DU PAGE COUNTY IS SEEKING QUALIFIED CONTRACTORS

- Roofing, fascia, soffit
- Gutters & downspouts
- Windows & doors
- Electric
- Plumbing
- Basement waterproofing
- Concrete & asphalt
- Flooring
- Handyman
- Accessibility improvements
- General contractors

Purpose: Residential rehabilitation for senior and disabled homeowners in DuPage County

Payment: Work paid with grant through DuPage County Community Development

See attached for details.

DuPage County/Community Development
421 N. County Farm Road
Room 2-800
Wheaton, IL 60187
communitydev@dupageco.org
630-407-6600
630-407-6601 (fax)
DU PAGE COMMUNITY DEVELOPMENT COMMISSION  
SINGLE FAMILY REHABILITATION PROGRAM  
CONTRACTOR INFORMATION  

HOW TO PARTICIPATE IN THE PROGRAM

The DuPage Community Development Commission (CDC) is a division of the DuPage County Department of Community Services. The CDC administers funding given to DuPage County by the U.S. Department of Housing and Urban Development (HUD). One of the eligible uses of those funds is to perform rehabilitation activities for owner occupied housing.

The Single Family Rehabilitation Program provides grants to qualified homeowners to rehabilitate their homes. The purpose of the program is to correct substandard living conditions, address health or safety hazards, and alleviate deficiencies in structure, heating equipment, plumbing, and electrical systems. Eligible and ineligible activities are listed starting on page 4.

Contractors and subcontractors wishing to participate in the program must provide:

1. A completed and signed Statement of Contractor Qualification
2. A copy of their lead abatement license (if applicable)
3. Certificate showing compliance with the insurance requirements as described in the Statement of Contractor Qualification
4. Copy of license(s) (if applicable)
5. A completed and signed form W-9

Documents should be returned to:

DuPage Community Development Commission
Attn: SFR
421 N. County Farm Road, Room 2-800
Wheaton, IL 60187

Questions may be directed to: 630-407-6600
BID PROCESS

1. All general contractors and subcontractors who wish to work with the DuPage Community Development Commission's (CDC) Single Family Rehabilitation Program must be registered with the CDC office by returning the requested documents. No fee is charged for registration.

2. As homeowners apply for the program, contractors registered with the CDC office will be given an opportunity to bid on the various jobs.

3. General Contractors will be also be responsible for providing (as part of the bid process) a list of subcontractors being used on the project. If any subcontractor is not currently registered with the CDC office, they must register with our office and be approved before construction begins.

4. Once bids have been received, CDC staff will work with the homeowner to select the contractor(s) for the job.

5. All work done on rehabilitation projects will be controlled by a Contract which will include the original bid and specifications. The Contract must be signed by the owner and contractor and submitted to the CDC office. Work may not begin until CDC issues a Notice to Proceed to the contractor.

6. Change Orders must be submitted to the CDC office and approved prior to the additional work being performed. If an emergency situation exists that requires an immediate change to the contracted scope of work, contractor should telephone the CDC office immediately.

PAYMENT PROCESS

All payments to contractors are processed through DuPage County Finance Department payment procedures after owner and CD approval of invoice, inspection of the work, and provision of lien waiver(s). This process takes approximately 2-3 weeks.

1. Payments will be made in accordance with the contract signed by the contractor and owner.

2. Contractor should submit:
   a. Invoice clearly showing the name of the contractor, the address of the contractor, the name of the homeowner, the work performed, and the amount due. The amount due should equal the amount of the original contract, plus or minus any approved change orders. Work or materials not specified in the original bid or unapproved change orders will not be paid. Approved change orders will be addenda to the contract.
   b. Copy of any permits required for the job.
   c. Copy of any final inspections done by the municipality.
d. Notarized lien waivers for all material and labor performed by contractor and any subcontractor.

3. CDC will then inspect the work and obtain approval of homeowner to pay invoice.

4. Request for Payment will then be submitted through the DuPage County Finance Department process.

**DISQUALIFICATION**

Contractors may be rejected or disqualified from working in the program due to any of the following:

a. Failure to submit required information for participation.
b. Contractor has defaulted on a previous contract.
c. Contractor has no prior related work experience.
d. Contractor is debarred by HUD from performing work.
e. An investigation of the available evidence or information does not satisfy CDC that the contractor is qualified to properly carry out the items of the contract.
f. Contractor does not meet insurance or bonding requirements.
g. Contractor’s quality of work is substandard or uses substandard material.
h. Contractor does not respond to CDC communication in a timely way.
i. Failure to obtain proper permits
j. Execution of change orders without owner and CDC approval
k. Consuming controlled substances on the contract premises
l. Attempting to fix bid prices
m. Failure to promptly pay suppliers and/or subcontractors
n. Allowing public liability insurance to lapse or cancellation of insurance for any reason
o. Failure to keep pre-scheduled appointments with CDC personnel or homeowners
p. Using a subcontractor who has been denied the right to work on CDC projects or who has not been registered with the CDC office
q. Any other reason that impedes performance under the contract; and
r. Finding that any contractor/subcontractor is providing incentive to a homeowner through extra uncontracted work, return or provision of money (kickbacks), or any other activity beyond the written proposal that could cause the homeowner to select their proposal over any others submitted. Violation of this clause will result in the contractor being listed as an ineligible contractor/subcontractor.

This list is not inclusive and may be expanded at CDC discretion. Any contractor that has been removed from the CDC Contractors List will be notified, in writing, of the date and reasons for removal. This action may be appealed by the contractor by submitting, in writing the reasons the contractor should be reinstated into the CDC program. The appeal will be reviewed and responded to by the CDC within ten (10) days of receipt at the CDC office.
INFORMATION ON THE TYPES OF REHABILITATION THAT WILL BE PERFORMED IN THE PROGRAM

1. Correction of code violations cited by DuPage County or municipal code inspection, with exceptions for driveway, sidewalk, garage, deck, and landscaping issues as discussed below.

2. Health and safety issues that put the household at risk of injury or disease or that prevent the dwelling from receiving assistance under the DuPage County Weatherization Program or prevent a unit from receiving the maximum benefit of the Weatherization program.

3. Repair or replacement of the following components or systems because of system failure, code violation, or recommendation through a Weatherization assessment, not for cosmetic purposes. Quality of materials shall be those that can be obtained at mid-level pricing.

   - Foundations, basements, and/or crawl spaces, (only for purposes of water sealing or moisture removal). This program is not able to deal with major foundation issues.
   - Exterior walls and siding
   - Roof and roof systems
   - Doors, windows and window frames (shall meet the energy efficiency of, but not exceed the quality of, windows installed under the DuPage County Weatherization Program)
   - Porches, stairs and railings
   - Interior walls, and ceilings (only if condition poses actual health & safety threat: e.g. ceiling is coming down)
   - Well and septic systems
   - Water and sewer connections, if such service is available

   - Electrical systems and fixtures
   - Plumbing systems and fixtures
   - Heating and cooling systems
   - Hot water heaters

   - Insulation
   - Air sealing
   - Chimney repair/tuckpointing

   - Flooring (only if a medical or accessibility issue; e.g. allergies necessitate removal of carpet or current flooring poses a mobility issue for person with disabilities)
   - Painting, only if condition of exterior paint is a code violation
   - Demolition of substandard buildings on the property if their condition constitutes a code violation or danger

   - Landscaping, sidewalks, garages, decks, and driveways — only if health & safety issue or code violation and the cost of such is incidental to other rehabilitation of the property. For purposes of the DuPage County program, incidental shall mean that the
combined total rehabilitation cost of these items shall be less than 25% of the total rehabilitation costs.

- Work in basements: If a basement is not taxable square footage, only code violations and health and safety issues may be corrected. For example, mold remediation may be performed in a basement. Other restoration work will be performed on a “do no harm” basis, which means that damage to the basement or garage caused by performing eligible work may be repaired. For example, if all the drywall in a basement must be removed because of mold, drywall will not be replaced, because no code standard requires drywall in a basement. However, if a portion of drywall must be removed, or if a fixture in a basement must be removed due to mold, and such removal leaves a wall partially damaged or a gap in a wall, floor, or ceiling due to fixture removal, the drywall or gap may be repaired (without replacement of the fixture).

4. Accessibility improvements available only to households with a severely disabled member meeting the following HUD definition:

Persons are considered severely disabled if they:

- Use a wheelchair or another special aid for 6 months or longer; or
- Are unable to perform one or more functional activities (seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs and walking); or
- Need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities or daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); or
- Are prevented from working at a job or doing housework; or
- Have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility or dementia or mental retardation; or
- Are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

Work to be performed must be eligible under applicable Federal regulations and shall be for the purpose of providing greater accessibility or diminishment of impairment for the severely disabled household member. It could include such items as, but not be limited to, installation of wheelchair ramps, railings, bathroom grab bars, accessible doorknobs, or a warning system for the hearing impaired. All work performed must fix a condition or install a “fixture.”

Ineligible Activities

- New construction of room additions, fireplaces, sheds, or garages
- Foundation work beyond water sealing
- Painting and staining (unless condition of exterior paint is a code violation)
- Cabinets and counter tops
- Flooring (unless medical or accessibility issue)
- Repair of swimming pools and/or pool liners
- Repair of damage covered by a homeowner's insurance policy
- Purchase or repair of appliances
- Window treatments
- Purely cosmetic or convenience improvements
- Reimbursement of previously done work
- Landscaping, sidewalks, garages, decks, and driveways – if the combined total rehabilitation cost of these items is greater than 25% of the total rehabilitation costs.
I wish to participate in DuPage County Community Development Commission (CDC) programs as
(list trade): ____________________________________________

Are you a General Contractor  □ Yes  □ No

**BUSINESS INFORMATION:**

<table>
<thead>
<tr>
<th>Business Name:</th>
<th></th>
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<tbody>
<tr>
<td>Incorporated Name (if different):</td>
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<tr>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City/Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>Fax:</td>
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<tr>
<td>E-Mail:</td>
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<tr>
<td>Form of business:</td>
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<tr>
<td>□ sole proprietor</td>
<td>□ partnership □ corporation</td>
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<tr>
<td>If corporation, date of incorporation:</td>
<td></td>
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<tr>
<td>Federal ID# or owner social security number:</td>
<td></td>
</tr>
<tr>
<td>If corporation, Officers of Corporation:</td>
<td></td>
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<tr>
<td>Name/Title:</td>
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<td>Name/Title:</td>
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<td>Name/Title:</td>
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</table>

If sole proprietor or partnership, name(s) of owners:

| Name/Title: |          |
| Name/Title: |          |
| Name/Title: |          |

Are you a licensed lead abatement contractor?  □ Yes  □ No

(If yes, must supply copy of license)

The following information IS NOT REQUIRED, but would be helpful to CDC if supplied:

National origin of company owner(s) – please check all that apply:

- □ White
- □ Black/African American
- □ Asian
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Other Pacific Islander
- □ Hispanic/Latino
- □ Multi-racial
The following information is NOT REQUIRED, but would be helpful to CDC if supplied:

Is at least 51% of your business owned by public housing residents or low-income persons?

- [ ] Yes  [ ] No

Are at least 30% of your full-time, permanent staff public housing residents or low-income persons?

- [ ] Yes  [ ] No

Can you provide evidence of a commitment to subcontract 25% or more of the total dollar amount of all subcontracts to businesses that meet one of the criteria listed above?

- [ ] Yes  [ ] No

REFERENCES:

Work References (List two projects completed in DuPage County in the last year)

<table>
<thead>
<tr>
<th>#1 Property owner:</th>
<th>Address/Zip Code:</th>
<th>Work done:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Property owner:</td>
<td>Address/Zip Code:</td>
<td>Work done:</td>
</tr>
</tbody>
</table>

IF YOU USE SUBCONTRACTORS:

Please list all subcontractors that you use on a regular basis, or state N/A. We are required to check the Federal registration list for all contractors and subcontractors to ensure that no entity is debarred from receiving Federal money.

<table>
<thead>
<tr>
<th>#1 Subcontractor name:</th>
<th>Specialty:</th>
<th>Address/Zip Code:</th>
<th>Telephone or other contact instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2 Subcontractor name:</td>
<td>Specialty:</td>
<td>Address/Zip Code:</td>
<td>Telephone or other contact instructions:</td>
</tr>
<tr>
<td>#3 Subcontractor name:</td>
<td>Specialty:</td>
<td>Address/Zip Code:</td>
<td>Telephone or other contact instructions:</td>
</tr>
<tr>
<td>#4 Subcontractor name:</td>
<td>Specialty:</td>
<td>Address/Zip Code:</td>
<td>Telephone or other contact instructions:</td>
</tr>
</tbody>
</table>
REGISTRATION INFORMATION:

Some cities and villages within DuPage County require that contractors register to work within their boundaries. DuPage County also requires registration of contractors that work in unincorporated DuPage County. Please list the locations where you are registered to work:

<table>
<thead>
<tr>
<th>Location 1</th>
<th>Location 2</th>
<th>Location 3</th>
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INSURANCE REQUIREMENTS:

You must submit a Certificate of Insurance with this package showing the following minimums:

- **COMPREHENSIVE GENERAL LIABILITY**
  - $100,000 per person
  - $300,000 per accident
  - $50,000 property damage

- **COMPREHENSIVE AUTOMOBILE LIABILITY**
  - $100,000 per person
  - $300,000 per accident
  - $50,000 property damage

WORKER'S COMPENSATION

ILLINOIS STATUTORY REQUIREMENTS

LICENSES:

Please submit a copy of all licenses held. If you are a roofing contractor, please submit a copy of the certificate issued by the State of Illinois Department of Registration and Education.

W-9: Complete and return.

I hereby submit this information for the purpose of participating as a contractor in DuPage County Community Development programs and affirm that the foregoing statements made as part of this application are true and correct.

COMPANY NAME: ___________________________

Signature: __________________________

Print Name: __________________________
Title: __________________________
Date: __________________________
W-9
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership).

   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)

   Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

or

Employer identification number

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.