



9551 Pittsburgh Ave
Rancho Cucamonga, CA 91730
909.988.5979
909.467.0120 (FAX)

To All General Contractors:

Neighborhood Partnership Housing Services, Inc. (NPHS) is requesting qualifications from fully-licensed local General Contractors experienced with the rehabilitation of existing owner occupied single family homes to participate in the organization's neighborhood redevelopment program. The selected General Contractors will be given the opportunity to submit bids for the construction of NPHS' housing redevelopment projects. Selection will be made based on qualifications as outlined in the attached Request for Qualifications (RFQ).

NPHS is a local non-profit affordable housing developer in the Inland Empire and has been operating for over 25 years. One of the organization's programs is to acquire, rehabilitate and re-sell properties to low-to-moderate income homebuyers. NPHS works with local contractors to achieve this and has successfully rehabilitated many properties over the years while stabilizing and revitalizing distressed and vulnerable neighborhoods in target areas throughout the Inland Empire.

If you are interested in being considered on NPHS' list of Approved Contractors, please review and submit the attached Request for Qualifications (RFQ). If you have any questions, please feel free to contact me at (909) 218-8482 or at Richard@nphsinc.org. We look forward to hearing from you.

Best Regards,

Richard Moore

Design & Construction Manager
Neighborhood Partnership Housing Services, Inc.
9551 Pittsburgh Ave
Rancho Cucamonga, CA 91730

Request for Qualifications Submittal Process

For NPHS to consider adding your company to our Approved List of Contractors, you must supply NPHS with the following documents:

- Contractor Profile (**Exhibit A**)
- Copy of General Contractors License
- Copy of Business License
- Insurance Requirements (**Exhibit B**)
- References (past projects), which your firm has completed within the last two (2) years (with photos as described in (**Exhibit C**))
- Any additional information that you might find helpful.

In addition to reviewing these documents, NPHS will conduct a background screening on every applicant by checking with the Better Business Bureau.

Each response to the RFQ and request to participate in the NPHS program must include all the requested information, verifications and copies of documents as required in this RFQ. Failure to provide all the requested information will result in a finding of non-responsiveness to the RFQ and shall be rejected from further consideration.

Upon receipt of the requested information, NPHS will then advise Contractors as to their inclusion on the Bidders List and provide additional instructions as to how their participation and solicitation of future bidding opportunities will be processed.

NPHS values its partnership with General Contractor Partners from the Community, we are happy to answer any questions and assist in any way possible. Please contact us if you have questions or need assistance. Please be attentive to the required information so you are not disqualified from consideration.

Placement on this list does not guarantee future work or contracts but only establishes the list from which the winning bidders will be selected.

Thank You for your Consideration, we look forward to working with you on our future projects.

All RFQ's should be submitted to:

NPHS, Inc.
Attention: Richard Moore
9551 Pittsburgh Ave
Rancho Cucamonga, CA 91730
richard@nphsinc.org
(909) 218-8482

Exhibit A

Contractor Profile

Contractor License No. _____ (Attach Copy) Expiration Date _____

License
Class _____

Owner (s)
Name _____

Company
Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Federal ID Number _____

Insurance Carrier (s) _____

Liability Insurance Policy Number _____ Expiration Date _____

Workman's Compensation Certificate _____ Expiration Date _____

Insurance carrier for Contractor's Bond _____

Bond Number _____ Bond Amount _____

Number of years in business as this entity: _____ years.

If the company name has changed, what was the original name(s?)

Why was there a name change?

Company Name Address

What is company's average annual gross income for the last 2 years?

\$ _____

Number of persons on your company's payroll. _____

How many times have you failed to complete any work or defaulted on a contract awarded to you? _____

If so, when, where and why?

Have you ever been in any other rehab program? _____ If so, which ones? _____

Since draws will be paid as reimbursements after work is completed please provide information that reflects sufficient assets or credit to operate on a reimbursement basis:

Bank Reference:

Address: _____

Phone: _____

Bank Credit/Cash Available in dollars \$ _____

Have you ever filed for bankruptcy? _____
If so, when? _____

Name(s) authorized to sign contracts, bids, and contract changes and endorse checks

Name Title

Name Title

I/we hereby certify that the above statements are true and complete to the best of my/our knowledge. I/we further understand that NPHS will keep all the information confidential and use such information only to verify the qualification of the undersigned as a general contractor.

I/ we hereby certify that the General Contractor is legally authorized to work in the United States, and that all employees of contractor are and will be legally authorized to work in the United States.

Signed: _____

Title: _____

Date: _____

Exhibit B

Insurance and Bond Requirements

Contractors must submit evidence of insurance by providing a copy of current coverage on the following:

1. **Evidence of Statutory Worker's Compensation**, as required by the California Labor Code and Employer's Liability with limits not less than \$1,000,000 per occurrence.
2. **Evidence of General Liability Insurance**, including coverage for property damage and independent contractors, with limits not less than \$1,000,000 per occurrence.
3. **Evidence of Vehicle Liability Insurance**, If vehicles or mobile equipment are used in the performance of the obligations under the awarded contract, then Contractor shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$500,000 per occurrence combined single limit.
4. **Evidence of Contractor's Bond**, including bond number and bond amount

If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two 2 times the occurrence limit.

After you have been selected and approved, you will be required to provide insurance policy naming Neighborhood Partnership Housing Services Inc. as Additional Insured.

During the term of any awarded contract, the contractor shall, at its own expense, procure and maintain the above types of insurance coverage.

Exhibit C

Previous Completed Projects and Professional References

List three (3) residential rehab jobs under construction, or recently completed over \$20,000 in cost.

(Please specify which). Supply name, phone number, address and type of work done. (Please give us references that will allow us to examine interior and exterior work and variety in each).

1. Name _____

Address _____

Phone _____

Type of work performed (New Construction or Rehabilitation; number of stories and units)

2. Name _____

Address _____

Phone _____

Type of work performed (New Construction or Rehabilitation; number of stories and units)

3. Name _____

Address _____

Phone _____

Type of work performed - (New Construction or Rehabilitation; number of stories and units)
