

**CITY OF MESQUITE  
DEPARTMENT OF HOUSING AND COMMUNITY SERVICES  
COMMUNITY DEVELOPMENT BLOCK GRANT  
HOUSING REHABILITATION – EMERGENCY REPAIRS PROGRAM  
SOLICITATION FOR QUALIFIED CONTRACTORS  
PROGRAM YEAR 2021 (October 1, 2021 – September 30, 2022)  
APPLICATION DUE DATE: October 1, 2021**

The City of Mesquite Department of Housing and Community Services is seeking qualified contractors for the Community Development Block Grant (CDBG) Housing Rehabilitation – Emergency Repairs Program. The Emergency Repairs Program provides low-income homeowners in Mesquite with repairs to items that pose an imminent threat to the health and/or safety of the homeowner. **Emergency repair projects must begin within one (1) business day of contract signing and be completed within five (5) business days.**

The City will maintain a list of qualified contractors for each trade used in the CDBG Housing Rehabilitation – Emergency Repairs Program, generated through an annual solicitation of qualified contractors. Upon conclusion of the solicitation period, each list of trade specific contractors will be randomized and will remain in said order for the current year. Qualified contractors will be selected from the appropriate trade list for repairs as needed under the CDBG Housing Rehabilitation – Emergency Repairs Program.

To become a qualified contractor and be placed on a “qualified contractor” trade list for the CDBG Housing Rehabilitation – Emergency Repairs Program, complete the application below in its entirety. Completed applications may be sent to the following:

In person	By mail	By fax	By email
<b>Community Services  1616 N. Galloway Avenue  Mesquite, TX, 75149</b>	<b>Community Services  PO BOX 85137  Mesquite, TX, 75185-0137</b>	<b>972.329.8348</b>	<b>sgaston@cityofmesquite.com</b>

Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Is the company a  Sole Proprietorship  LLC  Partnership  Corporation  
If your company is a corporation, provide the State and County of incorporation:

\_\_\_\_\_  
Location & contact person(s) at principal office: \_\_\_\_\_  
\_\_\_\_\_

Is the company a Minority/Women Owned Business Enterprise  No  Yes

Is the company a Historically Underutilized Business (HUB)  No  Yes

How many years has the organization been in business? \_\_\_\_\_

Trade or Trades to be reviewed and included on the Qualified Contractors List:

HVAC  Plumbing  Electrical  General Contracting

Is the company certified with Lead Safe Work Practices/Lead Abatement?  Yes  No

**LICENSES:**

List below all licenses and/or certifications held in the name of the company or subcontractors used by the company, **and attach copies:**

Type of License	Issuing Agency	Individual or Organization Name	Expiration Date
1.			
2.			
3.			
4.			
5.			

**BANK REFERENCES:**

Bank Name: \_\_\_\_\_ Contact Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**OTHER CREDIT REFERENCES:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of Credit: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

**WORK REFERENCES:**

**Project Type:**  HVAC  Plumbing  Electrical  General Contracting

Project Location: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Length: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Project Type:**  HVAC  Plumbing  Electrical  General Contracting

Project Location: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Length: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Project Type:**  HVAC  Plumbing  Electrical  General Contracting

Project Location: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Length: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Project Type:**  HVAC  Plumbing  Electrical  General Contracting

Project Location: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Length: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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Have you or any principals of the company ever filed for bankruptcy?  Yes  No

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Is your company registered at the federal website [www.sam.gov](http://www.sam.gov)?  Yes  No

Have you or any principals of the company ever been debarred, suspended, or otherwise impaired by the City of Mesquite or any federal agency?  Yes  No

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**List the Owners/Principals/Officers of the Company and person(s) authorized to execute/amend contracts or change orders; and conduct a site walk-through on behalf of the Company.**

NAME	Execute/ Amend	Change Orders	Site walk- through
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION**

- Proof of Insurance in accordance with the requirements set forth at page 7 of this application
- Proof of valid licenses/certifications of trade or trades to be reviewed and included on the “qualified contractor” list (HVAC, Plumbing, Electrical, etc.).
- Proof of certification with Lead Safe Work Practices/Lead Abatement (if applicable)
- Proof of certification as a Woman Owned/Minority Business Enterprise (if applicable)
- Proof of certification as a Historically Underutilized Business, HUB, (if applicable)
- Proposed list of Sub-Contractors/Material Suppliers (page 6 of this application)

I/We hereby certify that the above statements and forms enclosed in the application are true and complete to the best of my/our knowledge. I/We further understand that the City of Mesquite, City, will utilize the information collected to verify the qualification of the undersigned to be placed on a “qualified contractor” trade list. Further, the information collected will not be disclosed outside the City without your consent, except for verification as permitted by law, or as required under the Public Information Act.

I/We authorize the City to obtain a written credit report on the individual, partnership, or corporation that is applying. Further, the undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the City; and the undersigned hereby releases any and all such parties from any legal responsibility whatsoever on account of having furnished such information to the City.

By signing and returning this application to the Department of Housing and Community Services Department, I/We acknowledge that the company has received, reviewed and agrees to abide by the City standards for contractor certification. I/We also agree that in the event I/We fail to follow any existing or future guideline set forth by the City of Mesquite, the company may be limited or removed from the “qualified contractor” trade list.

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Signature Title Date

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Signature Title Date

**PROPOSED LIST OF SUB-CONTRACTORS/MATERIAL SUPPLIERS**

<b>Company Name &amp; Address</b>	<b>Owner(s)/Principal(s)/Officer(s) and Title</b>	<b>Type of Work performed</b>	<b>Phone #</b>	<b>Email</b>
1.				
2.				
3.				
4.				
5.				
6.				

**CITY OF MESQUITE  
DEPARTMENT OF HOUSING AND COMMUNITY SERVICES  
HOUSING REHABILITATION – EMERGENCY REPAIRS PROGRAM  
CONTRACTOR INSURANCE REQUIREMENTS**

Every Qualified Contractor for the Emergency Repairs Program shall maintain the ability to obtain and carry commercial general liability, along with any employer’s liability (workmen’s compensation) and auto liability insurance as follows:

<b>TYPE</b>	<b>AMOUNT</b>
1. <u>Workers Compensation - and Employer’s Liability</u>	<u>Statutory Limits</u> \$100,000 per occurrence
2. <u>Commercial (Public Liability), including but not limited to:</u>	<u>Bodily Injury:</u> \$500,000 per person \$1,000,000 per occurrence and
A. Premises/Operations	
B. Independent Contractors	
C. Personal Injury	<u>Property Damage:</u>
D. Products/Complete Operations	\$500,000 per occurrence
E. Contractual Liability (insuring Above indemnity provisions)	with <u>general aggregate of</u> \$1,000,000
3. <u>Business (Commercial) Automobile Policy:</u>	<u>Combined Single Limit/</u> \$500,000

The Contractor understands that it is its sole responsibility to provide Insurance required herein that shall be issued by a company or companies of sound and adequate financial responsibility and authorized to do business in the State of Texas. All policies shall be subject to examination and approval by the City for their adequacy as to form, content, form of protection, and providing company.

The Contractor further agrees that with respect to the above required insurances, the City shall:

1. Be named as the Certificate Holder and as additional insured, on all required insurance except worker’s compensation.
2. Be provided with a waiver of subrogation, in favor of the City, on all required insurance.
3. Be provided with an unconditional 30 days advance written notice of cancellation or material change.