CONTRACTOR

PRE-QUALIFICATION VERIFICATION FORM

TRUMBULL COUNTY LAND BANK

NOTE TO CONTRACTORS:

Trumbull Neighborhood Partnership (TNP) and the Trumbull County Land Reutilization Corporation (TCLRC) emphasize the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, TNP/TCLRC has established a pre-qualification procedure for Contractors, and has developed and maintains a list of pre-qualified Contractors in the respective trades.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Contractor's Qualification Packet in its entirety and submit it to TNP/TCLRC
- Agree to provide equal employment opportunities, as evidenced by Contactor's signature on the Equal Opportunity Employment statement
- Agree to warranty all work performed under the contracts, as evidenced by Contractor's signature on the Contractors Warranty (part of the Qualification form)
- Submit Certificate of Insurance, confirming the insurance required by the program (this must be resubmitted annually)
- Submit a completed W-9 Tax Form (enclosed)
- Provide all licenses and certification required by TNP/TCLRC
- Submit a copy of Worker's Compensation
- Have an active registration with Sam.gov and have a Unique Entity Identifier (UEIN)

If, in the opinion of TNP/TCLRC, the contractor meets the program's standards for qualified contractors, the Contractor's name will be placed on the list of Qualified Contractors, according to trade or specialty.

TNP/TCLRC reserves the right to require additional information, including a financial statement from contractors, as a necessary pre-requisite to pre-qualification.

Thank you in advance for your cooperation,

Trumbull Neighborhood Partnership and Trumbull County Land Reutilization Corporation Staff

Trumbull Neighborhood Partnership
Trumbull County Land Reutilization Corporation
736 Mahoning Ave. NW Warren, OH 44483
Phone: (330) 647-6301

TRUMBULL NEIGHBORHOOD PARTNERSHIP

Revised May 2025

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Prospective Bidders Qualifications & Evidence of Responsibility

01. GENERAL CONTRACTOR INFORMATION

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Cell: _____ **E-mail:** _____

Federal Tax I.D. Number or SSN: _____

Unique Entity Identifier (UEIN): _____ **Sam.gov Registration Exp Date:** _____

Company Name: _____ **Address:** _____

Contact Person: _____ **Phone:** _____

02. ORGANIZATION

☐ Sole Proprietorship/Owner's Name _____

☐ Partnership/Partner's Name _____

☐ Corporation/Company Name _____

☐ Other/Specify _____

☐ Union ☐ Non-Union

Business Classifications *(Check All That Apply)*

☐ DBE (Disadvantaged Business Enterprise) ☐ WBE (Women-Owned Business Enterprise)

☐ MBE (Minority Business Enterprise) ☐ SBE (Small Business Enterprise)

☐ Other (Classification Please List) _____

When organized: _____ When Incorporated: _____

How long contracting under present name: _____ Contracted under any other name(s): ☐ Yes ☐ No

If yes, explain and list other names: _____

Have you ever failed to complete work awarded to you? ☐ Yes ☐ No If yes, explain: _____

Have you ever defaulted on a contract? ☐ Yes ☐ No If yes, explain: _____

Are you currently listed as an ineligible contractor by the U.S. Department of Housing & Urban Development?

☐ Yes ☐ No If yes, explain: _____

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Litigation Information:

Has any kind of judgment, including that which is the result of a regulatory preceding been rendered against you, in the last ten years, related to those services being proposed herein? Please explain in summary.

03. LICENSES HELD (IF ANY)

Please describe the type of licenses you possess and the corresponding identification number.

(for example: RRP, Lead, Trade, Specific)

License: _____ **Number:** _____ **Expiration Date:** _____

License: _____ **Number:** _____ **Expiration Date:** _____

License: _____ **Number:** _____ **Expiration Date:** _____

Other: _____

Active Registration with the Warren City Building Department: ☐ Yes ☐ No

Active Registration with the Trumbull County Building Department: ☐ Yes ☐ No

04. AREAS OF SPECIALIZATION (NON-SUBCONTRACTED WORK)

(check which categories best apply)

- ☐ Abatement: ☐ Lead ☐ Asbestos
- ☐ Board Up & Security
- ☐ Carpentry: ☐ Rough ☐ Finish
- ☐ Concrete
- ☐ Demolition
- ☐ Electrical
- ☐ Environmental: ☐ Radon
- ☐ Garage Doors: ☐ Gutters & Downspouts ☐ Insulation/Weather-stripping
- ☐ General Contracting
- ☐ Mechanical (HVAC) Specify: _____
- ☐ Painting
- ☐ Pest Control: ☐ Plaster/Drywall ☐ Tree Removal
- ☐ Plumbing
- ☐ Roofing: ☐ Siding ☐ Windows ☐ Aluminum Covering
- ☐ Special Construction Specify: _____
- ☐ Water Heating / Conditioning
- ☐ Waterproofing: ☐ Kitchen/Bath ☐ Masonry/Brick
- ☐ Yard Maintenance / Landscaping
- ☐ Title & Escrow
- ☐ Other: _____

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05. INSURANCE (SEE ATTACHED)

Note: Certificate of Insurance to be Provided by Agent

Insurance Company: _____ **Agent Name:** _____

Phone Number: _____ **Address:** _____

Liability Insurance Policy Number: _____ **Expiration Date:** _____

Auto Insurance Policy Number: _____ **Expiration Date:** _____

06. PROJECT EXPERIENCE

Provide the following information on your largest project

Type of work: _____ **Primary Contract Amount:** _____

Term of Work: _____ **Number of Units Served at One Time:** _____

Location of Current Project(s): _____

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

01 **Name:** _____ **Phone:** _____

Address: _____

02 **Name:** _____ **Phone:** _____

Address: _____

03 **Name:** _____ **Phone:** _____

Address: _____

Please provide demographic information of the ownership of your company
(Check All That Apply)

	Male-Owned	Woman-Owned		Male-Owned	Woman-Owned
White American	☐	☐	Native American	☐	☐
Black American	☐	☐	Asian American	☐	☐
Hispanic American	☐	☐	Other: _____		

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I hereby certify that the information provided herein is, to the best of my knowledge and belief true, accurate and complete.

Date

Authorized Signature of Contractor

Company

Please Print Name

Please Return Completed Form To:

Trumbull Neighborhood Partnership
Trumbull County Land Reutilization Corporation
736 Mahoning Ave. NW - Warren, OH 44483

Phone: (330) 647-6301
E-mail: landbank@tnpwarren.org
Website: trumbullcountylandbank.org

(staff use only)

DATE	ACTION TAKEN

Trumbull Neighborhood Partnership
Trumbull County Land Reutilization Corporation
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Equal Opportunity Employment

This is to certify that the undersigned realty agency is an equal opportunity employer and will not discriminate against any employer or applicant for employment because of race, color, religion, sex, or national origin, military status (past, present, or future), disability, age, genetic information, or sexual orientation, as those terms are defined in Ohio law, federal law, and any current executive order of the governor of Ohio. The realty agency shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, color, religion, sex, or national origin, military status (past, present, or future), disability, age, genetic information, or sexual orientation. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through Trumbull Neighborhood Partnership and the Trumbull County Land Reutilization Corporation may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date	**Authorized Signature of Contractor**
Company	**Please Print Name**

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Contractor's Warranty

This is to certify that the undersigned Contractor hereby warrants as follows:

- That all materials used in the performance of the work funded through Trumbull Neighborhood Partnership (TNP) the Trumbull County Land Reutilization Corporation (TCLRC) shall be free from defect,
- That all work performed and funded through TNP/TCLRC shall be free from defect of faculty workmanship,
- That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from TNP/TCLRC Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written guaranties and warranties covering materials and equipment installed or constructed,
- That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor's non-compliance with the contractor's warranty, contracts for work through TNP/TCLRC may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further TNP/TCLRC Program contracts.

Date _____ **Authorized Signature of Contractor** _____

Company _____ **Please Print Name** _____

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Minimum Insurance Coverage

Each Contractor, in order to become pre-qualified to perform work under Trumbull Neighborhood Partnership (TNP) and the Trumbull County Land Reutilization Corporation (TCLRC), shall purchase, maintain current and furnish evidence of the following insurance:

01. General Liability Coverage which may be Comprehensive General Liability with the following MINIMUM limits of liability:

- **Bodily Injury** $100,000 each occurrence, $300,000 aggregate
- **Property Damage** $100,000 each occurrence, $300,000 aggregate
- **General Liability** $1,000,000 for the business

02. Workers Compensation with statutory limits.

03. Business Commercial Auto Policy

Note: TNP/TCLRC reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) require additional type of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.

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For Mowing Contractors Only

01. Equipment - What current equipment do you own to provide services, (example: brush hog, zero turns, weed whackers, excavator, etc.)

_____

_____

_____

02. Capacity - What is the maximum number of lots you can mow within 2 weeks? _____

03. Cost Sheet - Please complete the cost sheet below or attach your own for the amount charged per lot. If any do not apply, just leave blank.

Note: TNP/TCLRC reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) require additional type of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.

Lot Size	Amount
Residential Lot	
Brush Hog	
Acre or more	
Bulk Property Rate	

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THANK YOU FOR YOUR INFORMATION

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they