charlie Mae Wilder

John Kirby

Mike Kelley

CITY COMMISSION

John Reese

Kent Makin

Bob Buchanan

Dr. Robert Olszewski

Colin Sharman