

HOME IMPROVEMENT PROGRAMS REQUEST FOR QUALIFICATIONS

RETURN BY 12:00PM, FRIDAY, OCTOBER 4, 2024 TO:

Kevin Bane
Director, Home Improvement Programs
PHDC
1234 Market Street, 17th Floor
(215) 448-3049
Kevin.Bane@phdc.phila.gov

**PHILADELPHIA HOUSING DEVELOPMENT CORPORATION
HOME IMPROVEMENT PROGRAMS
REQUEST FOR QUALIFICATIONS**

I. INTRODUCTION

This Request for Qualifications (“RFQ”) provides interested contractors with the information required to prepare and submit qualifications for consideration by the Philadelphia Housing Development Corporation (“PHDC”) to satisfy the need for home rehabilitation services and accessibility modifications (each, an “Improvement” and together) to be provided to the homes of low-income households in Philadelphia. Improvements will be paid for by grants under the following programs (collectively, “Home Improvement Programs” or “HIP”):

- Basic Systems Repair Program (“BSRP”)
- Adaptive Modifications Program (“AMP”)
- Targeted Housing Preservation Programs (“THPP”)
- Low Income Home Energy Assistance Program (“CRISIS”)

Recipients of HIP grants will be the customers of the contractors selected to participate in one (1) or more of the Home Improvement Programs and the only remedies of all such homeowners for claims relating to any such Improvements shall exclude any claims against PHDC and instead be limited to claims against selected contractors that perform work in their homes under one (1) or more of the Home Improvement Programs, as well as any of their subcontractors, representatives, agents, directors, officers, partners or employees.

Contracts will be offered for one (1) year period with the option for ~~two (2) one-year~~ a one (1) year renewal in PHDC’s sole discretion. (Revised 9/18/24 by Kevin Bane)

Typical Home Improvement Programs grant reimbursements for work performed by contractors range between \$2,000 to \$19,000 per property.

PHDC will select qualified contractors to perform work under HIP in the following trades:

- Roofing
- Plumbing
- Carpentry
- Heating
- Electric
- Mechanical Equipment (wheelchair lifts, elevators, and stairway elevators)
- Asbestos Remediation
- General Contracting (working on multiple trades list above)

II. RESPONSE DATE

A. Applicants must submit a response (each, a “Response”, and together “Responses”) no later than 12:00PM Noon on Friday, October 4, 2024; absolutely no Response will be accepted after that time. You may submit your Response by any of the following methods:

- via PHDC’s website
- by email to Kevin.Bane@phdc.phila.gov
- by hand delivery to PHDC at 1234 Market Street, 17th Floor, Philadelphia PA 19107
- or by US Mail or other commercial courier

If submitting by website or email, please email Kevin.Bane@phdc.phila.gov to confirm receipt.

B. Applicants may submit only one (1) Response to this RFQ. Individuals or businesses that are legally related to each other or to a common entity may not submit separate Responses. PHDC, in its sole discretion, retains the right to reject any Response where:

- a. Applicants or principals of applicants are substantially similar or substantially similar related parties; or;
 - b. PHDC has determined that the applicant has violated these conditions or the spirit of these conditions.
- C. Responses will be disqualified if:
- a. They are submitted after the specified deadline;
 - b. They are submitted by some means other than the format listed above; and/or
 - c. If the Response package is incomplete.

III. QUESTIONS

Contractors may submit questions regarding this RFQ to Kevin.Bane@phdc.phila.gov. Questions must be received by 5PM on Wednesday, September 18, 2024 and responses will be posted on Thursday, September 19, 2024 on the PHDC Website.

IV. ELIGIBLE SERVICES

PHDC’s HIP provide grants to pay for Improvements in homes of income-eligible Philadelphia households. Requests for HIP grants come through PHDC’s HIP Hotline as well as direct referrals from community partners. PHDC staff inspects eligible properties to develop a list of repair needs and modifications which may be addressed through the Home Improvement Program(s). Work orders for eligible Improvements are sent to participating contractors to prepare estimates for approval by PHDC and proceed orders are issued to selected contractors.

Different Home Improvement Programs provide different levels of Improvements. Contractors are expected to pay close attention to the requests for estimates ordered and to contact PHDC with any questions.

All work must comply with all applicable statutes, regulations and codes and homeowners will be limited to remedies against contractors that performed work at their homes, and any of their subcontractors, representatives, agents, directors, officers, partners, or employees, for any noncompliance therewith.

V. LEAD-BASED PAINT

U.S. Department of Housing and Urban Development (“HUD”) Title X regulations, in effect as law since September 15, 2000, as amended, have added demands to HIP and other federally funded programs with respect to lead dust control. All contractors participating in BSRP will be required to comply with such regulations and exercise appropriate care to contain dust, particularly wherever it is necessary to disturb paint. Homeowners will be limited to remedies against selected contractors that performed work in their homes, and any of their subcontractors, representatives, agents, directors, officers, partners, or employees, for any noncompliance of such regulations or failure to exercise due care.

Additionally, all contractors selected to be reimbursed under HIP grants in all Home Improvement Programs shall possess a Lead-Safe Firm certification from the Environmental Protection Agency and shall have relevant jobs overseen by a certified Lead Renovator.

VI. WORK PROCEDURES

- A. PHDC determines client eligibility and what Improvements are needed at each property.
- B. Requests for estimates will be sent to contractors through PHDC’s Contractor Portal only. Contractors will make appointments and inspect each property for requested Improvements and enter specifications in the Contractor Portal for approval by PHDC.
- C. PHDC will issue proceed orders for approved estimates or will notify the contractor that Improvement is not approved and pay the contractor a Proposal Fee for his/her time in preparing the estimate. Proceed orders will have due dates by which work must be completed.
- D. Contractors and their employees and subcontractors shall be respectful of residents and shall communicate in a professional manner. Under no circumstances shall a contractor or subcontractor show up at a house to work without an appointment. Careful attention shall be given to the health and safety of workers and residents. Contractors shall contain dust while working and do a careful clean-up at the end of each workday. Contractors alone shall be responsible for reporting any hazardous conditions to PHDC and residents.
- E. Contractors shall permit PHDC to inspect all buried piping or other covered work (roof rafters, wiring, underfloor plumbing, etc.) while repairs are in process and before piping is covered. Contractors must inform PHDC one (1) day prior to covering the work to allow for the inspection to take place and shall submit photos of covered work with final documents. Contractors alone shall be responsible for any defective or incomplete repairs involving any such piping, as well as any failure to identify any hazardous conditions related to the piping.
- F. If based upon their expertise, contractors determine that change orders are necessary, contractors shall submit requests in accordance with the change order procedure attached as Exhibit A.

- G. Contractors will submit final paperwork and photos through the Contractor Portal within five business days of completing work. Upon receipt of all required paperwork, PHDC will schedule a final inspection of the work.
- H. Upon a successful final inspection, PHDC will create a purchase order for payment to contractor. Typical payment is made within thirty (30) days of the final inspection.
- I. Final documents submitted by contractors at completion of job must include:
 - i. Permits (plumbing, electrical, alteration, warm air, roofs (if rip off required)).
 - ii. Roof guarantee for roofs. Equipment guarantees for house and water heaters.
 - iii. House heater performance rating and specifications.
 - iv. Underwriter’s certification for electrical work must be submitted within forty-five (45) days of work completion and is required prior to release of payment.
- J. Contractors, and any of their subcontractors, representatives, agents, directors, officers, partners, or employees, shall be solely liable to clients and homeowners for any defective or incomplete work performed in their homes, as well as any failure to identify hazardous conditions associated with any such work.

VII. COMPENSATION

Contractors will be reimbursed by PHDC through HIP grants in accordance with the descriptions provided in the PHDC HIP Price List. Unless otherwise noted, the contractor shall invoice using the PHDC HIP Price List in effect at the time the work order is issued. PHDC reserves the right to change or adjust the price list throughout the term of the contract as it deems necessary. All price changes will be clearly communicated to all contractors in writing as they occur. Electronic copies of the current price list are available upon request.

VIII. WARRANTY

Contractor will warrant that all work, services, and products, including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one (1) year from the date of completion as noted in the Contractor Portal. Roof replacements shall be warranted to five (5) years from the date of completion and mechanical equipment shall be warranted for three (3) years from the date of completion.

Defective materials and workmanship claimed during the warranty period must be repaired or replaced if not reasonably repairable, at no cost to PHDC or the grant recipient. The repair or replacement of defects must be covered by contractor if notice is given within the warranty period.

IX. NON-DISCRIMINATION

A. ECONOMIC OPPORTUNITY REQUIREMENTS

Under the authority of Executive Order No. 01-21, the Office of Economic Opportunity of the City of Philadelphia (“City”) has established an antidiscrimination policy setting ranges for participation by Minority Business Enterprises (“MBE”), Women Business Enterprises (“WBE”)

and Disabled Business Enterprises (“DSBE”) (together, “M/W/DSBEs) in City contracts which have been adopted by PHDC.

The City has established a citywide goal of thirty-five percent (35%) M/W/DSBEs utilization as informed by its Annual Disparity Study. This Citywide goal should be used as a benchmark for the contractor’s expression of best and good faith efforts to provide meaningful and representative opportunities for M/W/DSBEs under HIP. For HIP, in the absence of discrimination in the solicitation and selection of M/W/DSBEs, the percentage of MBE, WBE and DSBE participation that is reasonably attainable through the exercise of best and good faith efforts is stated below as participation ranges. These percentages relate to the good faith estimated entire cost of HIP. In order to maximize opportunities for as many businesses as possible, a firm that is certified in two (2) or more categories (e.g. MBE and WBE or WBE and DSBE) will only be credited toward one (1) participation range as either an MBE or WBE or DSBE. The firm will not be credited toward more than one (1) category. These ranges are based upon an analysis of factors such as the size and scope of the development and the availability of M/W/DSBEs to participate in HIP.

MBE	WBE

Contractors are expected to make a serious good-faith effort to enlist participation from certified M/WSBE and Disabled owned firms prior to submitting your qualifications to PHDC. Contractors must complete and submit the “Solicitation and Commitment Form” to PHDC demonstrating their plan for M/W/DSBE participation for approval by the City’s Division of Housing & Community Development (“DHCD”) Compliance Department. In addition, contractors will be required to submit an Equal Opportunity Plan (“EOP”) for approval by the City’s Office of Economic Opportunity (“OEO”) prior to a contract being executed.

B. NEIGHBORHOOD BENEFIT STRATEGY

In accordance with Executive Order 2-95, the City has established a neighborhood benefit policy relating to opportunities for training, employment and contracts for work arising in connection with the planning, construction, rehabilitation, and operation of housing assisted by DHCD and OEO.

Each contractor shall be encouraged to (1) establish a goal of employing low and very low income neighborhood and area residents at fifty percent (50%) or more of the aggregate number of new hires on the contract and (2) establish a goal of awarding fifty percent (50%) or more of the aggregate value of all construction contracts and service contracts associated with this contract to neighborhood and area businesses.

Contractors will be required to submit as part of their Economic Opportunity Plans, a “Neighborhood Benefit Strategy” which shall describe contractor’s proposed efforts to comply with the above goals. The Neighborhood Benefit Strategy will be reviewed for compliance by DHCD staff.

C. SECTION 3 TRAINING AND EMPLOYMENT (BSRP only)

Under Title I of the Housing and Community Development Act of 1974 as amended, and Section 3 of the Housing and Urban Development Act of 1968, when applicable, requires that wherever possible, opportunities for training and employment be given to lower income persons residing in the project area. Contracts for work in connection with the project must be awarded, whenever possible, to eligible businesses located in or owned in substantial part by residents of the same Section 3 area as the project. The contractor shall be subject to the requirements set forth in the Economic Opportunity and Affirmative Action Requirements.

Copies of the Economic Opportunity and Affirmative Action Requirements are available from the DHCD Compliance Unit.

X. SUBCONTRACTING

General contractors may not subcontract the administration of assigned work. All contractors must be active participants in the work assigned to them. Contractors who are assigned work shall be responsible for quality control and for the rapid response to all field questions and problems. Subcontractors shall not be relied on for this purpose. Failure to comply will result in termination of the contract.

Specific trade contractors may not subcontract assigned work in their specialty without written approval from PHDC.

Contractors who need to subcontract work must indicate all intended subcontractors in their RFQ response. Contractors are free to change or add subcontractors during the period of the contract, however, these changes must be documented with and approved in writing by PHDC along with submission of the new subcontractor qualifications, licenses, contracts, and insurance documents for approval.

Any work performed for the contractor by a subcontractor shall be pursuant to a written contract between the contractor and the subcontractor that requires the subcontractor to (i) comply with all terms and conditions in the contract between PHDC and the contractor, (ii) perform all work in accordance with the requirements of the contract between PHDC and the contractor and (iii) be paid by the contractor no later than thirty (30) days after receiving payment from PHDC for any work performed. The contractor shall promptly report all payment disputes with the subcontractor to PHDC.

All written contracts that a contractor enters into with subcontractors must identify the contractor and each subcontractor as “Contractor” and “Subcontractor” and contain the following language:

“Subcontractor acknowledges and agrees to assume, faithfully perform and comply with all requirements and obligations of Contractor under the terms and conditions of the contract between the Philadelphia Housing Development Corporation (“PHDC”) and Contractor, with said contract sections being incorporated and adopted herein by reference as though fully set forth herein, to the same extent required and as if Subcontractor, and not Contractor, was required to comply with said requirements and obligations under the contract between PHDC and Contractor.”

Failure to comply with all foregoing subcontractor requirements may result in the imposition of immediate sanctions, which include without limitation suspension or termination.

XI. SELECTION OF CONTRACTORS

The RFQ Review Committee will review all Responses received. Responses will be reviewed and rated independently by two (2) or more committee members. The Committee as a whole will make final contractor and contract size recommendations. The PHDC Contract Review Committee will review all recommendations made by the RFQ Review Committee before submitting recommendations to PHDC’s Board of Directors for approval.

A. THRESHOLD CRITERIA

PHDC has established certain threshold criteria that must be met by all contractors:

- i. The contractor must have a minimum of three (3) years of experience with the trade for which he/she/it is applying and been in business as the same legal entity a minimum of one (1) year.
- ii. The contractor must have a verifiable track record of responsiveness and quality work either with PHDC or with confirmed references.
- iii. The contractor must make a good faith effort to comply with the EOP, Section 3 (where applicable) and Neighborhood Benefit Strategy goals.
- iv. The contractor must have the appropriate trade license(s). Plumbers and electricians must be licensed in their trade. All other contractors must have a City Contractor License.
- v. The contractor must be registered with the Pennsylvania Attorney General's Office as a Home Improvement Contractor.
- vi. The contractor must demonstrate financial, legal and technological resources sufficient to perform work in a timely manner.

Contractors who do not meet the above threshold criteria will be eliminated from further consideration.

B. EVALUATION CRITERIA

Once it is established that a contractor has met all threshold criteria, the contractor will be evaluated for contract award size. Evaluation will include:

- i. Contractor's demonstrated financial capacity to manage work with at least sixty (60) days of cash flow, corresponding to the peak portion of the proposed production schedule.
- ii. Contractor's demonstrated production capacity (i.e., crew size, equipment, subcontractor performance and ability to perform the work proposed in conjunction with other expected business). Both the contractor's Response and their past performance with HIP will be reviewed to help determine capacity questions. (New contractors are typically awarded smaller contracts.)
- iii. Contractor's work quality, as judged by PHDC.
- iv. The number of other contractors applying, or that previously applied, for contracts in the same trades who have been approved to provide services subject for reimbursement under program grants.
- v. Funding for the various HIP grants made available to PHDC.
- vi. Client demand for the various trades.

XII. CONTRACT AWARD

PHDC intends to enter into contracts for HIP grant reimbursement with the contractor(s) recommended by the committees and approved by the Board of Directors.

The contract(s) resulting from this RFQ will be awarded to the qualified contractor(s) whose qualifications will be the most advantageous to PHDC and HIP grant recipients.

The selected contractor(s) will be required to execute a contract prepared by PHDC. The General Terms and Conditions which will be a part of that document will include, but not be limited to:

- Administrative requirements
- Conflicts of interest
- Environmental requirements
- Liability indemnification in the event of claims

A copy of the General Terms and Conditions is available upon request.

XIII. INSURANCE REQUIREMENTS

Minimum insurance requirements for the selected contractor(s) are shown on the sample insurance certificate attached hereto as Exhibit B. Before submitting a response to this RFQ, contractors should verify through their insurance carriers that they will be able to obtain the necessary insurance coverage, including, but not limited to, required completed operations, additional insured and primary and noncontributory endorsements, if selected. Contractors should not make changes to coverage to comply with PHDC requirements until notified of selection by PHDC.

Only sole proprietors and LLCs without employees, who are not required to purchase worker's compensation insurance under Pennsylvania law, are excluded from carrying worker's compensation coverage and must complete and submit any and all supporting documentation as requested. All other contractors will be required to carry worker's compensation insurance. Contractors may not use subcontractors who do not carry all required insurance at the levels specified herein and name PHDC and the City as additional insureds on all liability insurance policies except workers' compensation and professional liability insurance.

PHDC and the City of Philadelphia must be named as additional insureds on all required liability insurance policies except workers' compensation and professional liability insurance before contracts can be finalized. All policies will include contractual liability insurance as applicable to the contractor's obligations hereunder. All general liability insurance must include coverage for completed operations. Certificates of Insurance showing the required coverages and naming PHDC and the City as the certificate holders must be submitted along with endorsements stating that the coverage afforded PHDC and the City is "primary and noncontributory" to any other coverage available before contracts can be executed.

XIV. QUALIFICATIONS FORMAT (HOW TO APPLY)

Your qualifications must be delivered as a complete package using the Qualifications Form. Be sure to answer all questions thoroughly and thoughtfully. Lengthy answers are not necessary or advisable. Qualifications must be typed or clearly printed. Be sure to complete the required forms provided and to supply all other items, as applicable.

For reference and convenience, pages to be returned are numbered 14 through 49 (inclusive) plus additional supporting documentation listed in the checklist (pages 12-13) is attached.

Responses with missing pages will be rejected as incomplete. Please do not velum or spiral bind qualifications. The qualifications submitted become the sole property of PHDC.

Any contractor who willingly and knowingly provides materially false information, as verified by PHDC, will be immediately disqualified from consideration and may be referred to the appropriate authority for criminal prosecution.

An official authorized to bind the contractor to its provisions must sign the qualifications.

XV. RESERVATION OF RIGHTS BY PHDC

By submitting a Response in response to this RFQ, an applicant affirmatively acknowledges: (i) its acceptance of the terms and conditions of this RFQ; (ii) PHDC may exercise in its sole discretion the following rights; and (iii) PHDC may exercise the following rights at any time and without notice to any applicant:

- to reject any and all Responses;
- to supplement, amend, substitute, modify or re-issue the RFQ with terms and conditions materially different from those set forth here;
- to cancel this RFQ with or without issuing another RFQ;
- to extend the time period for responding to this RFQ;
- to solicit new Responses;
- to conduct personal interviews with any applicant to assess compliance with the selection criteria;
- to request additional material, clarification, confirmation or modification of any information in any and all Responses;
- to negotiate any aspect of a Response, including price;
- to terminate negotiations regarding any and all Responses at any time;
- to expressly waive any defect or technicality in any Responses;
- to rescind a selection prior to contract execution if the PHDC determines that the Response does not conform to the specifications of this RFQ;
- to rescind a selection prior to contract execution if the PHDC determines that the specifications contained in this RFQ are not in conformity with law or that the process in selection of an applicant or Response was not in conformity with law or with the legal obligations of PHDC;

- in the event a contract is awarded, the successful applicant or applicants shall procure and maintain during the life of the contract all required insurance coverages in the amounts to be determined prior to the award of any contract;
- in the event a contract is awarded, all applicants agree to perform their services as an independent contractor and not as an employee or agent of the PHDC;
- in the event a contract is awarded with PHDC, all applicants agree that no portion of performance of the contract shall be subcontracted without the prior written approval of PHDC; and
- each applicant agrees to indemnify, protect and hold harmless PHDC from any and all losses, injuries, expenses, demands and claims against PHDC or the City sustained or alleged to have been sustained in connection with or resulting from (i) the submission of the applicant's Response; (ii) the delivery by the applicant to the PHDC of any other documents or information; and (iii) any other conduct undertaken by the applicant in furtherance of or in relation to the applicant's Response. Each applicant agrees that its duty to indemnify and hold harmless shall not be limited to the terms of any liability insurance, if any, required under this RFQ or subsequent contract.

PHDC is under no obligation whatsoever to applicant as a result of this RFQ. The RFQ does not represent any commitment on the part of the PHDC to applicant. In no event shall the PHDC be responsible for any cost, expense or fee incurred by or on behalf of applicant in connection with the RFQ. Applicant shall be solely responsible for all such costs, expenses and fees.

**PHDC HOME IMPROVEMENT PROGRAMS
REQUEST FOR QUALIFICATIONS
CHECK LIST**

The following attachments must be included as part of your qualifications. Responses with missing documents will be rejected. Use this form as a checklist to aid in the assembly of your qualifications. This form does not need to be returned.

FORMS SUPPLIED BY PHDC: The following documents must be completed by all contractors:

1. Cover Sheet ()
2. Subcontractor Information ()
3. References ()
4. Production Plan & Financial Demonstration (2 pgs.) ()
5. Solicitation & Commitment Form ()
6. Executive Order 2-95 Certification ()
7. Section 3 Forms (**not required for mechanical equipment providers**)
 - a. Form A ()
 - b. Form B ()
 - c. Form C ()
 - d. Form D ()
8. Tax Status Certification Request ()
9. Conflict of Interest Statement ()
10. Statement of No Pending or Threatened Litigation ()
11. Anti-Lobbying Certification ()
12. Minimum Wage/Benefit Certification ()
13. W-9 ()
14. Campaign Disclosure Forms (18 pgs) ()
15. Certification Form ()

SUPPORTING DOCUMENTS – ALL CONTRACTORS: The following documents must be submitted by all contractors.

1. Copy of Current Trade License or Contractor License ()
2. Copy of Current Commercial Activity License ()
3. Copies of Letters of Credit or bank statement showing cash on hand ()
4. Copy of most recent Federal Tax Return
(signed or with electronic postmark) ()
5. Copy of EPA Renovator Certification ()
6. Copy of EPA Firm Certification ()
7. Copy of PA Home Improvement Contractor Registration ()
8. Subcontractor Qualifications (insurance certificate, trade license, tax status
certification and references for each subcontractor) ()

SUPPORTING DOCUMENTS – NON-CURRENT CONTRACTORS: The following documents must be submitted by contractors who have not contracted with PHDC in the last two (2) fiscal years:

1. Articles of Incorporation and Bylaws; Certificate of Organization and
Operating Agreement; Partnership Agreement; or Fictitious Name Registration ()
2. Resumes of owners and key staff ()

**PHDC HOME IMPROVEMENT PROGRAMS –
REQUEST FOR QUALIFICATIONS
COVER SHEET**

Trade (check): Roofing Plumbing Electric Carpentry/Masonry
 Heating General Contractor* Asbestos Mechanical Equip

(* General contractors must provide electric, heating, plumbing, carpentry & masonry services)

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

EMAIL (required) _____ CELL/PAGER: _____

TYPE OF BUSINESS: Sole Proprietorship Partnership Corporation LLC

FEDERAL EIN / TAX IDENTIFICATION NUMBER: _____

DATE OF INCORPORATION / ORGANIZATION / INITIATION: _____

COMMERCIAL ACTIVITY LICENSE # _____ (attach copy)

PHILA CONTRACTOR OR SPECIALTY LICENSE # _____ (attach copy)

PA HOME IMPROVEMENT CONTRACTOR # _____ (attach copy)

TOTAL STAFF: Administrative/Supervisory: _____ Construction: _____ Clerical: _____

TOTAL GROSS SALES FOR LAST COMPLETED FY (from IRS documents): \$ _____

MBE/WBE/DBE Certified? No Yes (attach certification)

MINORITY or FEMALE OWNED? Minority Female Both Neither

Have any of the company's principal officers, partners, members or owners been indicted or convicted of a felony?

No Yes (please explain circumstances and final disposition on a separate sheet)

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

SUBCONTRACTOR INFORMATION

Provide information for all proposed subcontractors to be used:

Business Name: _____ Trade: _____

Describe intended use of the subcontractor (trade, percentage of your contract)

List two largest customers from 2022/2023, other than PHDC (phone # must be included)

<u>Customer</u>	<u>Contact</u>	<u>Phone #</u>

Include the following attachments:

____ Insurance Certificate ____ Trade License

Business Name: _____ Trade: _____

Describe intended use of the subcontractor (trade, percentage of your contract)

List two largest customers from 2022/2023, other than PHDC (phone # must be included)

<u>Customer</u>	<u>Contact</u>	<u>Phone #</u>

Include the following attachments:

____ Insurance Certificate ____ Trade License

(make additional copies of this page as necessary)

REFERENCES

Please list five references for **residential** work completed **within the last year** in the City of Philadelphia, indicating property address, description of work, monetary value of work, contact person and telephone number for each job. PHDC will contact three by telephone. Please notify each reference of the possibility of PHDC calling. **Points will be deducted if reference is not notified of use as a reference. Individual properties must be listed.**

1. Name: _____
Address & Phone: _____
Type of Work: _____
Date Completed: _____ Dollar Amount: \$_____

2. Name: _____
Address & Phone: _____
Type of Work: _____
Date Completed: _____ Dollar Amount: \$_____

3. Name: _____
Address & Phone: _____
Type of Work: _____
Date Completed: _____ Dollar Amount: \$_____

4. Name: _____
Address & Phone: _____
Type of Work: _____
Date Completed: _____ Dollar Amount: \$_____

5. Name: _____
Address & Phone: _____
Type of Work: _____
Date Completed: _____ Dollar Amount: \$_____

PRODUCTION PLAN

(enter number of projected completions for each month)

Your projections should be based on how many repairs in each trade applied for which you can reasonably accomplish each month given other commitments. PHDC will use your input to help decide contract sizes.

Trade	Average Cost	# per month	\$ per month
Asbestos Remediation	\$ 4,800		
Carpentry/Masonry	\$ 7,100		
Electric	\$ 6,000		
Heating	\$ 4,900		
Plumbing	\$ 8,100		
Roofing	\$ 12,900		
Accessible Bath/Half Bath	\$ 16,200		
Stairway Elevators	\$ 5,700		
Wheelchair Lifts	\$ 18,400		
Wrought Iron Railings	\$ 1,800		

Estimate the percentage of your work that will be for this contract for the above months: _____

How many field crews will you use for this contract? _____

Estimate average days between job assignment from PHDC and proceeding with work: _____

Estimate average days between starting job and job completion: _____

FINANCIAL DEMONSTRATION

NOTE: Resources described on this page must be substantiated with documentation submitted to PHDC. Acceptable documentation includes recent bank statements or lines of credit showing company name, date and available cash/credit. **Only show available amounts, not total credit lines.**

Source	Funds Available
Cash (bank accounts)	
Credit (bank, lending institutions)	
Credit (suppliers)	
Total	

SOLICITATION and COMMITMENT FORM (BID)

MINORITY / WOMEN and DISABLED BUSINESS ENTERPRISES

Bid Number:	Name of Bidder:		Bid Opening Date
-------------	-----------------	--	------------------

LIST BELOW ALL FIRMS THAT WILL BE UTILIZED IN THIS CONTRACT. PLEASE MAKE SURE THEY KNOW THEY WILL BE CALLED BY THE CITY TO CONFIRM THEIR PARTICIPATION. IF WHEN THE CITY CALLS THEY ARE NOT AWARE THEY HAVE BEEN LISTED ON THIS FORM IT WILL DELAY PROJECT APP

<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SEC.III	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT	
		BY PHONE	BY MAIL	YES (GIVE DATE) NO	
Company Name:		QUOTE RECEIVED			
Address:		YES	NO		AMOUNT COMMITTED TO
Contact Person: Phone #					Dollar amount \$
MBE Certification #					Percent of Total Bid
<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SEC.III	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT	
		BY PHONE	BY MAIL	YES (GIVE DATE) NO	
Company Name:		QUOTE RECEIVED			
Address:		YES	NO		AMOUNT COMMITTED TO
Contact Person: Phone #					Dollar amount \$
MBE Certification #					Percent of Total Bid
<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SEC.III	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT	
		BY PHONE	BY MAIL	YES (GIVE DATE) NO	
Company Name:		QUOTE RECEIVED			
Address:		YES	NO		AMOUNT COMMITTED TO
Contact Person: Phone #					Dollar amount \$
MBE Certification #					Percent of Total Bid
<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SEC.III	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT	
		BY PHONE	BY MAIL	YES (GIVE DATE) NO	
Company Name:		QUOTE RECEIVED			
Address:		YES	NO		AMOUNT COMMITTED TO
Contact Person: Phone #					Dollar amount \$
MBE Certification #					Percent of Total Bid
<input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SEC.III	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED	COMMITMENT MADE	GIVE REASON(S) IF NO COMMITMENT	
		BY PHONE	BY MAIL	YES (GIVE DATE) NO	
Company Name:		QUOTE RECEIVED			
Address:		YES	NO		AMOUNT COMMITTED TO
Contact Person: Phone #					Dollar amount \$
MBE Certification #					Percent of Total Bid

**EXECUTIVE ORDER 2-95 CERTIFICATION
NEIGHBORHOOD BENEFIT STRATEGY**

Pursuant to Executive Order 2-95 issued by the Mayor of the City on January 31, 1995, each project sponsor, developer, or builder working on a housing or community development project that is funded by PHDC, DHCD or the Department of Commerce or their designees, whether such project is financed in part by HUD funds, certifies and covenants

- A. That to the greatest extent feasible, opportunities for training and employment arising in connection with the planning, construction, rehabilitation and operation of housing assisted under such projects shall be given to persons of low and very low income residing in the areas of such projects; and
- B. That to the greatest extent feasible, contracts for work to be performed pursuant to such projects shall be awarded to business concerns including individuals or firms doing business in the field of design, architecture, including building construction, rehabilitation, maintenance, or repair, that are owned by, employ or otherwise provide economic opportunities to low or very low-income persons residing in the areas of such projects.

Furthermore:

- A. Project sponsors, developers or builders receiving PHDC, DHCD or Department of Commerce funds for housing and community development projects are encouraged to establish a goal of employing low and very low-income neighborhood area residents at fifty percent (50%) or more of the aggregate number of new hires associated with these projects.
- B. Project sponsors, developers or builders are encouraged to establish a goal of awarding fifty percent (50%) or more of the aggregate value of all construction contracts and service contracts associated with these projects to neighborhood area businesses.

These goals should not be construed as requirements, quotas, set asides, or a cap on hiring or contracting with low and very low-income individuals and businesses. However, the goals, if met, constitute a safe harbor for project sponsors, developers, and builders on the issue of compliance with this order.

Neighborhood Benefit Strategy certification is required by all project sponsors, developers or builders submitting qualifications in response to this Request. The respondent certifies and agrees that it is under no contractual obligation or other disability which would prevent it from complying with these requirements.

Date

Signature

Title

Name (type or print)

Section 3 – Form A

**CITY OF PHILADELPHIA
DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT**

SECTION 3 CERTIFICATION

(THIS FORM SHOULD BE SUBMITTED WITH PRE-CONTRACT DOCUMENTS SUCH AS A BID, RFQ, RFQ OR EEO/AA PLAN)

Name of Company: _____

Address: _____

Project Title: PHDC HIP

This is to certify that I have read and understand the Section 3 resident employment and Section 3 resident business utilization requirements that apply to the above cited project, said requirements being known as the Section 3 Clause found in 24 CFR 135, and that neither the project nor the company are under any contractual restrictions or other impediment that would prevent the company from complying with said requirements.

Indicate the efforts that you will make, to the greatest extent feasible, to either train, employ or provide economic opportunities for low- and very low-income persons and toward Section 3 businesses. (Check all that apply.)

I will demonstrate compliance with the requirements of Section 3 by committing:

_____ 30% of the aggregate number of new hires each year over the duration of this project to Section 3 residents

_____ at least 10% of the total amount of all construction, rehabilitation or lead abatement subcontracts to businesses that meet the definition of Section 3 business concerns.

_____ at least 3% of the total amount of all other Section 3 covered contracts.

(Please note that, to the extent feasible, the City of Philadelphia's Executive Order 2-95, The Neighborhood Benefit Strategy, encourages contractors to establish a goal of employing low- and very low-income neighborhood and area residents as 50 percent of new hires associated with the project and awarding 50 percent of all construction and service contracts to neighborhood and area businesses.)

Signature of Company Officer: _____

Title of Officer: _____

Date: _____

Section 3 – Form B
CITY OF PHILADELPHIA
DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT

SECTION 3: ESTIMATED WORK FORCE BREAKDOWN

To be completed by contractors with pre-contract documents such as a Bid, RFQ, RFP or EEO/AA Plan.

1. Contractor Name and Address:	2. Contract No.	3. Dollar Amount of Contract
	4. Contact Person	5. Phone (include area code)
	6. Reporting Period	7. Date Report Submitted
8. Project Name:		9. HUD No.:
10. Person Completing Form (if different from 4 above)		11. Phone (if different from 5 above)

Employment and Training				
Job Category	Total Estimated Positions Needed for Project	No. Of Positions Occupied by Permanent Employees	Number of Positions not Occupied	Number of Positions to be filled with Section 3 Residents*
Professionals				
Technicians				
Office/Clerical				
Construction by Trade (List)				
Trade				
Trade				
Trade				
Trade				
Trade				
Other (List)				

* Section 3 Resident: public housing resident or resident of the City of Philadelphia (preferably, but not necessarily, of the immediate or extended area served by the HUD funded project) who qualifies as a low-income person. HUD defines a low-income person as one whose household income does not exceed 80% of the median income for the region, with adjustments for family size.

Section 3 – Form C
City of Philadelphia
Division of Housing & Community Development

**CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3
PREFERENCE IN CONTRACTING AND DEMONSTRATION OF CABILITY
To be used for PRA & PHDC Projects**

Name of Business: _____

Address of Business: _____

Type of Business: Corporation Partnership
 Sole Proprietorship Joint Venture

Attached is the following documentation as evidence of status:

For Business claiming status as a Section 3 resident-owned enterprise:

- | | |
|---|---|
| <input type="checkbox"/> Copy of resident lease | <input type="checkbox"/> Copy of receipt of public assistance |
| <input type="checkbox"/> Copy of evidence in participation in a public assistance program | <input type="checkbox"/> Other evidence |

For business entity as applicable:

- | | |
|--|---|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> List of owners/stockholders and % ownership of each | <input type="checkbox"/> Corporation Annual Report |
| <input type="checkbox"/> Organization chart with names and titles | <input type="checkbox"/> Latest Board minutes appointing officers |
| | <input type="checkbox"/> Additional Documents |

For business claiming Section 3 status by subcontracting 25 percent of the dollar awarded to qualified Section 3 business:

- List of subcontracted Section 3 business(es) and subcontract amount

For business claiming Section 3 status, claiming at least 30 percent of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business:

- | | |
|--|---|
| <input type="checkbox"/> List of all current full-time employees | <input type="checkbox"/> List of employees claiming Section 3 status |
| <input type="checkbox"/> PHA/IHA Residential lease less than 3 years from date of employment | <input type="checkbox"/> Other evidence of Section 3 status less than 3 years from date of employment |

Evidence of availability to perform successfully under the terms and conditions of the proposed contract:

- Current financial statement
- Statement of ability to comply with public policy
- List of owned equipment
- List of all contracts for the past two years

I understand that false statements made herein are subject to the penalties of 18 Pa C.S.A 4904 relating to unsworn falsification to authorities.

Authorized Name & Signature

(Corporate Seal)

Attested by: _____

Section 3 – Form D
Section 3 of the Housing & Urban Development Act of 1968
RESIDENT VERIFICATION FORM

To be used for Philadelphia Redevelopment Authority and
Philadelphia Housing Development Corporation projects

Section 3 is a provision of the Housing and Urban Development Act of 1968 (12 U.S.C 1701u) (section 3) to ensure that employment and other economic opportunities generated by certain HUD finance 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.

Eligibility for Preference

A Section 3 resident seeking preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5

Those seeking to certify as a Section 3 resident, after reading the eligibility guidelines* on the following page, should fill in the form below, sign, date and submit this page along with the appropriate documentation** to the project contractor.

Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of the _____ and meet the income eligibility guidelines for a low- or very low- income person as published on the reverse.

My permanent address is: _____

I have attached the following documentation as evidence of my status:

___ Copy of lease ___ Copy of receipt of public assistance

___ Copy of Evidence of participation ___ Other evidence
 In a public assistance program

I understand that false statements made herein are subject to penalties of 18 Pa C.S.A. 4904 relating to unsworn falsifications to authorities.

Signature: _____ **Date:** _____

Printed Name: _____

SECTION 3 INCOME LIMITS

All residents of public housing developments of the Philadelphia Housing Authority qualify as Section 3 residents. Additionally, individuals residing in the City of Philadelphia who meet the income limits set forth below can also qualify for Section 3 status.

A picture identification card and proof of current residency is required.

2024 Income Guidelines		
Number in Household	Very Low Income	Low Income
1 Individual	\$40,150	\$64,250
2 Individuals	\$45,900	\$73,400
3 Individuals	\$51,650	\$82,600
4 Individuals	\$57,350	\$91,750
5 Individuals	\$61,950	\$99,100
6 Individuals	\$66,550	\$106,450
7 Individuals	\$71,150	\$113,800
8 Individuals	\$75,750	\$121,150

*Please be advised that this is the 2024 guideline. Eligibility Guidelines are updated every year and can be found on HUD's website at <https://www.huduser.gov/portal/datasets/il.html>

**** Documentation**

Acceptable documentation includes, but is not limited to the following:

- Proof of residency in a public housing development
- Evidence of participation in a HUD Youth Build program operated in the metropolitan (or non-metropolitan county) where the Section 3 covered assistance is spent;
- Copy of Section 8 voucher or certificate
- Evidence of eligibility or participation in a federally assisted program for low- and very low- income persons (e.g. Jobs JTPA, Job Corps, etc.);
- Evidence that the individual resides in the Section 3 area and is a low- or very low- income person as defined in Section 3(b)(2) of the US Housing Act of 1937 (1937 Act);
- Other acceptable documentation to the Recipient

TAX STATUS CERTIFICATION REQUEST

Taxpayer Name: _____ Date: _____

Taxpayer Trading As: _____

Home Address: _____

Business Address: _____

1. Are you a Registered Taxpayer? Yes [] No []
If so, Philadelphia A/C #
Social Security Number

2. Identify all of your subsidiaries and affiliates:

3. Are you or any of your subsidiaries or your affiliates Yes [] No []
presently delinquent in any City of Philadelphia School
District Taxes, business taxes and/or others taxes?
If so, what tax(es) and amount(s) owed:

4. Are you or any of your subsidiaries or affiliates Yes [] No []
presently delinquent in Water and Sewer Changes
and/or Philadelphia Gas Works Payments?
If so, amount(s) owed:

5. Have you or any of your subsidiaries or affiliates Yes [] No []
been sued by the City of Philadelphia?
If so, list date(s) and nature of law suit(s):

6. Are you or any of your subsidiaries or affiliates Yes [] No []
involved in any other business activity? If so, list
company name and describe activity:

7. Do you or any of your subsidiaries or affiliates Yes [] No []
own real estate?
If so, list address (es) here or back of this form.

I hereby affirm that the information provided above is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C. S. A. Sec. 4904 relating to unsworn falsifications to authorities.

Name: _____

Signature: _____ Date: _____

CONFLICT OF INTEREST

Applicants for assistance involving Community Development Block Grant (“CDBG”) funds are required to comply with federal regulations regarding conflicts of interest. The regulations affect the following groups of people:

- a) Employees, consultants and officers of the City of Philadelphia and its quasi-city agencies and departments;
- b) Elected or appointed officials of the City of Philadelphia, the Commonwealth of Pennsylvania or the federal government of the United States; and
- c) Employees, consultants or officers of any firm receiving CDBG program funds.

You must answer the following questions to determine if a conflict of interest exists:

1. Are you now, or have you been within the preceding year in one of the categories (a, b or c) described above?

Yes _____ No _____

2. Is any member of your family or your spouse’s family now or have they been within the preceding year in one of the categories (a, b or c) described above? (Family members include spouses, parents, siblings and children.)

Yes _____ No _____

3. Is any business associate (see prior definition) of yours now or have they been within the preceding year in one of the categories (a, b or c) described above?

Yes _____ No _____

SIGNATURE: _____ DATE: _____

TITLE: _____ COMPANY: _____

STATEMENT OF NO PENDING OR THREATENED LITIGATION

Other than as attached, there is no pending or threatened litigation, claim, consent order, settlement agreement, investigation, challenge or other proceedings being brought by applicant, and/or any business associate of applicant against the City of Philadelphia or any of its departments, its Division of Housing and Community Development (“DHCD”), the Philadelphia Housing Development Corporation (“PHDC”), the Philadelphia Land Bank (“PLB”), the Philadelphia Redevelopment Authority (“PRA”) or the Philadelphia Industrial Development Corporation (“PIDC”).

A business associate includes, but may not be limited to: officers, directors, partners, employees, lenders, lessors, and consultants. Depending on the circumstances, business associates may also include shareholders, landlords, sellers of real estate, agents, representatives, subsidiaries, affiliates, or joint ventures. Applicants are encouraged to use a broad definition of “business associate” when completing this and other questions where that term is used.

On an attached sheet, list the following information regarding any pending or threatened litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding: name(s) of parties, type of proceeding, claim, etc.; status of proceeding, claim, etc.

NAME (print): _____

TITLE: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

ANTI-LOBBYING CERTIFICATION

I, _____, on behalf of _____ (“Contractor”), hereby certify that I have been duly authorized to execute this Certification on behalf of Contractor and that no Federally-appropriated funds have been paid or will be paid by or on behalf of Contractor to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

Contractor will provide immediate written notification to PHDC if Contractor learns that the above certification was erroneous when submitted or has become erroneous because of changed circumstances.

On behalf of Contractor, I also certify that Contractor has required, and will continue to require during the term of this Contract, this same certification from its contractors.

I verify and affirm that the statements made in this certification are true and correct in all material ways. I understand that any false statements contained herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Witness

Name:
Title:

**PHILADELPHIA CODE CHAPTER 17-1300 CERTIFICATION
MINIMUM WAGE / BENEFIT ORDINANCE**

Section A: Gross Receipts

Contractor, _____ certifies that
Contractor's gross receipts are:

- ___ \$1,000,000 per year or less
(Skip to Signature line)

- ___ in excess of \$1,000,000 per year
(Complete Section B)

Section B: Minimum Wage

Contractor certifies that all employees working on this PHDC program will be paid a minimum of \$15.00 per hour, excluding benefits. Employees being paid less than \$15.00 per hour should be listed below:

Employee Classification	Hourly Rate
_____	_____
_____	_____
_____	_____

Signature

Date

Printed Name & Title

**Philadelphia Housing Development Corp. (PHDC), Philadelphia Redevelopment Authority (PRA),
Philadelphia Land Bank (PLB)**

Disclosure Forms

Directions:

1. Please read the following information regarding the completion of these disclosure forms. Please review the definitions prior to completing any form.
2. Date and initial the top of each form after you have completed it and sign the form on the last page.
3. NOTE: There are two different types of campaign contribution disclosure forms: one for those who are applying as individuals and one for those applying as businesses. Only fill out one type of form. (If you have used a consultant with respect to applying for this financial assistance you will have to fill out a campaign contribution disclosure form for them as well.)

Getting Started

There are five sets of disclosure forms enclosed in this packet. You must provide information for each disclosure form. The information you must disclose includes:

1. Any contributions (defined as a provision of money, in-kind assistance, discounts, forbearance or any other valuable thing) made during the two years prior to the application submission date or prior to your receipt of financial assistance in the absence of an application.
2. The name of any consultant(s) you used to help in obtaining this financial assistance and any campaign contributions they have made;
3. Any subcontractors you are planning to use if awarded this financial assistance;
4. Whether a City or Housing Agency (PHDC, PRA, PLB) employee or official asked you to give money, services, or any other thing of value to any individual or entity; and
5. Whether a City of Housing Agency (PHDC, PRA, PLB) employee or official gave you any advice on how to satisfy any minority, women, disabled or disadvantaged business participation goals.

More Information on Disclosing Campaign Contributions

Applicants for financial assistance must disclose any contributions they made to:

- Any candidate for nomination or election in any public office in the Commonwealth of Pennsylvania
- An incumbent in any public office in the Commonwealth of Pennsylvania
- A political committee or state party in the Commonwealth of Pennsylvania
- A group, committee, or association organized in support of any candidate, office holder, political committee, or state party in the Commonwealth of Pennsylvania

The types of contributions that must be disclosed include:

- An advance or deposit of money, gift, or any other valuable thing given to a candidate or political committee for the purpose of influencing any election in the Commonwealth of Pennsylvania
- The purchase of tickets for events such as dinners, luncheons, rallies, and all other fun-raising events
- Granting of rebates or discounts not available to the general public or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates
- Any payments made on behalf of candidates not made by either the candidate or their committee

Attribution Rules. In addition to disclosing contributions made directly by the applicant, the applicant will be asked to supply information on other types of contributions. The campaign contribution disclosure forms will include questions that specifically ask for information on these other types of contributions. These contributions will be attributed to the individual or business and will be used to determine the applicant's eligibility to receive financial assistance.

Businesses (i.e., corporation, limited liability company, partnership association, joint venture or any other legal entity) have to disclose contributions made by the following:

- Applicant business
- Parent, subsidiary, or otherwise affiliated entity of the applicant business ("affiliate")
- An individual or business that is then reimbursed by the applicant business or affiliate
- Officers, directors, controlling shareholders, or partners of the for-profit applicant business or for-profit affiliate
- Political action committee controlled by the applicant business or affiliate
- Political action committee controlled by officer, director, controlling shareholder, or partner of the for-profit applicant business or for-profit affiliate

Individuals have to disclose contributions made by the following:

- Applicant individual
- Member of individual's immediate family (i.e., spouse, life partner, or dependent child living at home), when contributions are in excess of \$3,000.

In addition to direct contributions to candidates, incumbents, or political committees in the Commonwealth of Pennsylvania, applicants are also required to disclose:

1. Contributions not directly given to a candidate, incumbent, or political committee but made with the intent that the contribution will benefit the candidate, incumbent, or political committee;
2. Solicitation of contributions on behalf of a candidate, incumbent, or political committee, including the hosting of or solicitation at fundraising events (required to disclose details regarding the date of event and amount raised); and
3. Contributions not made directly by the individual/business to a candidate, incumbent, or political committee but furnished by the individual/business (as an "intermediary").

Eligibility Restrictions

Effective as of January 1, 2016, if an individual makes contributions totaling over \$3,000 in one calendar year to a candidate for City elective office or to an incumbent, the individual is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$10,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for individuals prior to January 1, 2016 remain in effect for purposes of determining an individual's eligibility during the two year disclosure period prior to the date an individual's application in response to a contract opportunity is due or for determining an individual's continuing compliance during the term of any such contract that is awarded to the individual. For the period February 1, 2006 through December 31, 2007, the contribution amount is \$2,500; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$2,600; for the period January 1, 2012 through December 31, 2015, the contribution limit is \$2,900.

Effective as of January 1, 2016, if a business makes contributions totaling over \$11,900 in one calendar year to a candidate for City elective office or to an incumbent, the business is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$25,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for businesses prior to January 1, 2015 remain in effect for purposes of determining a business' eligibility during the two-year disclosure period prior to the date a business' application in response to a contract opportunity is due or for determining a business' continuing compliance during the term of any such contract that is awarded to the business. For the period February 1, 2006 through December 31 2007, the contribution limit is \$10,000; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$10,600; for the period January 1, 2012 through December 31, 2016, the contribution limit amount is \$11,500.

Note on Eligibility: If a candidate for any City elective office contributes \$250,000 or more from his or her personal resources to his or her campaign, then the eligibility thresholds for individuals and businesses shall double with respect to contributions to all candidates for that same elective office (i.e., \$6,000 for individuals and \$23,800 for businesses).

Definitions

Affiliate	A parent, subsidiary, or otherwise affiliated entity of a business
Applicant	An individual or business who has filed an application to be awarded a non-competitively bid contract or financial assistance
Business	A corporation, limited liability company, partnership, association joint venture or any other legal entity (including non-profit organizations) other than an Individual
Candidate	Any individual who seeks nomination or election to public office, other than a judge of elections or inspector of elections whether or not such individual is nominated or elected. An individual shall be deemed to be seeking nomination or election to such office if he or she has (1) received a contribution or made an expenditure or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his or her nomination or election to such office, whether or not the individual has made known the specific office for which he or she will seek nomination for election at the time the contribution is received or the expenditure is made; or (2) taken the necessary action under the laws of the Commonwealth of Pennsylvania to qualify himself or herself for nomination or election to such office.
Consultant	A person used by an applicant to assist in obtaining financial assistance through direct or indirect communication by such individual or business with any City Housing Agency (PHDC, PRA, PLB) or the organizations providing financial assistance or any City officer or employee or officer or employee of the organization providing financial assistance, if the communication is undertaken by such individual or business in exchange for, or with the understanding of receiving payment from the applicant; provided however, that “Consultant” shall not include a full-time employee of the applicant.
Contributions	The provision of money, in-kind assistance, discounts, forbearance or any other valuable thing, during the two years prior to the deadline for the filing of the application for the contract opportunity or financial assistance, to any of the following: <ul style="list-style-type: none"> - A candidate for nomination or election to any public office in the Commonwealth of Pennsylvania; - An incumbent in any public office in the Commonwealth; - A political committee or state party in the Commonwealth; or - A group, committee or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth
Financial Assistance	Any grant, loan, tax incentive, bond financing subsidy for land purchase or otherwise, or other form of assistance that is realized by or provided to a person in the amount of fifty thousand dollars (\$50,000) or more through the agencies or approval of the City, including, but not limited to, Tax Increment Financing (TIF) aid, industrial development bonds, use of the power of eminent domain, Community Development Block Grant (CDBG) aid or loans, airport revenue bonds, and Enterprise Zone or similar economic development zone designations (such as Keystone Opportunity Zones, Keystone Opportunity Expansion Zones, Keystone Opportunity Improvement Zones, and Economic Development District Zones, but not including any assistance to which a person is entitled under a law enacted before the individual or business applied for or requested such assistance.
Immediate Family	A spouse or life partner residing in the individual’s household or minor dependent children.
Incumbent	An individual who holds elective office
Intermediary	A person, who, other than in the regular course of businesses a postal, delivery or messenger service, delivers a contribution from another individual or business to the recipient of such contribution.
Person	An individual, corporation, limited liability company, partnership, association, joint venture, or any other legal entity.
Political Committee	Any committee, club, association, or other group of persons which receives money or makes expenditures for purposes of influencing any election.

Solicit a Contribution	Requesting or suggesting that a person make a contribution. The sponsoring or hosting of a fundraising event is considered soliciting a contribution from the attendees of the event. Any contributions raised at such event are counted as a contribution made by the host of the event.
------------------------	---

Date _____

Initials _____

If Applying as an Individual:

Campaign Contribution Disclosure Form

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Have you made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family solicited or served as an intermediary for contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date _____

Initials _____

If Applying as an Individual:
Campaign Contribution Disclosure Form

For relationship, please indicate whether the contributor was the Individual or Family Member

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution	Amount of Contribution

Please use additional pages as needed.

If Applying as a Business:
Campaign Contribution Disclosure Form

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where “no-profit” is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder or partner of a for-profit business, or of a for-profit affiliate of the business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the business or any affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit business, or of a for-profit affiliate of the business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Check here to certify that no contributions were made.		<input type="checkbox"/>	

Date _____

Initials _____

If Applying as a Business:
Campaign Contribution Disclosure Form

For relationship, indicate whether the contributor was the Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor, Subsidiary or Other.

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution	Amount of Contribution

Please use additional pages as needed.

Date _____

Initials _____

Use of Consultant Disclosure Form

Please list all consultant(s) used in the year prior to the application deadline and the corresponding information for that consultant in the space provided below.

Please note that a Consultant, for the purposes of the required disclosure, is defined as an individual or business used by an applicant or contractors to assist in obtaining financial assistance through direct or indirect communication by such individual or business with any of the three City Housing Agencies, the organization providing financial assistance, any City officer/employee, or any officer/employee of the organization providing financial assistance, if the communication is undertaken in exchange for, or with the understanding of receiving, payment from the applicant or contractor or any other individual or business (however, "Consultant" shall not include a full-time employee of the Applicant or Contractor).

Check here to certify that no consultant(s) was used in the year prior to the application deadline. <input type="checkbox"/>	
Consultant 1	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant 2	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant 3	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant 4	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	

Date _____

Initials _____

Consultant: Individual Campaign Contribution Disclosure Form

Use this form if the Consultant used is an Individual. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Has the Consultant made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Consultant solicited or served as an intermediary for any contribution?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultants immediate family solicited or served as an intermediary for contributions over and above \$3,00?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.
Please us the table provided on the next page.

Date _____

Initials _____

Consultant: Individual Campaign Contribution Disclosure Form

Use this form if the Consultant used is an Individual. For Relationship category, indicate whether the contributor was the Individual or a Family Member.

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution	Amount of Contribution

Please use additional pages as needed.

Consultant: Business Campaign Contribution Disclosure Form

Use this form if the Consultant used is a Business. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where “non-profit” is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the Consultant business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the Consultant business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the Consultant business solicited or served as an intermediary for an contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business as made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the Consultant business or any affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>		

Note: Consultants must disclose all contributors to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Consultant or the for-profit affiliate of the Consultant. Please disclose the full amount of the contribution, although only the amount above \$3,000 will be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Consultant business).

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date _____

Initials _____

Consultant: Business Campaign Contribution Donation Form

Use this form if the Consultant used is a Business. For relationship, indicate whether the contributor was the Consultant Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor or Other.

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution	Amount of Contribution

Date _____

Initials _____

Use of Subcontractor Disclosure Form

Please list all subcontractor(s) you are planning to use if awarded this financial assistance by filling out the appropriate information in the space provided below.

Check here to certify that no subcontractor(s) are to be used. <input type="checkbox"/>	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid or Percentage to be Paid	

Date _____

Initials _____

Employee Request Form

Please list any City of Housing Agency (PHDC, PRA, PLB) employees or officers or employees/officers of the organization providing financial assistance who have asked you (the Applicant), any officer, director or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline.


Check here to certify that no City of Housing Agency (PHDC, PRA, PLB) employees/officers or employees/officers of the organizations providing financial assistance have asked you (the Applicant), any officer, director or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline	<input type="checkbox"/>
Name of Employee/Officer, Title	
Money, Services or Things of Value Requested	
Money, Services or Things of Value Given (if none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer, Title	
Money, Services or Things of Value Requested	
Money, Services or Things of Value Given (if none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer, Title	
Money, Services or Things of Value Requested	
Money, Services or Things of Value Given (if none, write "none")	
Date Requested	
Date of Payment	

Date _____

Initials _____

Employee Participation Advice Disclosure Form

Please list any City of Housing Agency (PHDC, PRA, PLB) employees or officers, employees/officers of the organization providing financial assistance who gave you (the Applicant) or any officer, director or management employee of the Applicant, or any person representing the Applicant.

<p>Click here to certify that no City of Housing Agency (PHDC, PRA, PLB) employees/officers or employees/officers of the organizations providing financial assistance gave you (the Applicant), any officer, director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract or financial assistance agreement for the participation of minority, women, disabled or disadvantaged business enterprises during the two year prior to the application deadline.</p>	
Name of Employee/Officer, Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer, Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer, Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer, Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	

Date _____

Initials _____

**Philadelphia Housing Development Corporation
Philadelphia Redevelopment Authority
Philadelphia Land Bank**

Signature

In order for the submission of these disclosure forms to be considered valid, they must be properly signed below by the respondent. Disclosure forms **that are not signed will be rejected**. By signing your name and title in the signature space below, you, as the respondent, signify your intent to sign these disclosure forms. The signatory hereby declares and certifies themselves to be the respondent, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any subsequent provision of financial assistance voidable, and entitle the City (or Housing Agency (PHDC, PRA, PLB)) to all rights and remedies provided by law or equity.

If these disclosure forms are being submitted by an INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY OR MANAGED LIMITED LIABILITY COMPANY, sign the forms here:

Signature

Date

Name

Title

If these disclosure forms are being submitted by a CORPORATION, sign the forms here, with signatures by (a) President or Vice-President of the corporation AND (b) Secretary, Assistant Secretary, Treasurer or Assistant Treasurer of the corporation. If the disclosure forms are not signed by the above mentioned, you hereby certify that you are authorized pursuant to a certified corporate resolution to sign in place of such officers.

Signature

Date

Name

President/Vice President, if other, please specify

Signature

Date

Name

Secretary/Asst. Secretary/Treasurer/Asst. Treasurer
if other, please specify.

CERTIFICATION

I hereby declare that I have not used any position of influence to be selected to receive assistance under a city housing program. Further, I do hereby declare that I have filed the foregoing Qualifications and do hereby certify that the statements made in the foregoing application as well as in all forms and documents that are attached are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa C.S.A. 4904, relating to unsworn falsification to authorities.

NAME (print): _____

TITLE:: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

EXHIBIT A
Home Improvement Programs
CHANGE ORDER POLICY

1. Change orders are submitted by the contractor, relying on his/her/its experience and expertise, to alter the original work order specifications prepared for changes necessary to address the work approved by PDHC.
2. ***All change orders must be authorized by PHDC prior to performing work.*** The contractor will not receive payment for unauthorized work and, in most cases, will not receive authorization after completing work.
3. The only exceptions to point # 2 are when the changes are required for the immediate health and safety of the client, or the changes are required by code. Even under these emergency conditions, the contractor must first obtain verbal or email approval from a PHDC assistant manager, manager, field supervisor or director and must submit a change order request the same day. The change order must indicate that verbal or email approval was obtained prior to change order being submitted and who gave the approval.
4. The contractor shall submit change order requests in the Contractor Portal. Requests must include the correct specification number (from the current Home Improvement Program Work Item Price List) and requested quantity.
5. PHDC will make every attempt to responding to all change order requests within three business days unless a fund-limit waiver is required. PHDC will strive to respond within one business day. Contractors will receive notice of response to change orders by email.
6. PHDC may authorize small and/or simple change orders without site visits. However, as part of PHDC's responsibility to control costs and limit work to items prescribed by the program design, PHDC reserves the right to visit every site.
7. PHDC Inspectors have the right to deny contractor change order requests. Contractors have the right to appeal Inspector denials. Appeals should be addressed to the Inspector's immediate Supervisor. In such cases the Supervisor and the Inspector will consult, and possibly visit the site together. The contractor *may* also attend. Supervisors have the authority to resolve differences between inspectors and contractors. PHDC will, again, strive to follow the guidelines of response, as explained in point # 3.
8. Change order approvals are only valid when approved by a PHDC Field Supervisor. Program Manager, Manager or Director. Field Supervisor reviews are to determine the change order request is within the scope of the original work order and the case is within budget to assure sufficient fund balance in the client grant.

EXHIBIT B

SAMPLE INSURANCE CERTIFICATE

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 8-1-23																					
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																									
PRODUCER BROKER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>NAIC #</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>				CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A:	NAIC #	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																									
PHONE (A/C, No, Ext):	FAX (A/C, No):																								
E-MAIL ADDRESS:																									
INSURER(S) AFFORDING COVERAGE																									
INSURER A:	NAIC #																								
INSURER B:																									
INSURER C:																									
INSURER D:																									
INSURER E:																									
INSURER F:																									
INSURED CONTRACTOR																									
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:																					
<p>THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>																									
INSUR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																		
	<input 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 <input type="checkbox"/> OTHER:				7/1/23	7/1/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000 \$																		
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				7/1/23	7/1/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																		
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$																		
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		7/1/23	7/1/24	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000																		
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>RE: Basic Systems Repair Program, Adaptive Modifications Program, Targeted Housing Preservation Program</p> <p>Philadelphia Housing Development Corporation, the City of Philadelphia, and their respective directors, officers, employees, and agents are listed as additional insureds under the commercial general liability, including completed operations, and automobile liability insurance policies, with coverage for these additional insureds being primary and non-contributory as required by Insured's contract with Philadelphia Housing Development Corporation.</p>																									
CERTIFICATE HOLDER				CANCELLATION																					
PHILADELPHIA HOUSING DEVELOPMENT CORPORATION CITY OF PHILADELPHIA 1234 MARKET STREET 17TH FLOOR PHILADELPHIA, PA 19107				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE																					

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD