

# GENERAL CONTRACTOR

## REFERENCE PACKET



### INDEX

- 1.0 Introduction
- 2.0 Exhibits

## **I.0 INTRODUCTION**

Metanoia works with the residents of communities that have experienced decline due to lack of investment and capital flight. Our mission is to attract investment to the quiet assets that already exist within these neighborhoods. As this innovative and award winning approach builds neighborhood assets, whether human or physical, our community gains the capacity to solve its problems from within and is less dependent on outsiders doing it for them. Metanoia is a movement of people rooted in faith. We invest in neighborhood assets to *build leaders, establish quality housing and generate economic development.*

Through this reference packet, Metanoia seeks to select a **high-quality, experienced general contractor** who is interested in providing their services in the construction of four new residential homes.

## **2.0 EXHIBITS**

**Exhibit 1:** Contractor Information

**Exhibit 2:** Litigation and Claims History

**Exhibit 3:** Prior Experience & Capacity

**Exhibit 4:** Insurance Requirements

**Exhibit 5:** Signature

# **EXHIBIT I: Contractor Information**

## **Part I- Company Information**

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

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## **Part 2- Company Profile**

Type of Business Entity: \_\_\_\_\_

Type of Licenses and Certifications (please attach): \_\_\_\_\_

\_\_\_\_\_

Years registered to do business in the state of South Carolina: \_\_\_\_\_

Number of full-time employees your company has on staff: \_\_\_\_\_

Number of part-time employees your company has on staff: \_\_\_\_\_

Number of individual contract workers your company hires directly: \_\_\_\_\_

## **Part 3- MBE, DBE and Section 3 Certification**

Does the company have Minority Business Certification (MBE) or Disadvantaged Business Certification (DBE) ?

Yes       No

**If yes, provide proof of certification.**

Does the company have Section 3 Certification?

Yes       No

**If yes, provide proof of certification.**

**Purpose of Section 3:** “To ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations be directed to low- and very low-income persons particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low-income persons”

**Methods for Meeting Section 3 Compliance:** A subcontractor can meet Section 3 requirements through by virtue of the following:

1. At least 51% of the company is owned by Section 3 Residents; or
2. At least 30% of the company’s workforce is Section 3; or
3. Commitment to subcontract at least twenty-five percent (25%) of the dollar award of all subcontracts to Section 3 Businesses; or
4. Commitment to employ section 3 residents as 30 percent of the aggregate number of new hires for one-year period beginning with the execution of the Contract that is subject of this RFP/RFQ/Bid.

Note: Section 3 Residents are either residents of public housing projects or low income persons living within the North Charleston labor market (see income limits in Table1.1).

**TABLE 1.1:  
Section 3 Income Limits Table**

<b>Family Size</b>	<b>Income</b>
1	\$37,000
2	\$42,250
3	\$47,550
4	\$52,800
5	\$57,050
6	\$61,250
7	\$65,500
8	\$69,700

Source: U.S. Department of Housing and Urban Development, March 28<sup>th</sup>, 2016

## **EXHIBIT 2: Litigation and Claims History**

1. In the past ten (10) calendar years has your organization been involved in mediation of a construction related dispute where the amount of dispute exceeded \$50,000?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

2. In the past ten (10) calendar years has your organization filed a lawsuit or made a demand for arbitration where the amount in dispute exceeded \$50,000?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

3. Has your organization or any of its owners, officers or partners ever been found liable in a civil suit or found guilty in a criminal action for making false claim or material misrepresentation to any public agency or institution?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

4. Has your organization or any of its owners, officers or partners ever been convicted of a crime involving federal, state, or local law related to contracting or construction?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

5. Has your organization or any of its owners, officers or partners ever been convicted of federal or state crime of fraud, theft, or been found guilty of having submitted a false claim to a public agency within the past ten (10) calendar years?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

6. Is your business currently in litigation with the state of South Carolina?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

7. Has your organization ever failed to complete any work awarded to it?

Yes       No

**If 'yes,' please explain on a separate signed sheet.**

## **EXHIBIT 3: Prior Experience & Capacity**

### **Past Projects & Professional References**

Below, please provide the requested information for no less than three (3) comparable projects completed within the past two (2) years. A 'comparable project' shall be defined as a project/contract that is reasonably close to the approximate value of the project. Please include a copy of all professional certifications and licenses.

#### **PROJECT # 1:**

**Project Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Total Project Cost:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Phone Number or Email:** \_\_\_\_\_

**Brief Project Description:** \_\_\_\_\_

---

#### **PROJECT # 2:**

**Project Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Total Project Cost:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Phone Number or Email:** \_\_\_\_\_

**Brief Project Description:** \_\_\_\_\_

---

#### **PROJECT # 3:**

**Project Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Total Project Cost:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Phone Number or Email:** \_\_\_\_\_

**Brief Project Description:** \_\_\_\_\_

---

## **EXHIBIT 4: Insurance Requirements**

The successful applicant will be required to provide proof of insurance coverage from your insurance agent prior to beginning work. This insurance coverage must meet Metanoia's requirements (as outlined below) and must be maintained throughout the entirety of the contract.

Certificate of Insurance or like documentation submitted with this application must show evidence of the following coverage with limits of insurance equal to or greater than:

	<b>Commercial General Liability</b>	<b>Worker's Compensation</b>
Occurrence	\$1,000,000	Insured in accordance with state law
General Aggregate	\$2,000,000	Insured in accordance with state law

Check the appropriate boxes below:

- Policies are in effect and are attached
- Policy will be obtained before contract is awarded and signed
- Other: \_\_\_\_\_

If the applicant is selected, the following additional clauses will be considered a part of the policy(s) the same as if specifically written therein, as pertains to the stated contract:

*"Metanoia CDC is hereby named as Additional Insured and Certificate Holder under the Commercial General Liability Policy."*

**EXHIBIT 5: Signature**

**I hereby certify that I am duly authorized to execute Metanoia’s General Contractor Reference Packet document on behalf of the organization identified herein and that the information provided is true and sufficiently complete so as not to be misleading.**

Signature of Official: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_