



Dear Applicant:

Thank you for your interest in the City/Parish Office of Community Development Housing Rehabilitation Program (HRP). The Housing Rehabilitation Program seeks to enhance contracting opportunities in City/Parish with contractors and subcontractors.

This application provides detailed information about becoming a Housing Rehabilitation Contractor and a certified Section 3 Business with the City/Parish Office of Community Development. To get started with the qualifying process, please complete the application and submit the required information outlined on the checklist on page 12. For more information about certification or the Housing Rehabilitation Program, please visit <http://www.brgov.com/dept/ocd/housing/cntrctng.htm> or contact Jim McDonnell at 225-389-3039, ext. 128.

Sincerely,

Jim McDonnell
Planner/Procurement Specialist



Mail or deliver original application to:

**City/Parish of East Baton Rouge
Housing Rehabilitation Program
300 Louisiana Ave, 2nd Floor
Baton Rouge, LA 70802**

- **PLEASE READ THIS APPLICATION AND CERTIFICATION CRITERIA COMPLETELY BEFORE SUBMITTING**
- **YOU MUST SUBMIT ALL REQUIRED DOCUMENTS – SEE CHECKLIST ON PAGE 12**
- **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**
- **NO FAXED APPLICATIONS ACCEPTED**
- **PLEASE ALLOW 30 DAYS FOR PROCESSING**

Benefits of becoming certified include:

- **INCREASE AWARENESS OF GOVERNMENT CONTRACTING OPPORTUNITIES**
- **SBE ORIENTATION SESSION ON HOW TO DO BUSINESS WITH THE CITY**
- **NETWORKING OPPORTUNITIES**
- **BUSINESS EDUCATION OPPORTUNITIES**
- **MENTOR PROTÉGÉ PROGRAM (SSO)**

**SBE CERTIFICATION CRITERIA
For the City/Parish of Baton Rouge's SBO Program**

The applicant's shall be eligible for certification as a SBE only if it meets EACH of the following requirements:

1. **Ownership:** To become certified as a SBE, 51% or more of the applicant's business must be owned by one or more "Eligible Owners", each of whom meets the following requirements:
 - a) Owns a legal and equitable interest in the applicant business in his or her own name (with the ownership of all Eligible Owners being 51% or more);
 - b) Acquired the interest in the business with his or her own financial or equivalent resources or has put his or her own financial resources at risk in the operation of the business;
 - c) Has a personal net worth under \$1,320,000, excluding: (i) \$250,000 of the equity in his or her primary residence*, (ii) his or her ownership interest in the business; and (iii) the value of his or her savings account as defined by the United States Tax Code and the Internal Revenue Service, **AND**
 - d) Is not currently an official, officer or employee of the City/Parish

*For a married couple, \$500,000 limit applies to the total equity in the residence.

In the case of a transfer in ownership, the owner to which the business has been transferred must be the Eligible Owner for a minimum of one year subsequent to the date of transfer, and must meet requirements described herein,

2. **Licensed and For Profit:** Non-Profit organizations cannot become certified as SBE's. To obtain SBE certification, the applicant business must:
 - a) Be authorized to do business in the State of Louisiana; **AND**
 - b) Demonstrate that the applicant business, its employees or Eligible Owners holds each business or professional license required for the operation of each scope of business for which the applicant business seeks SBE certification;
3. **Management and Control:** The daily operations of the applicant business shall be managed and controlled by one or more Eligible Owners being defined as (the "Managing Eligible Owners"). The Managing Eligible Owner(s) shall be deemed to manage and control the daily business operations only if:
 - a) Their management and control is specifically demonstrated to be real, substantial and continuing and goes beyond the pro-forma ownership of the applicant business as is reflected in its ownership documents;
 - b) They possess the power to and actually direct the management and policies of the applicant business;
 - c) They make both routine and major decisions on matters of management, policy and operations; **AND**
 - d) They are not subject to formal or informal restrictions that are inconsistent with the customary discretion of majority owners,
4. **Experience and Involvement of Eligible Owners:** One or more Eligible Owners must:
 - a) Have substantial experience in the trade or industry or other experience, which would be necessary to make routine and major decisions for the applicant business; **AND**
 - b) Regularly hold themselves out to the public and sign important documents and financial instruments in a manner that is indicative of primary management and control of daily business operations and responsibility for routine and major decisions.
5. **Actively in business for ONE YEAR:** The applicant business may not be certified until 1 (one) year after all of the following:
 - a) Formation of the applicant business;
 - b) Commencement of sustained business activity in each trade or profession described on the Certification application; **AND**
 - c) Commencement of ownership, management and control of daily business operations by the identified Eligible Owner(s).
6. **Perform a commercially useful function:** The applicant business must perform a Commercially Useful Function. A Business Enterprise does not perform a Commercially Useful Function if it merely acts as a Conduit by passing the scope of work for which it is scheduled to perform or supply on a contract to an SBE or non-SBE firm.
7. **Citizenship Requirements:** Eligible Owner(s) must be a U.S. Citizen or Permanent Resident.
8. **Threshold size:** The annual sales volume of the applicant business and the number of employees of the applicant business cannot exceed the size standards set forth in the table below:

| | NAICS Section | Average Annual Gross Receipts over the last 3-yr | No. of Employees |
|-------------------------------|---------------|--|------------------|
| General Construction | 23 | \$7,600,000 | N/A |
| Specialty Construction Trades | 238 | \$3,500,000 | N/A |
| Manufacturing | 31-33 | N/A | 125 or less |
| Wholesale Trade | 42 | N/A | 25 or less |
| Retail Trade | 44-45 | \$2,560,000 | N/A |

| | | | |
|-------------------------------------|-------|-------------|-----|
| Transportation | 48-49 | \$3,700,000 | N/A |
| Information | 51 | \$3,500,000 | N/A |
| Finance, Insurance | 52 | \$1,750,000 | N/A |
| Real Estate | 53 | \$2,500,000 | N/A |
| Professional and Technical Services | 54 | \$3,500,000 | N/A |
| Administrative and Support Services | 56 | \$3,500,000 | N/A |
| Food Service | 72 | \$1,975,000 | N/A |
| Other | 81 | \$1,900,000 | N/A |

For purposes of the above standards, the “annual receipts” and number of employees of an applicant shall be determined in accordance with the definitions and methodology established by the Small Business Administration at 13 C.F. R. 121.201 *etc. Seq.*, as amended, or successor regulation or classification system (the “SBA Size Regulations”). The size limitation for any firm not included in the categories listed above shall be one fourth of the applicable size standard established by the SBA Size Regulations.

<http://www.sba.gov/content/tablesmall-business-size-standards>

9. **Affiliates:** In determining whether the applicant business is within the size thresholds, you must include the combined sales volume and employees of all “Affiliates” of the Applicant. Two entities are Affiliates of one another when one controls or has the power to control the other, a third party or parties controls or has the power to control both; or other significant relationships exist between the two entities. Examples of the power to control include:

- Ownership of majority equity interest,
- Voting control of the board of directors
- Officer with decision making authority
- Approval rights over key decisions (through charter, by-laws, shareholder’s agreement or otherwise)
- Power to prevent a quorum, or to otherwise block action by the board of directors or shareholders.

Significant relationships exist between two entities when one is significantly dependent on the other, when one (through shared officers, employees, etc.) has the ability to play a key role in the management or direction of the other, or when the two entities have shared facilities, assets or employees or an identity of interest (through family relationships or otherwise). A significant relationship can take many forms, but the factors the City will consider include:

- Common ownership, common management or common employees,
- Shared equipment, assets or facilities or close physical proximity
- Family relationships,
- Loans, leases and contributions, or
- Percentage of revenue derived from the other entity
- Contractual or other significant relationships

For instance, if two businesses operate from the same property, are in the same general industry, share employees and equipment and have key management officials in common, the City will find an Affiliate relationship even if one Business Enterprise derives only a small percentage of its income from another. Without limiting the City’s ability to find an Affiliate relationship under the totality of circumstances test, the City will presume that two or more entities are Affiliates when both of the following conditions are met:

- 50% or more of annual gross revenue over prior 3 years derived from contracts with the other entity, and
- The entities have common ownership, common management, shared facilities, shared assets, family relationships or other significant connection.

This presumption is rebuttable at discretion at the City’s discretion if the applicant business shows that the connection between the two businesses is minimal, and that applicant business is no longer at any risk of being financially dependent on the other entity.

City of Baton Rouge-Parish of East Baton Rouge - Office of Community Development
Contractors Application Form

Please print or type all responses. **Do not leave any items blank.** Write "None" or "Not Applicable" as necessary. Attach additional pages as necessary and identify the item being completed on the attachment. **The City/Parish of East Baton Rouge Office of Community Development reserves the right to request additional information, if warranted, to verify eligibility.** Make a copy of this signed application and keep for your records.

Application Date: _____

SECTION I: GENERAL INFORMATION

Legal Name of applicant business:

"Doing Business As" name, if any:

Street Address (**No P.O. Box**):

City, State, Zip + 4: _____ Parish:

Mailing Address, if different: (P.O. Box allowed)

City, State, Zip + 4: _____ Parish:

Business Telephone: _____ Business Fax: _____ Cell Phone: _____

Website:

Name of Owner/President/CEO: _____ Email:

Name of Primary Contact, if different: _____ Email:

*Primary contact is the person best identified to received solicitations

SECTION II: BUSINESS PROFILE

Legal form of the business:

Sole Proprietorship Partnership Corporation Limited Liability Company

Date Established: _____

Date Incorporated: _____

Licenses

| State | Type | License Number | City/Parish/County |
|-------|------|----------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

List any business or trade name(s) previously used by this applicant business:

1. _____

2. _____

3. _____

Certifications

Has your firm ever applied, been granted or been denied DBE certification by the following agencies? Yes/No

LAUCP/DOTD _____

SBA _____

Identify all Company Officers and Board of Directors

| | Name | Title | Race/Ethnicity | Gender |
|------------------|------|-------|----------------|--------|
| Company Officers | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | Name | Title | Race/Ethnicity | Gender |
|--------------------|------|-------|----------------|--------|
| Board of Directors | | | | |
| | | | | |
| | | | | |
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| | | | | |

SECTION IV: WORK SPECIALTY

List the main area in which the applicant business provides materials or service(s):

Construction A&E (Architecture, Engineering, Surveying) Commodities (Goods and Supplies)

Professional Services (Legal, Acct, etc.) General Services (Marketing, Staffing) Other

Describe the nature of your business (e.g., manufacturing, distribution, retail concern, etc):

Areas of Certification

In which area(s) do you desire to become certified? (Note: List the North American Industry Classification System (NAICS) Codes for products/services your firm provides. If you are a construction concern, also list all Construction CSI Codes. (Up to 10 each)

| NAICS Description ² | Code | NIGP Description ³ | Code |
|--------------------------------|------|-------------------------------|------|
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You can search for your NAICS Codes² at www.census.gov.

You can search for your Construction CSI Codes³ at www.nigp.com

TAX IDENTIFICATION NUMBER

Federal Employer ID # **OR** TIN (Tax ID #): _____ **OR** Partnership ID #

OR Applicant's Social Security #: _____

The City/Parish Office of Community Development is required by law to obtain the following from all individuals and businesses that receive payment from the City/Parish: (a) a federal employer identification number for all corporations; (b) a partnership identification number for all partnerships, and (c) a social security number for all individuals and sole proprietorships. Failure to provide this information may result in federal tax backup withholding or withholding of payment by the City/Parish. If you are a subcontractor on a City/Parish contract and will not receive any payment directly from the City/Parish, then you must still provide the information above, but you may obtain and submit a federal employer identification number in lieu of your social security number, even if you are doing business as an individual or sole proprietorship. Failure to provide this information may disqualify you from participating in City or County contracts.

For individuals and businesses that receive payment from the City/Parish, the information requested above will be reported to the Internal Revenue Service for federal tax withholding purposes. For all individuals and businesses completing this form, the information requested herein will be used for internal data tracking purposes, such as accounts payable and procurement analyses and determining whether there is disparity in City/Parish contracting based on race/ethnicity or gender.

SECTION V: PERSONNEL AND MANAGEMENT

Combined number of employees of the applicant business and all Affiliates: _____ **Full-time** _____ **Part-time**

List management personnel who are primarily responsible for the following activities

| | Name | Title | Address (if not already listed in application) |
|-----------------------------------|------|-------|--|
| Financial Decisions | | | |
| Estimating & Bidding | | | |
| Hiring/firing of | | | |
| Hiring/firing of personnel | | | |
| Marketing and Sales | | | |
| Supervision of Operations | | | |
| Signing of payroll | | | |
| Negotiating bonds/loans | | | |
| Office management | | | |
| Negotiating contracts | | | |
| Signing contracts | | | |

SECTION VI: FINANCIAL INFORMATION

Please list the combined gross receipts of the applicant business and all Affiliates for each of the last three (3) years. If the firm has not been in business for three years, provide gross receipts for each year in business:

| | \$ | | \$ | | \$ |
|------|----------|------|----------|------|----------|
| Year | Receipts | Year | Receipts | Year | Receipts |

Does the applicant normally provide a payment or performance bond for its contracts? ___Yes ___No If yes, please specify bonding company's name and the aggregate surety bonding limit. Attach a separate sheet if necessary.

Surety Company: _____ Bonding Limit \$ _____

Please provide the following information for three professional references:

A. Firm/Agency Name _____ Telephone Number _____

Address _____ Date of Contract _____

B. Firm/Agency Name _____ Telephone Number _____

Address _____ Date of Contract _____

C. Firm/Agency Name _____ Telephone Number _____

Address _____ Date of Contract _____

Contracting History

Describe your company' contracting history over the past three years (3) years, including the percentage of work performed for non-governmental entities. Attach a separate sheet if necessary.

| Description of the Contract | Gov't Sector | Private Sector |
|---|--------------|----------------|
| | | |
| | | |
| | | |
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| | | |
| Percentage of Government Sector and Private Sector Contracts | | |

Bids Submitted

Please list previous successful, unsuccessful or rejected bids submitted by your company over the last three (3) years. Attach a separate sheet if necessary.

| Bid (Agency/Company, Date, Amount) | Successful/Unsuccessful/Rejected |
|------------------------------------|----------------------------------|
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**SECTION VII: AFFILIATE INFORMATION
DEFINITIONS**

“Significant Connection” means any of the following: a) 5% or greater ownership interest (as shareholder, partner, etc); b) membership on the board of directors; c) employment relationship; or d) ability to control decisions.

“Key Personnel” means any owner, shareholder, partner, director, officer, or person in a management role of the applicant business. Key Personnel includes but is not limited to all persons who are counted as Eligible Owners for purposes of applying for SBE certification.

“Owner” means any person or entity having a greater than five percent (5%) ownership interest, whether as a shareholder, partner, limited partner, sole proprietor, etc.

“Related Industry” means the same general industry or field as the applicant business, or a business that contracts with other businesses in the applicant business’ industry or field. For instance, plumbing would be a Related Industry to general construction.

QUESTIONS

1. Do any of the Key Personnel of the applicant have a Significant Connection with another business?

Yes No

If yes, please describe:

2. Do any family members of the Key Personnel have a Significant Connection with another business in a Related Industry?

Yes No

If so, please identify the Key Personnel and describe the Significant Connection:

3. Has more than twenty-five percent (25%) of the applicant business’ annual revenue in any of the past three (3) years derived from either: (a) a single business entity, or (b) a group of business entities which share the same parent company?

Yes No If so, please identify each such business, and the amount of revenue it has provided per year:

4. Does the applicant business share any of the following with another person or business entity: a) office space, warehouse space, or other facilities, b) assets or equipment; or c) employees?

Yes No If yes, please identify what is shared and the person or entity it is shared with:

5. Has the applicant business leased or borrowed any of the following from a person or another business entity in a Related Industry within the past 3 years: a) office space, warehouse space, or other facilities; or b) assets or equipment?

Yes No If yes, please identify what was leased or borrowed and the person or entity it was leased or borrowed from:

6. Has the applicant business within the past 5 years received any loans or other financing from any individual or other business that is not a bank or lending institution?

Yes No If so, please identify the individual or business, the year and amount of each loan and the current balance:



AFFIDAVIT OF CERTIFICATION

A material or false statement or omission made in connection with this application is sufficient cause for denial of participation in housing rehabilitation program for contractors, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in the application is for the purpose of inducing approval by City Parish Office of Community Development. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books records, documents and files, in whatever form they exist, of the names firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the City/Parish of East Baton Rouge Office of Community Development on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the City/Parish of East Baton Rouge Office of Community Development of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the information provided in this application and supporting documents relating to my certification status and me is true and correct.

Signature _____

Name (Print or Type) _____

Title _____

Date _____ State of _____ Parish/County of _____

On this _____ day of _____, 20____, before me appeared (Name) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Applicant Firm) _____ to execute this affidavit and did so as his or her free act and deed.

Notary Public _____

(Seal)

Commission Expires _____



CHECKLIST OF SUPPORTING DOCUMENTS

APPLICANT FIRM:

| Item Number | Included Yes/No | See Statement Attached | N/A | Item Type |
|-------------|-----------------|------------------------|-----|--|
| 1 | | | | La. State License Board Certification |
| 2 | | | | Proof of DBE Status (if any) by Small Business Administration, US Department of Transportation and Development or any other agency |
| 3 | | | | Secretary of State Certification |
| 4 | | | | Excluded Parties List Validation |
| 5 | | | | Contractor's License |
| 6 | | | | Articles of Corporation |
| 7 | | | | W-9 |
| 8 | | | | Certificate of Liability Insurance (Or company that will provide insurance) |
| 9 | | | | Authorized Signer Consent Form |
| 10 | | | | Solicitation Form |
| 11 | | | | Minority Owned Business Certification (If applicable) |
| 12 | | | | Woman Owned Business Certification (If applicable) |
| 13 | | | | Policy and Procedure Disclaimer |
| 14 | | | | Contractors Licensure and Certification Requirements Statement |
| 15 | | | | Acknowledgement of Solicitation |
| 16 | | | | Purchasing Policies Contract (Copy if done in purchasing) |
| 17 | | | | Purchasing Vendor Profile |
| 18 | | | | Purchasing Disclaimer Form |
| 19 | | | | Bonding Company Information |
| 20 | | | | Picture I.D. of Business Owners and Authorized Signers |
| 21 | | | | Certificate of Lead Renovator |
| 22 | | | | Section 3 Certification (If not done by this office) |



The City of Baton Rouge – Parish of East Baton Rouge
Office of Community Development

Authority to Sign Form

| | | | |
|-------------------------|--------------------------------|--|-----------------|
| Name: (Last, First, MI) | | Action: <input type="checkbox"/> Authorization <input type="checkbox"/> Cancellation | Effective Date: |
| Employee Address: | | Contact Information: (Phone, Cell, Work numbers) | |
| New | If Replacement: | | |
| Replacement | Name: (Last, First, MI) Title: | | |
| Signature: | | Signature: | |

| | | | |
|-------------------------|--------------------------------|--|-----------------|
| Name: (Last, First, MI) | | Action: <input type="checkbox"/> Authorization <input type="checkbox"/> Cancellation | Effective Date: |
| Employee Address: | | Contact Information: (Phone, Cell, Work numbers) | |
| New | If Replacement: | | |
| Replacement | Name: (Last, First, MI) Title: | | |
| Signature: | | Signature: | |

*****If more than two signers please copy this page and add additional signers. *****



The City of Baton Rouge – Parish of East Baton Rouge
Office of Community Development

CONTRACTOR LICENSURE AND CERTIFICATION REQUIREMENTS

1. All Contractors responding to request for bids by the City of Baton Rouge – Parish of East Baton Rouge Office of Community Development (OCD) must be in possession of the proper license to perform the work under the scope of services as outlined under the State of Louisiana Contractors Licensing Law ~R.S. 37:2150-2192.
2. At a minimum all Contractors must be registered as a Home Improvement Contractor with the Louisiana State Licensing Board for Contractors (LSLBC). Contractors who hold valid commercial or residential licenses with the LSLBC are considered to have met the minimum requirement.
3. At a minimum all Contractors must have at least one employee trained and certified as a Lead Renovator by the EPA. Every job that involves the disturbance of any presumed lead paint surface (Greater than (>) 6 sq. ft. Interior and 20 sq. ft. Exterior) on target housing shall have an EPA certified Lead Renovator present at the job site.
4. Upon finalization of every job that disturbs any presumed lead paint surface (Greater than (>) 6 sq. ft. Interior and 20 sq. ft. Exterior) on target housing, the contractor shall provide the OCD with the required EPA RRP documentation of Lead Safe Work Practices and a Signed Statement from the Homeowner evidencing their also having received the documents.
5. All Contractors are required to be in possession of an EPA Lead FIRM Certification. No bids for an OCD Housing Rehabilitation project will be accepted without documentation that the Contractor is in possession of both a Lead Renovators Certification and an EPA Lead FIRM Certification.

Certification of Acknowledgement:

*By signing below you certify that you have read and understand the City of Baton Rouge, Office of Community Development's Contractor Licensure and Certification Requirements:

Company: _____

Authorized Representative Name (Please Print): _____

Signature: _____

Date: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

CONTRACTOR'S NAME: _____

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160- 19211).

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- Have not within a three-year period preceding this proposal been convicted of had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
- Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name _____ **Title** _____

Signature _____ **Date** _____



The City of Baton Rouge – Parish of East Baton Rouge

Office of Community Development

CONTRACTOR PROBATIONARY / SUSPENSION / DISQUALIFICATION POLICY

Probation

Contractors may be placed on a probationary status for a period of six (6) months for any of the following reasons:

- Contractor has received an excessive number of correction notices.
- Contractor's invoices for work are not completed properly and timely.
- Contractor is unable or unwilling to relate to homeowner or OCD staff in a civil and unprofessional manner.
- Failure to timely complete the work in a satisfactory manner.
- Contractor attempts to sell additional services or materials to a client without previous written permission of appropriate OCD Staff.

Suspension

Contractors may be suspended from bidding on any project with OCD for a period of six (6) months for any of the following reasons:

- Two (2) Probationary acts by the Contractor have occurred within a six (6) month period.
- Contractor has committed an illegal act in relation to work with OCD or its client.
- Contractor is unable to comply with the terms of a contract.

Disqualification

Contractors proven to provide poor service or quality of workmanship and/or who exhibit behavior that is not professional in the opinion of the OCD will be disqualified or suspended from any future contracts with the OCD Home Rehabilitation Program. Contractors will be informed of this decision via certified mail with the opportunity to appeal to the OCD Director or his/her designee, in writing, within 10 business days from the date of the debarment/suspension notification.

Contractors may be disqualified from the OCD Contractors list for the following reasons:

- The contractor has been found to be on the Federal Excluded Parties List.
- OCD has suspended the contractor two (2) times within a two (2) year period.

Punitive Action Procedures / Contractor's Rights to Appeal

- Contractor will be notified via certified mail of the violation(s) and OCD action (probationary, suspension, or disbarment).
- Contractor will have ten (10) business days from the date of the certified mailing to appeal and respond in writing to the notice of violation and OCD action to the OCD Director. The OCD Director will review contractor responses and appeals and at his/her sole discretion will make a final determination as to the appeal of a violation and OCD action. The contractor will be notified via certified mail of the Director's final determination within 10 days of the contractor's written appeal.
- Following a period of suspension it will be the contractor's responsibility to request in writing a re-instatement on OCD's Contractor's List.
- During a probationary period, contractors cannot have more than one active OCD Home Rehabilitation project at a time, unless waived by the OCD director.



Certification of Acknowledgement:

*By signing below you certify that you have read and understand the City of Baton Rouge, Office of Community Development's Contractor's Probationary / Suspension / Disqualification Policy:

Company: _____

Authorized Representative Name: (Please Print): _____

Signature: _____

Date: _____