CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM

NOTE TO CONTRACTORS:

The Cuyahoga County Land Reutilization Corporation (CCLRC) emphasizes the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, the CCLRC has established a pre-qualification procedure for Contractors, and has developed and maintains a list of pre-qualified Contractors in the respective trades. Contracts for work are awarded only to pre-qualified Contractors.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

✓ Complete the Contractor’s Qualification in its entirety and submit it to the CCLRC

✓ Agree to provide equal employment opportunities, as evidenced by Contractor’s signature on the Equal Opportunity Employment statement (part of the Qualification form) and agree to hire employees who may have some barriers to employment when feasible

✓ Agree to warranty all work performed under the Renovation Program contracts, as evidenced by Contractor’s signature on the Contractors Warranty (part of the Qualification form)

✓ Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program

✓ Submit a completed W-9 Tax Form (attached)

✓ Provide proof of certification to perform lead-based paint activities (if required)

✓ Submit copy of Worker’s Compensation Certificate

If, in the opinion of the CCLRC, the contractor meets the program’s standards for qualified contractors, the Contractor’s name will be placed on list of Qualified Contractors, according to trade or specialty.

The CCLRC 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,

The Cuyahoga County Land Reutilization Renovation Staff

*Registration is valid for the calendar year starting January 1st, or any date thereafter during the year, and expires December 31st of same year.
Application Date: ______________________

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION

Name: _________________________________________ Address: _______________________________________________________
Phone: _______________________ Fax: ___________________ Pager: __________________________
Mobile: ______________________ E-Mail: __________________________
Federal Tax I.D. Number or Social Security Number: __________________________________________________________________

Company Name: __________________________________ Address: _________________________________________________
Contact Person: ______________________ Phone: ______________________ Fax: ______________________

2) ORGANIZATION (Check):

_____ Sole Proprietorship/Owner's Name ___________________________________________________________________________
_____ Partnership/Partner's Name _________________________________________________________________________________
_____ Corporation/Company Name ________________________________________________________________________________
_____ Other/Specify ____________________________________________________________________________________________

_____ Union  _____Non-Union

Business Classifications (Check All That Apply)

_____ DBE (Disadvantaged Business Enterprise)
_____ MBE (Minority Business Enterprise)
_____ WBE (Women-Owned Business Enterprise)
_____ SBE (Small Business Enterprise)
_____ Other (Classification Please List) __________________________________________________________________________

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 ___________________________________________________________________________
CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

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.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

3) 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: ___________________________
License Number: ___________________________ Expiration Date: ___________________________
Other_________________ ___________________________

4) Areas of Specialization (Non-Subcontracted Work) (Check Which Category Best Apply):

_____ Abatement [ ] Lead [ ] Asbestos _____ Cleaning _____ Excavating/Landscape
_____ Board Up and Security
_____ Carpentry: _____ Rough _____ Finish
_____ Concrete
_____ Demolition
_____ Electrical
_____ Floor Covering:
_____ Garage Doors _____ Gutters & Downspouts _____ Insulation/Weather-stripping
_____ General Contracting
_____ Mechanical, (HVAC) Specify _________________________________________________________________________
_____ Miscellaneous, Specify ___________________________________________________________________________
_____ Painting
_____ Pest Control _____ Plaster/Drywall _____ Tree Removal
_____ Plumbing
_____ Roofing _____ Siding _____ Windows _____ Aluminum Covering
_____ Special Construction, Specify _______________________________________________________________________
_____ Water Heating/Conditioning
_____ Waterproofing _____ Kitchen/Bath _____ Masonry/Brick
_____ Yard Maintenance
_____ Title & Escrow
_____ Other ___________________________

June 9, 2011
5) **INSURANCE**: (See attached) **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: ____________

6) **PROJECT EXPERIENCE** – Provide the following information on your largest project

Type of Work: _________________________________________________________________________
Primary Contract Amount: _______________________________________________________________________
Term of Work: _________________________________________________________________________
Number of Units Services at One Time: _______________________________________________________________________
Location of current project(s): _________________________________________________________________________

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>___________________</td>
<td>_______</td>
</tr>
<tr>
<td>____________________________</td>
<td>___________________</td>
<td>_______</td>
</tr>
<tr>
<td>____________________________</td>
<td>___________________</td>
<td>_______</td>
</tr>
</tbody>
</table>

Please provide demographic information of the ownership of your company
(Check All That Apply)

<table>
<thead>
<tr>
<th>White American</th>
<th>Male-Owned</th>
<th>Woman-Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black American</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hispanic American</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Native American</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Asian American</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
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

Please Return Completed Form To: Cuyahoga County Land Reutilization Corporation
Attention: Gina Johnson
323 W. Lakeside Avenue, Suite 160 - Cleveland, OH 44113
Phone: 216-698-8653    Fax: 216-698-8972
Website: www.cuyahogalandbank.org

(STAFF USE ONLY)

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex or national origin. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Cuyahoga County Land Reutilization Corporation (CCLRC) Renovation Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Renovation Program contracts.

___________________________________   _______ ____________________________
Date              Authorized Signature of Contractor

___________________________________   _______ ____________________________
Company             Please Print Name
CONTRACTOR'S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

- That all materials used in the performance of the work funded through the Cuyahoga County Land Reutilization Corporation (CCLRC) Renovation Program shall be free from defect,
- That all work performed and funded through the Renovation Improvement Program shall be free from defect of faculty workmanship,
- That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the CCLRC Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written guaranties and warranties covering materials and equipment installed or constructed,
- That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the CCLRC Renovation Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further CCLRC Renovation Improvement Program contracts.

_____________________________   ____________________________ 
Date              Authorized Signature of Contractor

_____________________________   Please Print Name
Company
MINIMUM INSURANCE COVERAGE

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

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with the following MINIMUM limits of liability:
   --BODILY INJURY $100,000 each occurrence, $300,000 aggregate
   --PROPERTY DAMAGE $100,000 each occurrence, $300,000 aggregate

2. WORKERS COMPENSATION with statutory limits.

NOTE:

The CCLRC Renovation Program reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) 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.
Request for Taxpayer Identification Number and Certification

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person

Date

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,
Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.
Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) on page 2), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see Exempt Payee on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
Protect your SSN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

You must give your correct TIN, but you do not have to sign the certification.

To reduce your risk:
- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return.

The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.