TCPDC TIOGA COUNTY PROPERTY DEVELOPMENT CORPORATION
607.687.8255 | www.tiogacountyny.com | 56 Main St. Owego NY 13827

Request for Expressions of Interest
Pre-Qualified Contractor List
NYS HCR Vacant Rental Program

To All Interested Parties:
The Tioga County Property Development Corporation (TCPDC) is seeking qualified contractors interested in being added to its Pre-Qualified Contractor List for the New York State Homes and Community Renewal Vacant Rental Program.

The New York State Vacant Rental Program (VRP) provides funding to rehabilitate vacant residential rental units and return them to productive use. The program helps local property owners with small portfolios address health and safety concerns, code violations, and other eligible rehabilitation activities. By bringing vacant units back into service, the program increases the supply of quality rental housing and supports neighborhood revitalization throughout Tioga County.

Contractors placed on TCPDC's Pre-Qualified Contractor List may be invited to submit quotes or bids for rehabilitation projects funding through the VRP as they become available.

Minimum Qualifications:
Interested contractors must have experience performing residential rehabilitation work, be properly licensed where applicable, maintain all required insurance, and possess a current EPA Lead Renovation, Repair and Painting (RRP) Certification. Contractors must also comply with all applicable federal, state, and local laws, regulations, and program requirements.

TCPDC's insurance requirements are attached and must be met to be considered for placement on the Pre-Qualified Contractor List.

Attachments:
Pre-Qualification Form
Insurance Specifications

Required Documentation:
To be considered for the Pre-Qualified Contractor List, interested contractors must complete and return the Contractor Pre-Qualification Packet along with required supporting documentation, including:

- Completed Contractor Qualification Form
- Proof of Insurance meeting the attached TCPDC insurance requirements
- Current EPA Lead Renovation, Repair and Painting (RRP) Certification
- W-9

Only completed application packets with all required documentation will be considered.

Placement on the Pre-Qualified Contractor List does not guarantee the award of work or contracts. Contractors may be contacted as projects become available and will be expected to comply with all program requirements.

TCPDC encourages all contractors to apply, Minority-and-Women- Owned Business Enterprises (MWBE) and Service-Disabled Veteran-Owned Businesses (SDVOB) are strongly encouraged to submit a Contractor Pre-Qualification Packet for consideration.

Completed Contractor Pre-Qualification Packets may be submitted by mail, email, or delivered in person to:

Tioga County Property Development Corporation
Attn: Tara Patton
56 Main Street
Owego, NY 13827
TCPDC@tiogacountny.gov

Applications will be accepted on an ongoing basis unless otherwise announced.

For questions, please contact Tara Patton, at 607-687-8267, or email TCPDC@tiogacountyny.gov

NEW YORK STATE VACANT RENTAL PROGRAM
TIOGA COUNTY PROPERTY DEVELOPMENT CORPORATION

QUALIFICATION FORM

The following information must be completed in order to be considered a qualified respondent.

Respondent Information

Legal Company Name

D/B/A

Street Address City/State/Zip Code

Phone # Cell # Email Address

Company Structure: Corporation Partnership Individual Other

If other, please explain:_____

State of Incorporation or Registration _____ _____ _____ _____ _____

Incorporation/ Registration Number _____ _____ _____ _____ _____

Number of Years in Business _____ _____ _____ _____ _____

Principals

Name_____Address_____Phone_____Position_____

Which licenses does your company hold?

#	Issued by:	Date:
#	Issued by:	Date:
#	Issued by:	Date:

If none, please explain:

_____

_____

Bank Reference

Bank: _____Phone #:_____

Addresss: _____City:_____State:_____Zip Code: _____

Acct. Name: _____Acct. #: _____ Contact Person:_____

Woman/Minority- Owner Business

Is this a woman or minority-owned business? YES NO

If "YES" is it qualified as such with the State of New York? YES NO Certification #:_____

Affiliation:

List all other businesses in which the majority owners, partners, officers and shareholders have held an affiliation or interest in the past five years.

Name of Business	Address	Work/Service Performed	Contact Person	Phone

Insurance:

Please include a copy of insurance certificate with this form.

Insurance Company: _____

Address: _____City:_____State:_____Zip Code:_____

Type of Coverage:_____$ Amount:_____Contact Person:_____Phone:_____

Are there any claims pending against your general contractor liability coverage: YES NO

If "YES" amount of claim(s) $ $ $ $

Project History:

Complete of the following information for each of the last five projects completed by your organization:

Owner/Project Name: ____

Address: ____

Contact Person: ________________________________Phone #___________________Cost of Project: ________________________

Did you subcontract any portion of the contract work? YES NO
If so, approximately what percentage of the work did you subcontract? ___________%
Name of Subcontractor: ____
Description of Subcontract Work: ____

Owner/Project Name: ____

Address: ____

Contact Person: ________________________________Phone #___________________Cost of Project: ________________________

Did you subcontract any portion of the contract work? YES NO
If so, approximately what percentage of the work did you subcontract? ___________%
Name of Subcontractor: ____
Description of Subcontract Work: ____

Owner/Project Name: ____

Address: ____

Contact Person: ________________________________Phone #___________________Cost of Project: ________________________

Did you subcontract any portion of the contract work? YES NO
If so, approximately what percentage of the work did you subcontract? ___________%
Name of Subcontractor: ____
Description of Subcontract Work: ____

Owner/Project Name: ____

Address: ____

Contact Person: ________________________________Phone #___________________Cost of Project: ________________________

Did you subcontract any portion of the contract work? YES NO
If so, approximately what percentage of the work did you subcontract? ___________%
Name of Subcontractor: ____
Description of Subcontract Work: ____

Owner/Project Name: ____

Address: ____

Contact Person: ________________________________Phone #___________________Cost of Project: ________________________

Did you subcontract any portion of the contract work? YES NO
If so, approximately what percentage of the work did you subcontract? ___________%
Name of Subcontractor: ____

Description of Subcontract Work: _____

Affirmation:

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms, under penalties of law, that the statements made in this application for inclusion to the Qualified Contractors List have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City and New York State unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information given herein. The applicant understands that this application for inclusion on the Qualified Contractors List does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion.

_____
Signature

_____
Print Name

_____
Title

STATE OF NEW YORK)
COUNTY OF) SS:

_____, being duly sworn, deposes and says: I am the person signing on behalf of the applicant described and who executed the foregoing application, and the several matters therein stated in all respects true.

Subscribed and sworn to before me this _____day of _____,20___.

_____
NOTARY PUBLIC

TCPDC General Liability Insurance Requirements for Contractors

a. Commercial General Liability insurance (including contractual and contractor's protective liability coverage) with combined single limits of $1,000,000 per occurrence/per location, and $2,000,000 in the aggregate for bodily injury and property damage; Aggregate limit must be per project.

   Proof of additional insured coverage shall be evidenced through a carrier issued endorsement (ISO CG20 10 11 85 or equivalent)

b. Automobile Liability coverage including owned and hired vehicles with a combined single limit of $1,00,000 per occurrence for bodily injury and property damage;

c. Worker's Compensation and Employer's Liability insurance in compliance with all applicable New York State laws and regulations and Disability Benefits, if required by law.

d. Professional Liability insurance in an amount not less than One Million Dollars ($1,000,000) on either a per-occurrence of claims—made coverage basis.

   Proof of additional insured coverage shall be evidence through a carrier issued endorsement.

Certificates must list the Tioga County Property Development Corporation, Housing Trust Fund Corporation, and The State of New York as additional insured with Waiver of Subrogation included. Location of the property(ies) must be listed on the description of certificate.

1. The certificate face shall:
   - Indicate coverage(s) other than Workers' Compensation & Disability) and minimum amounts required
   - Provide that the coverage(s) shall not be cancelled, terminated or materially changed (including an insurance limits reduction) unless thirty (30) days prior written notice has been given to the TCPDC
   - Disclose all policy exclusions
   - Disclose the amount of self-insured retention or deductibles; deductible must not exceed $10,000
   - Show Products & completed operation
   - Certificate must be signed by an authorized representative of the insurance carrier

2. Proof of Worker's Compensation Coverage must be provided on WCB form C-105.2

3. Proof of NYS Disability Coverage must be provided on WCB form DB-120.1 Or DB-820