



Dear Contractor,

Thank you for your interest in becoming a qualified bidder on Neighborhood Finance Corporation's Real Estate Development Program renovations. Enclosed is an application packet. In order to complete the application, please return the following pieces:

1. Completed application packet
2. Current business license if your business is required to maintain one
3. Copies of current licenses for all trades in which you are licensed
4. Current liability and auto insurance certificates (see sample)
5. Current Workers' Comp insurance certificate if your business is required to maintain this coverage

**Important Note: This program is completely separate from the owner-occupant renovation subsidy.**

- Application to become a qualified bidder on NFC Real Estate Development Program renovations will not affect your ability to perform work for individual NFC borrowers.
- NFC cannot recommend contractors to individual homeowners for their projects, even if you are on the Real Estate Program Qualified Bidder List.

If you have any questions, please contact me at 515-288-5626.

Sincerely,

Steve Wilke-Shapiro  
Real Estate Development Manager  
Neighborhood Finance Corporation

1912 Sixth Avenue  
Des Moines, IA 50314

Telephone: 515-246-0010

Fax: 515-246-0112

[www.neighborhoodfinance.org](http://www.neighborhoodfinance.org)



**NFC Real Estate Development Program  
Qualified Bidders List Application  
General Contractor**

Please furnish the information requested below. This information will be used to determine your eligibility, and to verify information you supply for subcontractors and personnel.

NOTE: Contractors must have all required licenses and certificates of insurance to be considered for bidding and performing on NFC Acquisition and Rehab Program projects.

**(1) Contact Information**

Business Name: \_\_\_\_\_

Other Contact(s): \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Type of Business (select one):  Corporation  Proprietorship  Partnership

**(2) Trades and Skill Sets**

Describe the trades and the types of construction in which your company has current capacity to perform in-house (check all that apply):

- General Contractor
- General Labor  Demolition  Building Cleanout
- Electrical  HVAC  Plumbing
- Carpentry (rough/framing)  Finish Carpentry  Windows/Doors
- Masonry  Siding  Roofing  Aluminum/Gutter
- Drywall  Painting  Carpet  Tile
- Other, describe: \_\_\_\_\_

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

**(3) Company Information**

General information about the company and ownership.

A. Number of years your company has been in business: \_\_\_\_\_

B. Last year's total general contracted dollar amount : \$\_\_\_\_\_

C. How many employees does your company have? \_\_\_\_\_

D. Reference information for at least three recent jobs:

Client Name	Address	Phone	Dollar Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. List three suppliers from whom you purchase materials:

Supplier	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Financial Institutions with whom you have established credit:

Company/Contact	Phone	Credit Line
_____	_____	_____
_____	_____	_____

G. Give the following information on the three subcontractors with whom your company currently does the most business (or list fewer if you use less than six subcontractors).

Subcontractor/Trade	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(4) Insurance and Legal**

Neighborhood Finance Corporation requires that contractors carry adequate insurance at all times in order to be eligible for bidding and working on NFC Acquisition and Rehab Program projects.

A. General Contractors are required to carry general liability coverage at \$1,000,000 per occurrence and \$2,000,000 aggregate. See the attached sample Certificate of Liability Insurance for more information.

B. List the following information about your insurance company or companies.

Company	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Has your company ever been found negligent after an insurance claim, court action or other damage claim? Yes / No

Please explain any “Yes” answers (attach additional sheets as required).

**(5) Attachments**

The following documents must be attached, faxed, or mailed separately:

- Current business license if required by law
- Current licenses for as many trades as you are currently licensed
- Current liability and automobile insurance certificate
- Current Workers’ Compensation certificate (if your company is required by law to carry Workers’ Comp insurance)

**(6) Application, certification and permissions:**

I, the undersigned, hereby apply to be registered on your Qualified Bidders List. I certify that to the best of my ability the information listed above is true and correct. I further authorize Neighborhood Finance Corporation to verify information supplied on this form.

I agree that in consideration for being placed upon the "Qualified Bidders List", I will comply with the following conditions on all rehabilitation work performed on Neighborhood Finance Corporation properties:

1. To abide by all program procedures and guidelines as established by Neighborhood Finance Corporation.
2. That if work performed by the contractor is found to be unsatisfactory by Neighborhood Finance Corporation, or if contract relations between the contractor and other parties are found to be unsatisfactory, that this agency may remove the contractor's name from the Qualified Bidder List at its sole discretion.
3. That work shall be performed in accordance with the Neighborhood Finance Corporation's General Construction Standards, any project specific scope of work, and any other drawings or construction documents, subject to such inspections as deemed necessary by this agency.
4. That the agency's minimum liability and automobile insurance amounts will be provided as long as my firm remains on the Qualified Bidders list.
5. Workers' Compensation, where required, will be provided.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number or Federal I.D. Number

**Return Completed  
Application to:**  
Steve Wilke-Shapiro  
Neighborhood Finance Corp.  
1912 Sixth Ave.  
Des Moines, IA 50314  
  
**Or Fax to:**  
515-246-0112

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**PRODUCER**  
 Your Insurance Agent or Broker  
 Address  
 Telephone Number and Fax Number

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
 Your Company Name  
 Address  
 Telephone Number and Fax Number

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Insurance Carrier Name	
INSURER B:	Insurance Carrier Name	
INSURER C:	Insurance Carrier Name	
INSURER D:		
INSURER E:		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <thead> <tr> <th>WC STATUTORY LIMITS</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ As required</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ As required</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td>\$ As required</td> </tr> </tbody> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ As required	E.L. DISEASE - EA EMPLOYEE	\$ As required	DISEASE - POLICY LIMIT	\$ As required
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	<b>OTHER</b>												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
 Covers all operations performed for the certificate holder during the policy year. General Liability and Automobile Liability policies include Contractual Liability coverage.

**CERTIFICATE HOLDER**  
 Neighborhood Finance Corporation  
 1912 Sixth Avenue  
 Des Moines, IA 50314

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE

**NFC Real Estate Development Program**

# **Contractor Payment Policies**

These policies were established to help provide an efficient and thorough inspection/payment process. Your assistance is greatly appreciated.

**Checks to contractors and subcontractors are available for pick-up at the NFC offices on Fridays after 4:00.** Checks will be held at the front desk. NFC offices close at 5:00 pm.

NFC Address: 1912 6<sup>th</sup> Avenue, Des Moines, IA 50314

**Payment requests or invoices must be submitted by 12:00 noon on Wednesday** for a Friday pick-up. Pay requests and invoices submitted after this time will go into the next week's payout list.

**Checks cannot be written for more than the contracted amount, plus any approved change orders.** Progress payments may be issued for partial work performed (subject to inspection by NFC).

**Walkthroughs will be performed on Thursdays (or as requested).** Do not cover up work prior to a walkthrough – for example if electrical wiring was installed, you must request a walkthrough prior to installing drywall.

**Final payments will not be disbursed without signed lien waivers for all work being paid.** Contractors must provide signed lien waivers from subcontractors and materials suppliers prior to picking up their next payment.

**Lien waivers may be submitted at the time of payment request or at the time of check pick-up.** If you did not submit a lien waiver with your payment request or invoice, one will be attached to the check.

**Thanks**