



AKWESASNE HOUSING AUTHORITY

378 State Route 37, Suite A • Hogansburg, New York 13655

CONTRACTOR'S PRE-QUALIFICATION STATEMENT FOR THE AHA HIGH ENERGY-EFFICIENCY INITIATIVE

1. GENERAL CONTRACTOR INFORMATION

Company Name: _____

Mailing Address: _____

Principal Office Location: _____

Phone: _____ Fax: _____ Website: _____

Primary/Partner Owners: _____

Mobile: _____ Mobile: _____

E-Mail Address: _____

Office Contact Personnel: _____ Job Title: _____

E-Mail Address: _____

2. BUSINESS LICENSE

All businesses must obtain a St. Regis Mohawk Tribal (SRMT) business license in order to conduct business within the Territory of Akwesasne. Provide a copy of a current SRMT business license.

SRMT Business License: Effective Date: _____ Expiration Date: _____

3. PREFERENCE QUALIFICATION:

Indian Preference Tribal Affiliation: _____

The contractor represents that he/she is an Indian owned, controlled and operated business. Indicate the percentage of ownership is Indian-owned, controlled and operated for each member: _____%

List all members involved in ownership of the company named above, indicate 1) name, 2) address, 3) telephone number, 4) percentage of ownership, and 5) provide copies of partnership or stock certification and 6) an original tribal (Indian) certified affiliation letter from a recognized Indian tribe and 7) photocopies of Indian status card (2-sided) for each name listed. **ATTACH all supporting documentation.**

Section III Economic Opportunities for Low- & Very Low-Income Person

The contractor represents that his/her company qualifies under Section III, in accordance to US Federal Regulations, 24 CFR Part 135. Contractor shall attach such recognized certificate in order to be considered for this preference and may qualify only in the event that the Akwesasne Housing Authority procures in accordance with Section III federal funding.

No Preference – Qualify without any preference as mentioned above.

4. BUSINESS ENTITY (Check):

- Sole Proprietorship General Partnership Corporation (Inc.) Limited Liability
 Other/Specify _____

Provide proof of business entity, if applicable

- Union Non-Union

4.1 How many years has your company been in business as a contractor? _____

4.2 How many years has your company been in business under its present business name? _____

4.2.1. What other or former names has your business operated under?

Name:

Date of Operation:

(Attach a separate sheet, if necessary)

4.3 If your company is a corporation, answer the following:

4.3.1 Date of Incorporation: _____ State of Incorporation: _____

4.3.2 President's Name: _____

4.3.3 Vice President's Name: _____

4.3.4 Secretary's Name: _____

4.3.5 Treasurer's Name: _____

4.3.6 Other/Position: _____

4.4 If your company is a partnership, answer the following:

4.4.1 Date of Partnership: _____ Type of Partnership: _____

4.4.2 Partner(s):

(Attach a separate sheet, if necessary)

4.5 If your company is individually-owned (sole proprietor), answer the following:

4.5.1 Date established: _____

4.5.2 Name of Owner: _____

4.6 If your company was formed other than those listed above, describe it and name the principals:

(Attach a separate sheet, if necessary)

4.7 If any of the above individuals have employment, positions or contracts with or any interest (including ownership) in other companies, please identify and explain, include the percentage (%) or work time they spend in that position.

(Attach a separate sheet, if necessary)

4.8 Name any company or individuals that provide management or administrative services to your company:

(Attach a separate sheet, if necessary)

4.9 How many employees are currently employed by your company? Full-time: _____ Part-time: _____

4.9.1 Provide a list of all core crew workers *(On a separate page, attached to application)*

4.10 Name who has made capital contributions to your company:

(Attach a separate sheet, if necessary)

4.11 Explain who gets what percentage of profit made by the company on the average contract:

(Attach a separate sheet, if necessary)

4.12 Name, address, phone number & contact personnel of the bank you do official business with:

(Attach a separate sheet, if necessary)

4.13 List name of agency, insurance company & telephone number(s) your company is insured by:

General Liability: _____

Workmen's Compensation: _____

Automobile/Equipment Coverage (list separate, if necessary):

(Attach a separate sheet, if necessary)

4.14 List name of agency, bonding company & contact person and telephone numbers that your company deals with:

(Attach a separate sheet, if necessary)

4.15 List and explain who you will contract or sub-contract to with more than 10% of your work with any given contract, indicating percentage & classification of work (identify if they are 51% or more an Indian-owned, tribally recognized, & -controlled business):

(Attach a separate sheet, if necessary)

4.16 If you supply goods, name companies that provide you with 10% or more goods (identify if they are 51% or more an Indian-owned, tribally recognized, & -controlled business):

(Attach a separate sheet, if necessary)

4.17 Disclose here and explain on an attached sheet agreement(s) or arrangement(s) whereby some or all of your company is managed, administered or run in whole or in part by an individual(s) or company(ies) not otherwise explained in this application.

(Attach a separate sheet, if necessary)

4.18 Disclose here and explain on an attached sheet any public or private agreement(s) or arrangement(s) other than those fully disclosed and explained elsewhere in this application, whereby companies or individuals (i.e. service agreements, supplier contracts or sub-contracting) received profit from your company:

(Attach a separate sheet, if necessary)

5. CLASSIFICATION OF WORK (check all that applies):

General Construction Site Work HVAC Plumbing Electrical

Other (specify): _____

5.1. Licensing

5.1.1 List jurisdiction(s) and trade categories in which your company is legally qualified to do business and indicate registration or license numbers, if applicable.

Jurisdiction/Trade:	Registration/License No.
_____	_____
_____	_____
_____	_____

(Attach a separate sheet, if necessary)

5.1.2. List jurisdiction(s) in which your company's partnership or trade name is filed.

Jurisdiction/Trade:	Registration/License No.
_____	_____
_____	_____
_____	_____

6. EXPERIENCE

6.1. List the categories of work that your company normally performs with its own forces.

_____	_____
_____	_____
_____	_____

6.2. The contractor shall assure that workmen assigned to any project for the Akwesasne Housing Authority are skilled and properly trained in the type of work required of them. On a separate sheet, the Contractor shall provide a list of workmen and qualifications of specialty fields, such as:

6.2.1. Plumbing Work	_____	_____
6.2.2. Heating Work	_____	_____
6.2.3. Electrical Work	_____	_____
6.2.4. Finished Carpentry	_____	_____
6.2.5. Floor Finishes	_____	_____
6.2.6. Tapers & Painters	_____	_____

6.2.7. Roofers _____

6.2.8. Other (specify) _____

Other (specify) _____

6.3 Claims & Suits - (If you answer yes to any of the following questions below, please attach details)

6.3.1 Has your company ever failed to complete any work awarded to it? YES/NO

6.3.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or its officers? YES/NO

6.3.3 Has your company filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? YES/NO

6.4 Past and Current Performance – Have you or any owner(s) of your company had any of the following occur in the past 10 years? If so, please explain with an attached narrative.

- Filed bankruptcy or been petitioned into bankruptcy?
- Any legal judgments filed against you?
- Are you bondable?
- Had a claim on a bond on your behalf?
- Failed to finish a contract? Failed to finish a contract on time?
- Had a contract terminated for just cause?
- Ever been debarred, suspended or any other sanction?
- Sued regarding a contract for payment or performance?
- Ever have a lien against the company?
- Involved in arbitration regarding a contract or its performance?
- List any incidents involving the performance of a contract where claims or disputes arose.
- Failed to properly pay a supplier, sub-contractor, employee as required by contract?
- Denied Indian Preference after seeking it?

(Attach appropriate narrative to application)

7. PROJECT EXPERIENCE: Provide on a separate sheet the following information for your last 5-10 projects, indicate, if applicable, any and all federally-funded projects (name funding source).

Name of Project: _____

Type of Work: _____

Primary Contract Amount: _____ Term of Work: _____

Funding Source (if applicable): _____

Project Start Date: _____ Completion Date: _____ On Schedule? YES/NO

Location of current project(s):

(Utilize same format for each (5-10) projects over the past 10 years)

8. REFERENCES: Please provide complete contact information for each.

8.1. Trade References: *(Please provide no fewer than three business references)*

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.2. Bank References:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8.3. Surety / Bonding Company:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

9. FINANCING

9.1 Financial Statement

9.1.1 Attach a financial statement, preferably audited, including your company's latest balance sheet and income statement showing the following:

9.1.1.1. Current Assets (e.g. Cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory, and prepaid expenses.)

9.1.1.2. Net Fixed Assets

9.1.1.3. Other Assets

9.1.1.4. Current Liabilities (e.g. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)

9.1.1.5. Other Liabilities (e.g. capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings)

9.2. Name and address of firm preparing attached financial statement, and date thereof:

9.3. Is the attached financial statement for the identical company on page one?

YES/NO

9.4. If not, explain the relationship and financial responsibility of the company whose financial statement is provided (e.g. parent-subsidiary).

(Attach additional sheets, if necessary)

9.5. Will the company whose financial statement is attached act as the guarantor of the contract for the construction contract projects? YES/NO

Explain: _____

10. CERTIFICATION REGARDING DISBARMENT, SUSPENSION, PROPOSED DISBARMENT & OTHER RESPONSIBLE MATTERS

10.1. The Contractor certified, to the best of its knowledge and belief, that:

10.1.1 The Contractor and /or any of its Principals:

10.1.1.1 Are (____) Are not (____) presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency or any Tribal Government;

10.1.1.2 Have (____) Have not (____), within a 7-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property; and,

10.1.1.3 Are (____) Are not (____) presently indicated for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (10.1.2) of this provision.

10.1.1.4 Have (____) Have not (____) within a 7-year period preceding this offer had a civil or criminal judgment rendered against them by a tribal court for any offense related to Indian Preference laws (including TERO provisions) or had a civil judgment rendered against them relating to the firms status as an Indian contractor.

10.1.1.5 The Contractor has (____) has not (____), within a 7-year period preceding this offer, had one or more contracts terminated for default by any Federal agency or any Tribal Government.

10.1.2 Principals, for the purposes of this certification mean officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g. General Manager, plant manager, head of subsidiary, division, or business segment, and similar positions).

This certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Section 1001, Title 18, United States Code.

10.2 The Contractor shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

10.3 A certification that any of the items in paragraph 10.1. of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in

connection with a determination of the Contractor's responsibility. Failure of the Contractor to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Contractor non-responsible.

10.4 Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render, in good faith, the certification required by paragraph (10.1.) of this provision. The knowledge and information of a Contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10.5 The certification in paragraph (10.1.) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

11. QUALIFICATIONS OF CONTRACTOR UNDER BUILDING PERFORMANCE INSTITUTE AND NEW YORK STATE ENERGY RESEARCH AND DEVELOPMENT AUTHORITY ("NYSERDA") PROGRAMS

11.1 Contractor has BPI GoldStar Contractor status. See <http://www.bpi.org/goldstar.aspx> for information on BPI certification. yes no

If yes, please provide evidence of the Contractor's status as a BPI Goldstar contractor.

11.2 Contractor is in good standing as a BPI Goldstar Contractor with at least one employee holding either the BPI Building Analyst or BPI Energy Auditor certification. yes no

If yes, please provide evidence of the Contractor's status of good standing as a BPI Goldstar Contractor with at least one employee holding either the BPI Building Analyst or BPI Energy Auditor certification.

11.3 Contractor has at least one employee holding the relevant specialty BPI certification(s) for the following activities: (i) Air sealing; (ii) Basement wall demo; (iii) Duct sealing, installation, modification and balancing; (iv) Furnace adjustment; (v) Installation of gable vents, bath fans, trap in bathroom plumbing; (vi) Attic insulation; (vii) Chimney removal; (viii) Basement window replacement; (ix) Gutter replacement; (x) Rim joist upgrades; (xi) Smoke & CO detector installation; (xii) Spray Foam application above grade basement walls, floor of overhang, overhangs, rim joists; (xiii) Venting bath fans, dryer and kitchen exhaust to exterior; and (xiv) Water heater replacement. yes no

If yes, please provide evidence of the Contractor's employee(s) holding specialty BPI certification(s) for the following activities: (i) Air sealing; (ii) Basement wall demo; (iii) Duct sealing, installation, modification and balancing; (iv) Furnace adjustment; (v) Installation of gable vents, bath fans, trap in bathroom plumbing; (vi) Attic insulation; (vii) Chimney removal; (viii) Basement window replacement; (ix) Gutter replacement; (x) Rim joist upgrades; (xi) Smoke & CO detector installation; (xii) Spray Foam application above grade basement walls, floor of overhang, overhangs, rim joists; (xiii) Venting bath fans, dryer and kitchen exhaust to exterior; and (xiv) Water heater replacement.

11.4 Contractor has a fully-executed and approved 2016-2017 NY Residential Existing Homes Program (the "Program") Contractor Participation Agreement (the "Agreement") with NYSERDA, which covers the service territory that includes all of the St. Regis Mohawk Tribe's Reservation. Contractor has full participation status under the Program and therefore does not have a status of provisional, probationary, suspended, terminated or inactive. yes no

If yes, please provide evidence of the Contractor's fully-executed and approved 2016-2017 NY Residential Existing Homes Program Contractor Participation Agreement with NYSERDA which covers the service territory that includes all of the St. Regis Mohawk Tribe's Reservation and Contractor's full participation status under the Program.

- 11.5 Contractor has a fully-executed and approved Low-Income Addendum (the "Addendum") to 2016-2017 NY Residential Existing Homes Program Contractor Participation Agreement with NYSERDA.

yes no

If yes, please provide evidence of the Contractor's fully-executed and approved Low-Income Addendum to 2016-2017 NY Residential Existing Homes Program Contractor Participation Agreement with NYSERDA.

- 11.6 Contractor has commercial general liability insurance for bodily injury liability, including death, and property damage liability, incurred in connection with the performance of this Agreement, with minimum limits of \$1,000,000 in respect of claims arising out of personal injury or sickness or death of any one person, \$1,000,000 in respect of claims arising out of personal injury, sickness or death in any one accident or disaster, and \$1,000,000 in respect of claims arising out of property damage in any one accident or disaster. yes no

If yes, please provide evidence of the Contractor's commercial general liability insurance for bodily injury liability, including death, and property damage liability, incurred in connection with the performance of this Agreement, with minimum limits of \$1,000,000 in respect of claims arising out of personal injury or sickness or death of any one person, \$1,000,000 in respect of claims arising out of personal injury, sickness or death in any one accident or disaster, and \$1,000,000 in respect of claims arising out of property damage in any one accident or disaster.

- 11.7 Contractor is willing to provide the homeowner a written warranty of labor and materials valid for a minimum of one (1) year from the date the service is performed. Equipment installed shall carry the manufacturer's warranty, plus optional extended warranty coverage, if applicable. For installed measures not meeting Program requirements, as identified through a customer concern submission or confirmed through a quality assurance field inspection, the Contractor's warranty shall, at the Contractor's expense, be extended one year from the date the Contractor completed remediation to Program/manufacturer's standards for all confirmed deficiencies. yes no

If yes, please provide evidence that the Contractor is willing to provide a written warranty of labor and materials valid for a minimum of one (1) year from the date the service is performed, that equipment installed shall carry the manufacturer's warranty, plus optional extended warranty coverage, if applicable, and that for installed measures not meeting Program requirements, as identified through a customer concern submission or confirmed through a quality assurance field inspection, the Contractor's warranty shall, at the Contractor's expense, be extended one year from the date the Contractor's completed remediation to Program/manufacturer's standards for all confirmed deficiencies.

- 11.8 Contractor has obtained and will maintain all required governmental licenses required for installing measures through the Program. yes no

If yes, please provide evidence of the Contractor's required governmental licenses required for installing measures through the Program.

12. OTHER CONTRACTOR REQUIREMENTS RELATED TO HIGH ENERGY-EFFICIENCY INITIATIVE

- 12.1. Contractor has manufacturer's certifications for the installation of water heaters. yes no

If yes, please provide evidence of the Contractor's manufacturer's certifications for the installation of water heaters.

- 12.2. Contractor has staff that has participated in the Spray Polyurethane Foam Alliance certification program for safe application of spray foam. yes no

If yes, please provide evidence of the Contractor's staff that has participated in the Spray Polyurethane Foam Alliance certification program for safe application of spray foam.

- 12.3. Contractor agrees to comply with the requirements of Section 3 of the Housing and Urban Development Act of 1968 and the regulations in 24 C.F.R. Part 135 and Indian Preference laws in accordance with Section 101(k) of the Native American Housing Assistance and Self Determination Act.
 yes no
- 12.4. Contractor agrees to comply with and assist AHA in its compliance with 2 C.F.R. Part 200, 24 C.F.R. Parts 1000 (IHBG) and 24 C.F.R. Part 1003 (ICDBG). yes no
- 12.5. Contractor is registered with the Saint Regis Mohawk Tribe's Compliance Division and will comply with the Policy on Mohawk Preference. yes no

13. PREFERENCE QUALIFICATION

13.1 Indian Preference* - by submitting an application under Indian Preference, you are representing that you believe and know yourself to be at least 51% an Indian-owned economic enterprise and Indian organization.

13.1.1 If, based on new information or changes in circumstances, the Akwesasne Housing Authority, determines that you have lost 51% or more Indian ownership or control of your company, you will no longer be eligible for Indian Preference.

13.2 Section III* – by submitting an application under Section III – Economic Opportunities for Small Businesses, you are representing that you believe and know yourself to qualify under Section III.

13.2.1 If, based on new information or changes in circumstances, the Akwesasne Housing Authority, determines that you have lost your Section III status, you will no longer be eligible for Section III preference.

13.3 *If any changes in the circumstances referenced in 13.1 or 13.2 or other events impacting your eligibility for preferences should change prior to the award of a contract or during the performance of a contract, you agree to immediately notify the Akwesasne Housing Authority.

Lastly, the undersigned certifies that the information provided herein is true to the best of my/our knowledge.

AUTHORIZED SIGNATURE

I, _____, representing _____

Being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

It shall be known that on this _____ day of _____, _____ the undersigned duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Sole Proprietor:

Authorized Signature (Company Representative)

Title

Partnership:

Authorized Signature (Print & Sign)

Title

Authorized Signature (Print & Sign)

Title

Corporation:

President or CEO's Signature (Print & Sign)

Title

Authorized Company Representative

Authorized Representative Signature (Print & Sign)

Title

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Please submit completed Application to:
Akwesasne Housing Authority
PO Box 540, 378 State Route 37, Suite A
Hogansburg NY 13655