QUALIFICATION OF CONTRACTORS

The Town of Dover Housing Rehabilitation Program (hereinafter referred to as the Program), will consider in determining the qualifications of a contractor his record in the performance of any contracts for the construction of similar work and the Program expressly reserves the right to reject the estimate or bid of such contractor if such record discloses that such contractor, in the opinion of the Program, has not properly performed such contract or has habitually and without just cause, budgeted the payment of bills or has otherwise disregarded his obligations.

The Program may make such investigation as it deems necessary to determine the ability of the contractor to perform the work and the contractor and any prospective contractor, as required, shall furnish all such information and data for this purpose as the Program may request. The Program reserves the right to reject any estimate or bid if the evidence is submitted by, or investigation of such contractor demonstrates that such contractor is not properly qualified, by experience and financial status, to carry out the obligations of the contract content and to complete the work contemplated therein.

All estimates and bids must be made upon standard proposal forms furnished by the Program and must be enclosed and sealed in an envelope which must bear the name and address of the contractor on the outside; marked "BID CASE NUMBER _____" and addressed to the Program.

Forms which must be returned or on file to constitute a complete proposal package are:

- Contract Registration Application
- Insurance Certificates
- Affirmative Action Affidavit
- Non-Collusion Affidavit of Prime Bidder

Forms which must be returned to constitute a complete bid package are a Contractor Proposal (for each case).

The Program reserves the right to reject any and all bids or estimates as may be deemed to be in the best interest of the Program.

CONTRACTORS MUST HAVE THE FOLLOWING:

- 1. WORKMEN'S COMPENSATION INSURANCE
- 2. PUBLIC LIABILITY INSURANCE OF NOT LESS THAN:
 - A. BODILY INJURY \$100,000/\$300,000 MINIMUM
 - B. PROPERTY DAMAGE \$100,000 MINIMUM
- 3. EPA Certification for Certified Renovator
- 4. EPA Certification for firm
- 5. New Jersey Home Improvement Contractor Registration Form (Department of Consumer Affairs)

TOWN OF DOVER . HOUSING REHABILITATION PROGRAM

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CONTRACTOR REGISTRATION APPLICATION

1. Firm Being Registered:

Name:	*			•		
Address	:					
Phone N	umber:					
Contact	Person:	•:				
Social	Security or	Federal ?	Fax I.D.	Numbe:	r:	
Type of	Work Perfo	rmed:		* 		
					×	
ers, pa		principal			on experience (10% or more	
Name	Addre	ess	Percent Owned		Experience	Years
	contracting					
Other of	contracting	firm name			the principa	ls have op
Other of erated.	contracting	firm name	s under v		the principa Associat	

Continued...

		Business References: a) Banks Name	Address	Type of Account and No.	a
			× ·		
		b) Suppliers Name	Address	Telephone Number	e e
				¥	
		c) Subcontractors Name	Address	Telephone Number	8.
	5.	Recent Customers: Name Address	Serv	rice Provided Date(s)	8
· · ·	б.	Insurance: (Attach Insur Insurance Company	ance Certific Agency	ate) Type of Coverage	*
				Authorized Signature	
		λ.		Title Date	
		× .	* 2		

TOWN OF DOVER HOUSING REHABILITATION PROGRAM

AFFIRMATIVE ACTION · AFFIDAVIT

State of New Jersey

SS:

County of Morris

I, ______ of the ______ in the County of Morris, and State of New Jersey, of full age, being duly sworn according to law on my oath depose and say that:

I am (owner, partner, representative or agent) of the firm of _______, a contractor making the proposals to the Town of Dover Housing Rehabilitation Program, and that I execute said proposals with full authority to do so; that as said contractor hereby affirm that I will abide by all terms of the "Affirmative Action Law", P.L., 1975, C.127, and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Town of Dover relies upon the truth of statements contained in this affidavit in awarding the Contract for the said project.

Signature

Title

Sworn	and	Subso	crib	ed	to	Before	Me	
This _		Day	of				_'	

TOWN OF DOVER HOUSING REHABILITATION PROGRAM

NON-COLLUSION AFFIDAVIT OF PRIME BIDDER

State of New Jersey SS: County of Morris

_, being first duly sworn, deposes

and says that:

- He/She is (owner, partner, officer, representative or agent) of _______, the contractor who intends to submit bids and estimates to the Town of Dover Housing Rehabilitation Program.
- He/She shall be fully informed respecting the preparation and contents of the bids and estimates and of all pertinent circumstances respecting such bids and estimates;
- 3. Such bids and estimates shall be genuine and shall not be collusive or sham bids or estimates;
 - Neither the said contractor nor any of his officers, partners, 4. owners, agents, representatives, employees or parties in interest, shall in any way collude, conspire, connive or agree, directly or indirectly, with any other contractor, firm or person to submit a collusive or sham estimate or bid in connection with the contracts for which the contractor shall submit or to refrain from estimating or bidding in connection with such contracts, or will in any manner, directly or indirectly, seek by agreement or collusion or communication or conference with any other contractor, firm or person to fix the price or prices of the estimates or bids of any other contractor, or to fix any overhead, profit or cost element of an estimate or bid price or proposal of any other contractor, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the Town of Dover, participating property owners, or any other person interested in the proposed contracts; and

Continued...

5. The price or prices quoted in the bids and estimates shall be fair and proper and not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties of interest.

Signature

Title

Sworn and Subscribed Before Me This _____ Day of _____, ____.