



## CONTRACTOR APPLICATION FORM

Attached is a copy of the CHIP Contractor Application Form for interested contractors. Listed below are items that need to be attached to the Contractor Application form:

- A copy of State Contractor's License
- A copy of Insurance coverage including Worker's Comp
- A Copy of EPD-Lead Safety Renovator Certification
- Employment Eligibility Verification - (E-Verify/SAVE Registration)  
<https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=VES> (See attached: Contractor affidavit form and agreement)

If you have any questions concerning the application form, please call:

**Mrs. Brenda Wade**

Grants Administration Manager  
Southwest Georgia Regional Commission  
(229) 522-3552 x105 or;  
bwade@swgrc.org



Also, to find an accredited trainer for the LEAD-SAFE Certification in your local area or get information, go to [epa.gov/getleadsafe](http://epa.gov/getleadsafe) or call 1-800-424-LEAD.



## COMMUNITY HOME INVESTMENT PROGRAM (CHIP) GRANT

### Contractor Qualification Registration

Please furnish the information requested below. This information will be used to determine your eligibility. The Program Administrator will verify information you supply for subcontractors and personnel.

Business Name

Owner(s)

Authorized Agent

Business Address, City, State, & Zip Code

Work Phone

Mobile Phone

Fax Number

Email Address

Type of Business  Corporation/LLC  Partnership  Sole Proprietorship

Tax ID# (or SS# if Sole Proprietor)

Types of construction and trades in which your company has current capacity to perform (check all that apply):

- General Contractor
- HVAC
- Electrical
- Masonry

- Painting
- Lead Paint Abatement
- Asbestos Abatement
- Other \_\_\_\_\_

State Contractor License Number

License Type

Lead-based Paint RRP Certification Number

Other License or Certification Number(s)

\*Please provide copies of all licenses and certifications.

Approximate number of jobs you have completed as a trade or general contractor.

Typical number of jobs per year

Largest dollar amount (per job)



Number of years your company has been in business

Number of regular company employees (excluding subcontractors)

Are you a certified Disadvantaged/Minority/Woman Business Owner?  Yes  No

Are you a Section 3 Contractor or Section 3 Business?  Yes  No

Have the principals or owner(s) of the company ever had a construction business under other name(s)? If yes, please list the following information:  Yes  No

Company Name

Dates

Address

City

State

Zip

List three (3) references of clients that you have completed work for or have jobs in progress:

Client Name	Project Address	Contact Phone	Dollar Value	% Complete

List three (3) major suppliers from whom you purchase materials:

Supplier Name	Type of Materials Purchased	Contact Name	Contact Phone

List Banking Relationships:

Bank/Financial Institution Name	Contact Name	Contact Phone	Type of Account or Credit Line Limit



List four (4) subcontractors with whom you currently do business:

Company	Trade	Contact Name	Contact Phone

Do you guarantee your work for a least a period of one year?  Yes  No

\*Written warranty will be required if bid is accepted.

List any projects in which your company has been found negligent after an insurance claim, court action, or other damage claim:


Are you party to any ongoing lawsuits or are there any outstanding liens against your company?  Yes  No

If yes, describe.

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**AGREEMENT**

The undersigned contracting firm agrees that in consideration for being placed upon the “Acceptable Contractor’ Register”, he/she understands and will comply with the following conditions on all rehabilitation or reconstruction work performed on properties under the Southwest Georgia Regional Commission CHIP program:

1. That work will be performed in accordance with the CHIP program Written Rehabilitation Standards and all Building Codes as required by the Southwest Georgia Regional Commission. Upon completion, the work will meet the Southwest Georgia Regional Commission State Recipient’s requirements for the CHIP program, subject to such inspections as deemed necessary by the Southwest Georgia Regional Commission Building Department.
2. That if a bid is accepted, the required General Liability, Auto Liability, and any required Workman’s Compensation Insurance will be provided; and that the Contractor will execute the required Southwest Georgia Regional Commission Indemnity/Hold Harmless Clause.
3. That the Contractor will abide by Equal Opportunity provisions of the Civil Rights Act.
4. That the Contractor will present a signed affidavit indicating compliance with the Federal Work Authorization program (E-Verify) per O.C.G.A. 13-91.
5. That the Contractor will follow Section 3 Guidelines regarding the hiring of new employees and that certain reporting is required prior to final payment. The CHIP Program Section 3 requirements will be provided prior to contract signing.
6. That if work performed by the Contractor is found to be unsatisfactory by the Southwest Georgia Regional Commission; or if contract relations between the Contractor homeowner, or other parties is found to be unsatisfactory, that the Southwest Georgia Regional Commission may remove the Contractor’s name from the “Acceptable Contractor’s Register.”
7. That my withdrawal of bid without justification would remove the contractor’s name from the “Acceptable Contractor’s Register.”

**In connection with this application for my approval as a contractor on the “Acceptable Contractors’ Register”, I authorize the Southwest Georgia Regional Commission or its CHIP program agent to make inquiries as necessary to verify the accuracy of statements made and to determine my creditworthiness. I further certify that the above information is true and complete.**

Signature (Authorized Representative)

Date

Name (Printed)

Title

Address

Work Phone

Cell Phone

Retain pages 6–7 for your records.

## **ATTACHMENTS**

**The following documents must be attached with this application. If attachments are not submitted, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND DISCARDED:**

1. Copy of Current Contractor and/or Trade License(s)
2. Copy of Lead-Based Paint Renovation, Repair & Painting Program (RRP) Certification
3. Contractor Affidavit verifying compliance with the federal work authorization program per O.C.G.A. 13-91 (E-Verify and SAVE form attached)
4. Lead Paint and/or Asbestos Abatement Certification, if applicable
5. Verification of DBE/MBE/WBE status, if applicable
6. Verification of Section 3 Contractor status, if applicable

**Return Form and Attachments by the prescribed due date to:**

**Southwest Georgia Regional Commission**

**Attn: Brenda Wade, Grants Administrator**

181 East Broad Street  
P.O. Box 346  
Camilla, Georgia 31730

**Office:** (229) 522-3552

**Fax:** (229) 522-3558

**Email:** bwade@swgrc.org

**SOUTHWEST GEORGIA REGIONAL COMMISSION — CONTRACTOR INSURANCE REQUIREMENTS:**

The apparent successful bidder will be required to provide proof of general liability and auto liability insurance coverage, and adequate worker's compensation (if applicable) before entering into a contract. Additionally, the local government where services are rendered may, at its sole discretion, require the apparent successful bidder to provide proof of adequate professional malpractice liability or other forms of insurance. Failure to provide evidence of such insurance coverage is a material breach and grounds for termination of the contract negotiations. Any insurance required by the City shall be in form and substance acceptable to the City. The successful bidder shall not commence work until all insurance requirements have been obtained and such insurance has been approved by the Owner.

The Southwest Georgia Regional Commission requires that the City be listed on each of the insurance policies as an "additional insured". This inclusion must appear on the certificates that are provided to the City and/or the Owner. The insurance certificate shall include the following statement:

**The Southwest Georgia Regional Commission, Georgia is included as an additional insured with respect to any claim, demand, suit or action brought against the Southwest Georgia Regional Commission and arising from or related to the performance of the contract to which this certificate is attached.**

No change or cancellation in insurance shall be made without thirty (30) days written notice to the City Grant Administrator. Insurance coverage required in these specifications shall be in force throughout the contract term. Should any bidder fail to provide acceptable evidence of current insurance within five (5) days of receipt of written notice at any time during the contract term, the City shall have the right to consider the contract breached and justifying the termination thereof. The required insurance includes the following:

**a) Comprehensive General Liability**

The bidder shall procure and shall maintain during the life of the Contract Agreement, such Comprehensive General Liability insurance as shall protect the City, homeowner, bidder and any Sub-bidders or others working on the premises of the Owner in connection with this project, or performing work covered by this contract from claims for damages for bodily injury, including accidental death, as well as from claims for property damages, which may arise from operations under the Contract Agreement, whether such operations are by himself or by anyone directly, or indirectly employed or contracted with, by him. General Liability Insurance shall not be less than the following:

- \$ 1,000,000 Bodily injury, including death, each occurrence
- \$ 500,000 Property Damage, each occurrence
- \$ 1,000,000 Property Damage, in the aggregate

**b) Vehicle Liability**

The bidder shall procure and shall maintain during the life of the Contract Agreement, Comprehensive Automobile (Motor Vehicle) Liability insurance in amounts not less than the following:

- \$ 500,000 Bodily injury or death to any one person
- \$ 1,000,000 Bodily injury, each occurrence
- \$ 300,000 Property damage, each occurrence

The insurance shall be the greater of the above shown figures or that as required by the State of Georgia. The insurance shall include coverage for owned, leased, and rented vehicles, as well as equipment, trailers, etc.

**c) Worker's Compensation**

If applicable, the bidder shall procure and shall maintain during the life of the Contract Agreement, Worker's Compensation insurance for all of his employees, if any, to be engaged in work on the project under this Contract. This insurance should be for the amount required by the State of Georgia.

## **I. FEDERAL WORK AUTHORIZATION PROGRAM REGISTRATION**

As of July 1, 2007, the Georgia Security and Immigration Compliance Act (GSICA) requires counties and other public employers, along with contractors and subcontractors doing business with public agencies, to register and participate in a federal work authorization program to verify work eligibility of all new employees. [OCGA § 13-10-91 (a)]

### **REGISTRATION/ACCESS**

According to regulations of the Georgia Department of Labor, the applicable federal work authorization program is the “E-Verify Program” operated by the U.S. Citizenship and Immigration Services Bureau (USCIS) and the Department of Homeland Security (DHS). Employers’ participation in E-Verify is currently free to employers. Users can access the web-based program at <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. To participate, an employer must register online and accept the electronic Memorandum of Understanding (MOU). If you need assistance in completing the registration process or need additional information relating to E-Verify, call the USCIS Verification Office toll free at 1-888-464-4218. [Georgia Department a/Labor Rules, §§ 300-10-1-.01 and .02]

### **CERTIFICATION OF REGISTRATION AND PARTICIPATION**

Each county and other public employer must certify that it has registered and is participating in the E-Verify Program. For counties, certification is accomplished by transmitting a copy of all documents required for registration and participation including the required Memorandum of Understanding and the E-Verify Program ID number to the chairman/CEO/mayor of the county or consolidated government. [Georgia Department a/Labor Rules, § 300-10-1-.04]

### **MONITORING NEW EMPLOYEE WORK ELIGIBILITY**

Each county and other public employer must designate an individual to monitor compliance with the employee eligibility verification requirements of the new law and maintain necessary records. [Georgia Department a/Labor Rules, § 300-10-1-.05]

## **II. AGREEMENTS BETWEEN PUBLIC EMPLOYERS AND CONTRACTORS/SUBCONTRACTORS**

The GSICA also phases in a requirement that bars counties and other public employers from entering into agreements with contractors/subcontractors for the “physical performance of services” unless the contractor/subcontractor registers and participates in a federal work authorization program to verify work eligibility. Under GSICA, a subcontractor is defined to include subcontractors, contract employees, staffing agencies, or contractors. [OCGA § 13-10-91 (b) (1) and (2) and Georgia Department a/Labor Rules, § 300-10-1-.02]

### **PHASE-IN SCHEDULE**

The contracting requirements of the GSICA are to be implemented as follows:

- a. Beginning July 1, 2007, public employers, contractors and subcontractors with 500 or more employees.
- b. Beginning July 1, 2008, public employers, contractors and subcontractors with 100 or more employees.
- c. Beginning July 1, 2009, all public employers, contractors and subcontractors.

[OCGA § 13-10-91 (b) (3) and Georgia Department a/Labor Rules, § 300-10-1-.02]

### **EVIDENCE OF CONTRACTOR/SUBCONTRACTOR COMPLIANCE**

Each agreement between a public employer and a contractor/subcontractor for the physical performance of services will have to include a provision that compliance with OCGA § 13-10-91 is a condition of the contract. In addition, each contract must include a requirement that the contractor/subcontractor execute an affidavit verifying compliance with OCGA § 13-10-91. The affidavit must be in a form consistent with the sample affidavits included in the Georgia Department of Labor Rules. [Georgia Department a/Labor Rules, §§ 300-10-1-.03 and .07]

## **PUBLIC TRANSPORTATION CONTRACTS**

The Georgia Department of Labor Rules applies generally to contracts between a public employer and a contractor/subcontractor. Exception: Rules and forms related to agreements relating to “public transportation” are to be promulgated by GDOT. [OCGA § 13-10-91 (d)]

## **III. ACCESS TO FEDERAL, STATE AND LOCAL BENEFITS**

Counties and other public agencies must verify that a person who applies for federal, state or local benefits (as defined in 8 U.S.C. Sections 1611 and 1621) is lawfully within the United States by requiring the applicant to sign an affidavit specifying that he or she is a citizen, legal permanent resident, or a qualified alien or nonimmigrant. [OCGA § 50-36-1]

### **VERIFICATION**

For aliens seeking benefits that claim to be lawfully present in the U.S., eligibility for benefits must be determined through the Systematic Alien Verification of Entitlement (SAVE) program operated by the U.S. Citizenship and Immigration Services (USCIS) and Department of Homeland Security (DHS). To join the SAVE Program and acquire access to the VIS-CPS (Verification Information System (VIS), Customer Processing System (CPS) to perform immigration status verification, an agency must first establish a Memorandum of Understanding (MOU) with the SAVE Program and then establish a purchase order with the SAVE Program contractor to pay for VIS-CPS transaction fees. Access to SAVE is subject to USCIS resource limitations or other legal or policy criteria. To request participation in SAVE and to begin the MOU process, please access the following website to register: <https://www.vis-dhs.com/agencyregistration>. For more information on the SAVE Program, please call 1-888-464-4218.

### **PUBLIC BENEFITS DEFINED**

Generally, public benefits are defined to include any grant, contract, loan, professional license, or commercial license provided by federal, state or local government; and, any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment assistance or similar benefit. [8 U.S.C. Sections 1611 and 1621]

### **BENEFITS EXCLUDED**

Generally, the verification requirements do not apply when the following public benefits are applied for:

1. Treatment of emergency medical conditions;
2. Short term, non-cash emergency disaster relief;
3. Immunizations;
4. Certain in-kind programs or services (such as soup kitchens and crisis counseling) delivered by public and nonprofit agencies that are necessary for the protection of life or safety when approved by the U.S. Attorney General;
5. Prenatal care;
6. Postsecondary education under specified circumstances;
7. Certain community development assistance or financial assistance programs administered by HUD; and
8. Other Federal programs including certain social security and Medicare benefits under specified conditions.

[OCGA § 50-36-1 © and U.S.C. Sections 1611 and 1621]

Note that it is unlawful for a county or other public agency to provide any federal, state or local benefit in violation of OCGA § 50-36-1. An annual report is to be prepared regarding the requirements of the new law.

Regarding the details of the verification requirements, benefits covered, and exclusions please see the Federal statutes cited above.

The \_\_\_\_\_ complies with the requirement of O.C.G.A. 13-10-19 and requires that all contractors and subcontractors comply with Rule 300-10-1-.02 as a condition of awarding contracts.

1. The contractor certifies that the following employee-number category is applicable to the contractor: (initial one only)

500 or more employees

100 or more employees

Fewer than 100 employees

2. The contractor agrees that in the event the contractor employs or contracts with any subcontractor(s) in connection with the covered contract, the contractor will secure from the subcontractor(s) such subcontractor(s) indication of the employee-number category applicable to the subcontractor.

3. In the event the contractor employs or contracts with any subcontractor(s) in connection with the covered contract, the contractor will secure from such subcontractor(s) attestation of the subcontractor(s) compliance with O.C.G.A. 13-10-91 and Rule 300-10-1-.02 by the subcontractor's execution of the subcontractor affidavit shown in Rule 300-10-1-.08 or a substantially similar subcontractor affidavit and will maintain records of such attestation for inspection by the public employer at a time. Such subcontractor affidavit shall become part of the contractor/subcontractor agreement.

By: Authorized Officer or Agent (Signature of Contractor Name)

Title of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_



By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the \_\_\_\_\_, under the Community HOME Investment Program (CHIP), has registered with and is participating in a federal work authorization program<sup>8</sup> [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this CHIP-funded contract with \_\_\_\_\_ contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the \_\_\_\_\_ at time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program\* Contractor's E-Verify Identification Number

By: Authorized Officer or Agent (Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with

\_\_\_\_\_ (Name of Contractor)

on behalf of \_\_\_\_\_, under the Community HOME Investment Program (CHIP), has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / Basic Pilot Program\* SubContractor's E-Verify Identification Number

By: Authorized Officer or Agent (Subcontractor Name)

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).