

Vendor/Contractor Application

Virginia Beach

COMMUNITY DEVELOPMENT CORPORATION

Building, Supporting & Preserving Communities since 1985.

Dear Vendor/Contractor:

Virginia Beach Community Development Corporation (VBCDC) maintains a registry of qualified contractors and vendors it or its affiliates do business with. To qualify as a vendor or contractor approved to do business with VBCDC or its affiliates, please complete the enclosed application and submit the following additional pieces of documentation:

- Current City Business License
- Certification of Insurance for general liability, automobile, and workers compensation insurance meeting the requirements listed in this application.
- Signed Risk and Insurance Requirements
- Copy of Current Contractors Licenses (if applicable)
- Signed Anti-collusion/Nondiscrimination Clauses
- Signed W-9 Form

Please note that the application must be signed by an authorized signatory of your business and notarized. There may be a VBCDC representative capable of notarizing your application, in our office by appointment, and free of charge. Please contact ashleyjarvis@vbcdc.org or frontdesk@vbcdc.org if you need to schedule a notary appointment. Documents may be submitted in person or mailed to:

VBCDC, Attn: Procurement Office, 2400 Potters Rd, Virginia Beach, VA 23454

Once your application and supporting documentations are received, you will be notified by VBCDC regarding your application status. If you have any questions or need further assistance, please do not hesitate to contact me at (757) 500-2740. Thank you for your interest in doing business with VBCDC.

Sincerely,



Office Manager

Enclosures

Vendor/Contractor Application

Quality Affordable Housing

Virginia Beach Community Development Corporation

2400 Potters Road • Virginia Beach, VA 23454

Ph: (757) 463-9516 • Fax: (757) 463-1382 • www.vbcdc.org

Section 1

Please Indicate all properties for which your company is interested in being contacted:

- Virginia Beach Community Development Corporation

Section 2

Company Name _____ Yrs. In Business _____

Address _____

City _____ State _____ Zip Code _____ Fax Number _____

Business Number _____ Cell Phone Number _____

Business Email(s) _____

Owners Name(s) _____

Home Address _____

City _____ State _____ Home phone _____ Yrs. at Address _____

Is Company operating as a: Sole-Proprietor Partnership S-Corporation Corporation

Limited Liability Corp. Limited Liability Partnership Personal Corporation Non-Profit

Is company Incorporated Yes No EIN/SS# Employer No. _____ State _____

No. of employees: _____ Permanent _____ Part-time _____

Does your company specialize in: Commercial Residential

Type of Service(s) provided by firm:

Does the company hold any other contractor's license under a different company name? Yes No

If yes, please state name and address _____

Is company affiliated with or a subsidiary of another party? Yes No

If yes, please state name and address _____

Vendor/Contractor Application

Section 3

Is your company minority owner? (at least 51% ownership)? Yes No

If yes, please choose one of the following: Alaskan or Native American Asian or Pacific islander
 Black, non-Hispanic White, non- Hispanic Hispanic

Is your company women owned? (at least 51% ownership)? Yes No

Is your company owned by a service-disabled veteran? Yes No

Is your company located in Virginia Beach? Yes No

If no, is the principal ownership in Virginia Beach? (at least 51% ownership)? Yes No

Is your company a Section 3 business? Yes No **If No please skip to section 4**

If Yes, how do you qualify?

1. Is 51% of your business owned by Section 3 residents? Yes No
 - A. Percent owned by Section 3 residents _____
 - B. Percent owned by all others: _____
 - C. Total (should equal 100%): _____
2. Does 30% of your current full-time staff meet definition of a Section 3 resident? Yes No
 - A. Total number of full-time employees: _____
 - B. Number of full-time employees that currently Meet the definition of a Section 3 resident: _____
 - C. Number of full-time employees that may have met the definition of a Section 3 resident within the last 3 years: _____
 - D. Total percent of full-time staff that meet the definition of Section 3: _____
3. Does your business have evidence of firm commitment(s) to provide 25% of the total dollar amount of subcontracts to Section 3 businesses? Yes No
 - A. Total dollar amount of subcontract to Section 3 businesses? _____
 - B. Total dollar amount of HUD funded subcontracts to be awarded to Section 3 businesses: _____
 - C. Total percent to be awarded: _____

Section 4

Please enclose current copies of the following:

- 1) City Business License
- 2) Contractor's License Number and Class
- 3) Proof of Insurance

Insurance company's Name and Phone Number: _____

Vendor/Contractor Application

Section 5

List at least three (3) jobs your firm has completed in the last year in the Hampton Roads area:

1. Company _____ Contact Person _____
Address _____
Approx. Cost of Job _____ Phone no. _____ Date of Work _____
2. Company _____ Contact Person _____
Address _____
Approx. Cost of Job _____ Phone no. _____ Date of Work _____
3. Company _____ Contact Person _____ Address _____
Approx. Cost of Job _____ Phone no. _____ Date of Work _____

Section 6

List three (3) suppliers your company conducts business with regularly with whom you have established credit:

1. Name: _____
Address: _____
Approx. Cost of Job _____ Phone No. _____
2. Name: _____
Address: _____
Approx. Cost of Job _____ Phone No. _____
3. Name: _____
Address: _____
Approx. Cost of Job _____ Phone No. _____

Are you willing to furnish a financial statement if requested? Yes No

Has the business ever defaulted on a job or loan? Yes No (if yes, please explain)

Has the business ever been adjudged bankrupt? Yes No (if yes, please explain)

Is the business currently a party in any lawsuits? Yes No (if yes, please explain)

Vendor/Contractor Application

Section 7

VERIFICATION – The business hereby agrees to provide, upon request, documents verifying the information provided within this application.

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States, MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAW OF THIS STATE.

I/We hereby certify under penalty of perjury that all information contained in this document is true and correct.

Signature: _____ Date: _____

Signature of Business Owner or Authorized Representative

NOTARY CERTIFICATE

State of Virginia

City of Virginia Beach, to-wit:

On the _____ day of _____ 20_____, Before me personally appeared

_____ (Name),

_____ (Title), for _____ (Name of

corporation, LLC or sole proprietorship), known to be the person named herein and who executed the foregoing Affidavit and who acknowledged to me that she/he voluntarily executed the same.

My term expires:

Signature:

Notary Public Registration Number: _____

Vendor/Contractor Application

AUTHORIZATION TO RELEASE INFORMATION TO VIRGINIA BEACH COMMUNITY DEVELOPMENT CORPORATION

I, _____
(Name) (Title)

Of _____
(Company Name)

do hereby authorize the Virginia Beach Community Development Corporation to obtain verification of any of the information from the source named in my Contract Qualification application.

Please provide the requested information to the Virginia Beach Community Development Corporation, 2400 Potters Road, Virginia Beach, VA 23454.

Signature: _____

Address: _____

Date: _____

Vendor/Contractor Application

VBCDC Vender Signature & Electronic-Signature Authorization Form

1. The following person(s) is/are Listed as owner(s) of this company:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

2. The following person(s) is/are contact person(s) and authorized to sign all documentation on behalf of this company:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

3. The following person(s) is/are contact person(s) and authorized to Electronic-Sign all documentation on behalf of this company:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

4. The following person(s) is/are authorized to represent the company for purposes of estimating, bidding, or supervising the job:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Signature Authorization Approved By:

Contractor's Legal Business Name: _____ Cell Phone: _____

Office Phone: _____ Contractor's Name: _____

Street Address

City

State Zip

AUTHORIZING

NAME: _____ **SIGNATURE:** _____

Type or Print

AUTHORIZING TITLE:

OF Officer or Owner _____ **DATE:** _____

Type or Print

Note: Signatures are authorized until amended in writing by authorizing Contractor.

Vendor/Contractor Application

Risk and Insurance Requirements

In Consideration of the work being performed by the Vendor/Contractor on behalf of VBCDC, contractor hereby agrees to:

1. All contractors are required to maintain in effect during the period work is being performed by contractor, for or on behalf of VBCDC, the following insurance coverage's:

- A. Comprehensive General Liability Insurance – providing premises and operations, completed operations and products liability with limits of:

General Aggregate	\$ 500,000
Products- Comp/Op Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 500,000
Each Occurrence	\$ 500,000
Fire Damage	\$ 50,000
Medical Expense	\$ 5,000

- B. Business Automobile Insurance – insuring any auto and/or insuring owned, non – owned & hired automobiles with limits of:

Combined Single Limit	\$ 500,000 or
Bodily Injury – per person	\$ 250,000
Bodily Injury – per accident	\$ 500,000
Property Damage	\$ 100,000

- C. Workers Compensation Insurance – Virginia Statutory coverage with Employers Liability limits of:

Each Accident	\$ 100,000
Disease – Policy Limit	\$ 500,000
Disease – Each Employee	\$ 100,000

2. **VBCDC and its affiliates, are to be named as additional insured on the contractor's general liability insurance policy. The following should be listed on the COI as additional insured: Virginia Beach Community Development Corporation (VBCDC), Cedar Grove 2011 L.P., and Cypress Landing LLC.**
3. VBCDC is to receive annually a certificate of insurance from the contractor specifying that the above coverages are in effect. Said certificate will require 30 day's written notice in the event the insurance is cancelled for any reason.
4. **Indemnity:** To the fullest extent pennoned by law, contractor shall defend, indemnity and hold harmless VBCDC and their employees, and/or its assigns from any and all claims including bodily injury and property damage that may arise from performance of contractor's work.
5. **Waiver of Subrogation:** It is hereby agreed and understood that contractor agrees to waive any and all rights of subrogation against VBCDC, regarding any occurrence involving VBCDC or any of its affiliates. Contractor will request, require and obtain from its insurance company(s) an applicable Waiver of Subrogation endorsement(s).
6. **Safety:** To protect persons and property, contractors shall establish a safety program, implementing safety measure, policies and standards conforming to (1) those required or recommended by government and quasi government authorities having jurisdiction and (2) requirements of any agreement with VBCDC. Contractor shall keep project site clean and free from debris resulting from contractor's work.

Signature of Contractor

Date

Addresses for Additional Insured and Certificate Holders:

Virginia Beach Community Development Corporation, 2400 Potters Rd, Virginia Beach, VA 23454
Cedar Grove 2011, L.P., 2400 Potters Road, Virginia Beach, Virginia 23454
Cypress Landing, LLC., 2400 Potters Road, Virginia Beach, Virginia, 23454.

Vendor/Contractor Application

VIRGINA BEACH COMMUNITY DEVELOPMENT CORPORATION (VBCDC)

ANTICOLLUSION / NONDISCRIMINATION CLAUSES

ANTICOLLUSION CLAUSE:

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY DID NOT EITHER DIRECTLY OR INDIRECTLY ENTER INTO ANY COMBINATION OR ARRANGEMENT WITH ANY PERSON, FIRM OR CORPORATION, OR ENTER INTO ANY AGREEMENT, PARTICIPATE IN ANY COLLUSION, OR OTHERWISE TAKE ANY ACTION IN THE RESTRAINT OF FREE, COMPETITIVE BIDDING IN VIOLATION OF THE SHERMAN ACT (15 U.S.C SECTION 1), SECTIONS 59.1-9.1 THROUGH 59.1-9.17 OR SECTIONS 59.1-68.6 THROUGH 59.1-68.8 OF THE CODE OF VIRGINIA.

THE UNDERSIGNED HEREBY CERTIFIES THAT THIS AGREEMENT, OR ANY CLAIMS RESULTING THEREFROM, IS NOT THE RESULT OF, OR AFFECTED BY, ANY ACT OF COLLUSION WITH, OR ANY ACT OF, ANOTHER PERSON OR PERSONS, FIRM OR CORPORATION ENGAGED IN THE SAME LINE OF BUSINESS OR COMMERCE; AND, THAT NO PERSON ACTING FOR, OR EMPLOYED BY, VBCDC OR SVHC HAS AN INTEREST IN, OR IS CONCERNED WITH, ANY BIDS, BUSINESS OR COMMERCE; AND, THAT NO PERSON OR PERSONS, FIRM OR CORPORATION OTHER THAN THE UNDERSIGNED, HAVE, OR ARE, INTERESTED IN ANY BIDS, BUSINESS OR COMMERCE.

NONDISCRIMINATION CLAUSE:

1. EMPLOYMENT DISCRIMINATION BY BIDDER SHALL BE PROHIBITED.
2. DURING THE PERFORMANCE OF THIS CONTRACT, THE BUSINESS SHALL AGREE AS FOLLOWS:
 - A. THE BUSINESS WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP, EXCEPT WHERE RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP IS A BONA FIDE OCCUPATIONAL QUALIFICATION REASONABLY NECESSARY TO THE NORMAL OPERATION OF THE BIDDER. THE BUSINESS AGREES TO POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE.
 - B. THE BUSINESS, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED ON BEHALF OF THE BUSINESS, WILL STATE THAT SUCH BUSINESS IS AN EQUAL OPPORTUNITY EMPLOYER.
 - C. ADVERTISEMENTS, NOTICES, AND SOLICITATIONS PLACED IN ACCORDANCE WITH FEDERAL LAW, RULE OR REGULATION SHALL BE DEEMED SUFFICIENT FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF THE SECTION.

Name and Address of Business:	Date:
	By:
	Original Signature in Blue Ink
	Printed Name
	Title of Officer or Owner
Phone Number:	Fax number:

Is your firm a "minority" business? Yes No If yes, please indicate the "minority" classification below:

African American Hispanic American American Indian Eskimo Asian American Aleut

Other, please Explain: _____

Is your firm Women Owned? Yes No

Is your firm a Small Business Yes No