

**CHECKLIST FOR CONTRACTOR'S SUBMISSION OF DOCUMENTS  
SHIP REHABILITATION**

1.	Okaloosa County Contractor's Application	
2.	Current State of Florida Occupational License Issued by the Department of Business and Professional Regulation	
3.	County Business Tax Receipt	
4.	Okaloosa County Contractor Registration/License (If you need to register with Okaloosa County contact Renee Lucas at rluca@myokaloosa.com )	
5.	Public Liability and Workers Compensation Insurance or Exemption	
	<p>Minimum Coverages are:</p> <p>a. Comprehensive General Liability Insurance Limits- \$200,000/\$300,000 Combined Single Limit, Bodily Injury/Property Damage</p> <p>b. Automatic Liability Insurance Limits - \$100,000/\$300,000 Combined Single Limit</p> <p>c. Construction Insurance/Builder's Risk</p> <p>d. Worker's Compensation &amp; General Liability insurance</p>	
6.	Corporate Resolution of Person Authorized to Execute Contract and Other Documents	
7.	Certification for Compliance with City, County, State, Federal Laws and Regulations	
8.	Three letters of Reference	

All documents on this list are required to be submitted with the application  
Incomplete applications will be returned

Submit Complete application packages to amcgill@myokaloosa.com

OR

Mail or drop off at 1250 NW Eglin Pkwy Ste.301, Shalimar, FL 32579

# SHIP REHABILITATION CONTRACTOR APPLICATION

## 1. General Information

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
IRS ID (EIN) #: \_\_\_\_\_  
Office Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Webpage: \_\_\_\_\_  
Name of Primary Contact to answer questions about this application  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone of Primary Contact: \_\_\_\_\_  
Email of Primary Contact: \_\_\_\_\_  
Are you a licensed Contractor: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please list you license category and licensing entity:  
License Number# \_\_\_\_\_  
What is your Specialty? \_\_\_\_\_  
Do you have any additional licenses? Specify trade and license number  
Trade \_\_\_\_\_ License# \_\_\_\_\_  
Trade \_\_\_\_\_ License# \_\_\_\_\_

## 2. Company Information

Is your company a:  
\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual  
\_\_\_\_\_ Joint Venture \_\_\_\_\_ LLC \_\_\_\_\_ Other  
If Corporation, please answer the following:  
Date Incorporated: \_\_\_\_\_  
State Incorporated: \_\_\_\_\_  
President's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Vice President's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Secretary's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Treasurer's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
If Individual of Partnership, please answer the following:  
Date Established: \_\_\_\_\_  
Name/Address of all partners (state General or Limited partnership)

If Other than a Corporation or Partnership, describe organization and provide name/address of principals:

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How many years has your organization been in business under it's present name?

Has your organization operated under any other name?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes , list name(s): \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

Have you ever failed to complete any work awarded to you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the details. Use separate sheet if necessary.

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Within the last 5 years, has any Officer or Partner of your organization ever been an Officer or Partner of another organization when if failed to complete a construction contract?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the details. Use separate sheet if necessary.

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Have you or any of your Officers of your company ever been suspended, or denied participation in a federally funded contract or any construction project?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the details. Use separate sheet if necessary.

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Have you or any Officer or Partner of your company ever filed for Bankruptcy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide date of dismissal. \_\_\_\_\_

Are you:

Minority Owned Business (MBE) \_\_\_\_\_ Yes \_\_\_\_\_ No

A MBE is defined as a business concern that is at least 51% owned by one or more individuals who are African American, Hispanic American, Native American, Asian-Pacific American or Asian-Indian American; and whose management and daily business operations are controlled by one or more of those owners.

Are you:

Woman Owned Business (WBE) \_\_\_\_\_ Yes \_\_\_\_\_ No

A WBE is defined as a business concern that is at least 51% owned by one or more women and whose management and daily business operations are controlled by one or more of these owners.

### 3. References

Have you ever performed any residential work for the City, State, or any Government office?

\_\_\_\_\_ Yes \_\_\_\_\_ No

List the City, State or Government Office: \_\_\_\_\_

List below the three most recently completed Construction/Rehabilitation Contracts:

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

List below up to three Construction/Rehabilitation Contracts underway:

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

Client Name \_\_\_\_\_ Address \_\_\_\_\_

Job Date \_\_\_\_\_ Amount (\$) \_\_\_\_\_ Phone or email \_\_\_\_\_

Please provide three references:

Client Name	Address	Phone or Email	Job Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List of Suppliers and Addresses:

<b>a.</b> _____	_____
Name	Phone Number
_____	_____
Address	Years Acquainted
<b>b.</b> _____	_____
Name	Phone Number
_____	_____
Address	Years Acquainted
<b>c.</b> _____	_____
Name	Phone Number
_____	_____
Address	Years Acquainted

Bank Reference:

\_\_\_\_\_  
\_\_\_\_\_

#### 4. Conflict of Interest

Are you related to any person who is an employee, agent, consultant, officer, or elected official or appointed official of Okaloosa County?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please disclosure your relationship:

\_\_\_\_\_  
\_\_\_\_\_

#### 5. Conditions and Certification

Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required?

\_\_\_\_\_ Yes \_\_\_\_\_ No

In consideration of being placed upon the "Active Contractor List", the undersigned contracting firm will comply with the following conditions on all construction/rehabilitation work preformed and agrees:

- a. To use only contract forms approved by the program.

That work will be performed in accordance with the standards established by the program, the Florida

- b. Building Code and Okaloosa County Codes.

That if work preformed by the contractor is found to be unsatisfactory or if contract relations between the contractor, homeowners, or other parties are found to be unsatisfactory, the County may

- c. temporarily or permanently remove the contractor's name from the "Active Contractor's List."
- d. That adequate public liability and workers compensation insurance will be provided as follows:

- (a) Workers Compensation insurance as required by Chapter 440, Florida Statutes.  
Public liability insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit bodily injury and property damage. Policy shall be endorsed to include Okaloosa County as an additional insured.
- (b) Automobile liability insurance covering all owned, and non-owned and hired vehicles used in connection with the work in an amount not less than \$100,000 combined single limit for bodily injury and property damaged combined.
- (c)

That the contractor will abide by Equal Opportunity laws of the Civil Rights Act and all other applicable

- e. City, Federal, State, and County laws and regulations.

I certify that the information provided on this application is true as completed and authorize Okaloosa County to verify the information listed herein:

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title Company

State of Florida  
County of \_\_\_\_\_

Signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public:  
My Commission Expires: \_\_\_\_\_

## CERTIFICATION FOR COMPLIANCE WITH CITY, COUNTY, STATE, FEDERAL LAWS AND REGULATIONS

I, \_\_\_\_\_ agree to comply with all City, County, State, and Federal laws and regulation, including but not limited to the following:

### **Conflicts of Interest**

Contractor covenants that no person who presently exercises any functions or responsibility on behalf of the City/County/Agency in connection with this agreement has any personal financial interests, direct or indirect, with the Contractor. Contractor further covenants that, in the performance of any contract, no person having such conflicting interest, shall be employed by the Contractor. Any conflict of interest attributable to the Contractor or its employees must be disclosed in writing to the City/County/Agency immediately upon discovery.

Contractor is aware of the conflict of interest laws of the State of Florida, particularly Chapter 112, Part III, Florida Statutes; and the United States Department of Housing and Urban Development, particularly, 24 CFR Part 570 § 570.611, and agrees to fully comply with all respects to those provisions.

### **Equal Opportunity**

Contractor agrees that it will comply with equal opportunity requirements, which require that no person in the United States shall on the ground of race, creed, color, national origin, age, sex, religion, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with State or Federal funds.

### **Debarment/Suspension**

Contractor certifies, by submission of this certification, that neither the Contractor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

### **Zoning Codes and Building Codes**

Contractor must comply with the Okaloosa County Housing Quality Standards, the Florida Building Code, local building codes and other standards established by Okaloosa County, as deemed necessary by such agency.

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature

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Printed Name

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State of Florida

County of \_\_\_\_\_

Signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known to me  
or has produced \_\_\_\_\_ as identification.

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Notary Public:

My Commission Expires: \_\_\_\_\_