



collective community

PLANT PAVE PAINT  
Neighborhood Beautification Program  
PILOT PROGRAM – Pompano Beach

954-415-0774 ~ cci.workforce@outlook.com ~ collectivecommunityinitiative.com

RE: Collective Community Initiative LLC is seeking applications from General Contractors and Roof Contractors to provide minor home repair services for up to 20 homes in Pompano Beach with up to \$15, 000 per home repairs and/or up to \$15, 000 per roof.

Upon CCI receipt of this application, interested company will receive the bid packet.

**RFQ Prequalification  
Company-General Information  
Return by email deadline: October 21, 2022**

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

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

Representative: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

What type of work does your company perform? \_\_\_\_\_

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Please check all that apply:

- Properly licensed or certified and insured to perform the work
- Worked in the field of work for at least the past five (5) years and have completed at least five (5) projects of at least similar size in the past three (3) years
- Not been disbarred within the prior five (5) years
- Must agree to the Homeowner-Contractor Agreement
- Has the capability in all respects to perform fully the Project

Please list projects completed of similar size to this potential bid in the past three (3) years:

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Largest Project in company history \$ \_\_\_\_\_ Uncompleted backlog \$ \_\_\_\_\_ Expected annual volume this year \$ \_\_\_\_\_ # of Projects: \_\_\_\_\_

Provide valid license. Have any licenses ever been revoked? \_\_\_\_\_ (If Yes, please explain)

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What percentage of your work is generally subcontracted: \_\_\_\_\_ %

Please list 3 professional references that hired your company and their contact information:

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Has your company ever been in business under a different name? \_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, please explain:

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### COMPANY MANAGEMENT

List the construction experience of the principal individuals of your organization (**attach bio, profile or resume**)

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

Years with firm: \_\_\_\_\_ Years of Industry Experience: \_\_\_\_\_

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

Years with firm: \_\_\_\_\_ Years of Industry Experience: \_\_\_\_\_

### MINORITY CERTIFICATION (attach certificate)

Is your firm minority certified? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please indicate what type of certification (MBE, WBE, SBE, DBE, LSDBE)

**Certifying Agency**

**Certification Number/Expiration**

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Has your firm every failed to complete any work awarded to it in the last 3 years? \_ Yes \_ No (if yes, please briefly explain)

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**SAFETY INFORMATION**

How many OSHA/MOSH violation(s) has your Company received in the last three years  
(include all from parent/subsidiaries)

20 \_\_\_\_\_ Citations

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Give a brief description of the violation(s); use additional paper if necessary

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Any employee work-related deaths in the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please give a brief description of the circumstances

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Do you have a qualified person responsible for safety within your Company: \_\_ Yes \_\_ No

Does this person do safety inspections on all your projects: \_\_ Yes \_\_ No

Do you have a written Company Safety Policy and Program? \_\_ Yes \_\_ No

Does your Company have a substance abuse policy: \_\_ Yes \_\_ No

If Yes, please check which are included in the policy:

\_\_\_\_\_ Pre-hire/Initial Employment Cause

\_\_\_\_\_ Post Accident/Incident

\_\_\_\_\_ Random

\_\_\_\_\_ For Cause

Does your Company provide safety training for all employees: \_\_ Yes \_\_ No

If yes, please list training provided \_\_\_\_\_

Does your Company review the safety of your subcontractors? Yes \_\_ No \_\_

Does your Company conduct accident/incident investigations? Yes \_\_ No \_\_

**QUALITY CONTROL**

Who is responsible for coordinating your Company's Quality Control Program?

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please briefly describe your Quality Control Process (**attach separate sheet**)

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**INSURANCE**

Insurance Company Name, Address, Telephone:

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**Commercial General Liability:**

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

**Worker's Compensation and Employer's Liability**

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

Statutory Coverage provided for FL ?  Yes  No

**Business Auto Liability**

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

**Professional Liability Insurance**

Do you have Professional Liability Insurance?  Yes  No

**FINANCIAL INFORMATION**

Have any vendors put liens against your firm?  Yes  No

Dated: \_\_\_\_\_

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

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

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

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