



ADAPTIVE MODIFICATION PROGRAM

REQUEST FOR PROPOSALS

For

**CONSTRUCTION - EXTERIOR
(equipment related)**

CDBG YEAR 39

(July 1, 2013 – December 31, 2014)

RETURN TO:

George Russell, AMP Director
Philadelphia Housing Development Corporation
1234 Market Street, 17th Floor
(215) 448-2173
george.russell@phila.gov

Proposals are due by 4:00 PM on Friday, May 10, 2013 and must be submitted in two (2) legible copies. Any proposals arriving after 4:00 PM or with less than two complete copies will be rejected.

PHILADELPHIA HOUSING DEVELOPMENT CORPORATION
ADAPTIVE MODIFICATION PROGRAM
REQUEST FOR PROPOSALS FOR CONSTRUCTION – EXTERIOR (equipment related)

This Request for Proposals (“RFP”) provides interested contractors with the information to prepare and submit proposals for consideration by the Philadelphia Housing Development Corporation (“PHDC”) to satisfy the need for exterior construction to be provided to the homes of physically disabled residents of Philadelphia under the Adaptive Modifications Program (“AMP”)

I. RESPONSE DATE

In order to be considered, proposals must be received by George Russell, AMP Director, Philadelphia Housing Development Corporation, 1234 Market Street, 17th Floor, Philadelphia, PA 19107, on or before 4:00 PM on Friday May 10, 2013.

II. PRE-PROPOSAL BRIEFING

Contractors desiring to participate in AMP are **strongly urged** to attend the RFP Briefing Session **Tuesday April 23, 2013 at 10:00 A.M.** in the PHDC Board Room, 1234 Market Street, 17th Floor, Philadelphia, PA.

Topics covered at the briefing will include:

- State of the Program and expected funding levels
- Review of the RFP package, including critical documents for contractors to include
- Contract preparation steps, including prequalification as a PHDC contractor

III. QUESTIONS

Please review this RFP package and bring your questions to the above-mentioned briefing.

Contractors may call with questions or even arrange appointments with AMP staff to resolve RFP preparation questions. Appointments will be entertained during the period of April 23, 2013 (after the Briefing) to May 9, 2013 (before the due date). Contractors should schedule appointments as early as possible as AMP staff may have limited time to meet with contractors during this period. Contact names and telephone numbers will be provided at the Briefing. This offer of individual appointments is only available to those contractors who attend the Briefing.

IV. PROGRAM DESCRIPTION

A. Introduction

The Adaptive Modification Program provides accessibility modifications, including, but not limited to, exterior wheelchair lifts, stairway elevators, first floor full- and half-bathrooms, railings, increased lighting and kitchen modifications. Services are provided to the homes of low-income Philadelphia residents with permanent physical disabilities and are available to both homeowners and renters. Clients are served on a first-come, first-served basis and generally may only receive services one time through this program. All modifications are recommended by a licensed occupational therapist. General repairs are not included in this program.

B. Work Process / Delivery of Services

- i. All applications for AMP are accepted through PHDC's Home Improvement Programs ("HIP") hotline and applicants are placed on a waiting list. PHDC is responsible for determining applicant eligibility and collecting all necessary client documents.
- ii. An appropriate number of eligible applicants will be evaluated in their homes by the Occupational Therapist ("OT") who will recommend certain modifications to be provided.
- iii. Any modifications requiring exact measurements and/or drawings, such as railings or mechanical equipment, will be referred to a qualified contractor for inspection. Inspection reports are to be submitted to PHDC within ten (10) calendar days of the date of referral
- iv. A PHDC Inspector will review inspection reports and develop work specifications for all other modifications.
- v. The AMP Director will review each case and authorize an award(s) to contractor(s) if the applicant is deemed eligible and there are sufficient funds.
- vi. **Work Orders will be sent to contractors by email only. Contractors must have the ability to receive and print work orders by email.** A sample work order is attached as Exhibit A. Contractors shall be responsible for obtaining any necessary permits **before proceeding with work.**
- vii. Work Orders will be issued with a due date. All work assignments should be completed within thirty (30) days unless otherwise noted. If contractor is unable to complete job within the above timeframes, contractor should notify PHDC. PHDC reserves the right to cancel any job at no cost to PHDC or to client where contractor does not complete the job by the due date.
- viii. If change orders are necessary, contractors will submit requests as outlined in the Adaptive Modifications Program Change Order Process, attached hereto as Exhibit B.
- ix. **Because the modifications ordered are determined, in part, by an occupational therapist for maximum therapeutic value, no changes in the modifications shall be made without the prior approval of PHDC.**

C. Compensation

- i. Contractors shall submit invoices and signed Certification forms (Exhibit C) to PHDC immediately upon job completion. PHDC will schedule final inspection and may request that contractor be present at the inspection. Any punch list must be resolved before an invoice will be processed for billing.
- ii. Contractors shall submit invoices using bid prices. The foregoing notwithstanding, occasionally, work items other than those listed in this RFP will be required and will be ordered by PHDC at prices agreed upon before the work is performed.
- iii. PHDC will endeavor to complete processing invoices for all work approved by its inspectors within sixty (60) days of the final inspection.
- iv. PHDC does not guarantee any minimum volume of work to be ordered during this contract period.

D. Warranty

- i. Contractor will warrant that mechanical equipment shall be free from defects in material and workmanship for a period of three years from the date of completion as noted on the Certification Form. Contractor will warrant that all other work, services and modifications (such as related construction), including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one year from the date of completion as noted on the Certification form.
- ii. Defective materials and workmanship claimed during the applicable warranty period must be repaired or replaced if not reasonably repairable, at no cost to PHDC or client. The repair or replacement of defects will be covered if notice is given within the applicable warranty period.

V. **NON-DISCRIMINATION**

A. Equal Opportunity Requirements

Under the authority of Executive Orders No. 03-12 and 14-08, the Office of Economic Opportunity has established an antidiscrimination policy setting ranges for participation by Disadvantaged Minority (MBE), Disadvantaged Women (WBE) and Disadvantaged Disabled (DSBE) Owned Business Enterprises in City contracts. The participation ranges for this Request for Proposals are:

MBE:	18.0%	to	29.0%
WBE:	7.0%	to	15.0%
DSBE:	BEST EFFORTS		

These participation ranges serve exclusively as a guide in determining contractor responsibility.

Contractors are expected to make a serious good-faith effort to enlist participation from Certified Minority, Female and Disabled owned firms prior to submitting your proposal to PHDC. An Equal Opportunity Plan must be submitted with the proposal using forms included in this package. The Equal Opportunity Plan will be reviewed for compliance by PHDC staff and the City's Office of Housing & Community Development ("OHCD"). No contracts may be issued for work by PHDC unless the Plans are found to be in compliance with the City's Equal Opportunity Policy.

B. Neighborhood Benefit Strategy

In accordance with Executive Order 2-95, the City of Philadelphia 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 OHCD.

Each contractor shall be encouraged to (1) establish a goal of employing low and very-low income neighborhood and area residents as 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 Equal Opportunity Plans, a "Neighborhood Benefit Strategy" which shall describe contractor's proposed efforts to comply with the above goals. The Neighborhood Strategy Plan will be reviewed for compliance by both PHDC staff and OHCD.

C. Reporting Requirements

Contractors are required to file monthly Subcontracting Business Utilization and Employment Opportunities reports with the Office of Housing & Community Development. Reports must be filed electronically in MS-Excel format.

VI. OTHER REQUIREMENTS

A. Philadelphia Code, Chapter 17-1000

Pursuant to Chapter 17-1000 of the Philadelphia Code for City-funded construction contracts of more than \$150,000, it is required that 40% of the construction employees assigned to a City-funded project be those whose family income does not exceed 80% of the Area Median Income.

In order to demonstrate compliance with this requirement, each contractor must fill out an *Employer Summary Form* and each employee involved in the PHDC contract must fill out an *Individual Employee Form*. Copies of each type of form and instructions are included in this RFP package. Please read the instructions and forms carefully and make copies of the employee forms as necessary.

The completed forms must be submitted along with the RFP and the contractors must be in compliance with the ordinance, if applicable, or a waiver must be requested in writing and granted by OHCD in order for PHDC to execute the contracts.

VII. SUBCONTRACTING

Specialty contractors cannot subcontract work within their specialty without prior written approval from PHDC. For mechanical equipment contractors, this means that applicants must be licensed distributors for the equipment on which they are bidding and cannot subcontract the equipment part of any job.

Contractors must indicate all intended subcontractors in their response to this RFP. Contractors are free to employ other subcontractors during the period of the contract with PHDC, however these changes must be documented with and approved by PHDC along with submission of the new subcontractor's license and insurance documents prior to any PHDC work being assigned to the new subcontractor.

Any work performed for a 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 of the terms and conditions of 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) pay the contractor no later than sixty (60) days after receiving payment from PHDC for any work performed by the subcontractor. The contractor shall promptly report all payment disputes with any subcontractor to the City of Philadelphia's Office of Housing and Community Development.

All written contracts that a contractor enters into with subcontractors must 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, 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.”

VIII. SELECTION OF CONTRACTORS

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

- i. The contractor must have a minimum of three (3) years experience with the trade for which he/she/it is applying and been in business a minimum of three (3) years.
- 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 meet the insurance requirements of Section X below.
- iv. The contractor must make a good faith effort to comply with the Equal Opportunity and Neighborhood Benefit Strategy.
- v. The contractor must demonstrate financial resources sufficient to perform work in a timely manner.
- vi. The contractor must meet certain prequalification requirements.

B. PHDC will determine a Score (price) based on the unit prices for a certain number of specifications to be determined in advance by PHDC.

C. A team of PHDC staff (comprising the AMP Proposal Review Committee) will review all proposals received. Proposals submitted by contractors who are new to the program (or have not participated in the program the past two years) will be reviewed and rated independently by at least two committee members. Returning contractors will be judged substantially on prior performance within the program. The Committee as a whole will make final contractor recommendations and contract size recommendations based on prior performance, Score (price) and production plan.

D. The PHDC Contract Review Committee will review all recommendations made by the AMP Proposal Review Committee before submitting contract recommendations to PHDC’s Board of Directors.

IX. CONTRACT AWARD

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

B. The contract(s) resulting from this RFP will be awarded to the qualified contractor(s) whose proposal(s) would be the most advantageous to PHDC.

C. The selected contractor(s) will be required to execute a contract document 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 damage claims

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

X. INSURANCE REQUIREMENTS

A. Minimum insurance requirements for the selected contractor(s) are shown on the sample insurance certificate attached hereto as Exhibit D. Before submitting a response to this RFP, contractors should verify through their insurance carriers that they would be able to obtain the necessary insurance coverage.

Only sole proprietors and LLCs without employees, who cannot purchase worker's compensation insurance, 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 of Philadelphia as additional insureds on all liability insurance policies except workers' compensation.

B. **PHDC and the City of Philadelphia** must be named as additional insureds on all required liability insurance policies before contracts can be finalized. All policies will include contractual liability insurance as applicable to the Contractors obligations hereunder. Certificates of Insurance showing the required coverages and naming PHDC and the City of Philadelphia as the certificate holder must be submitted.

XI. PROPOSAL FORMAT (HOW TO APPLY)

A. Two complete copies of your proposal must be delivered as a complete package using the Proposal Form. Be sure to answer all questions thoroughly and thoughtfully. Lengthy answers are not necessary or advisable. Proposals must be typed or clearly printed. Be sure to complete the required forms provided and supply all other items, as applicable

B. For reference and convenience, pages to be returned are numbered 11 through 31 (inclusive) and a checklist of supporting documents is attached as pages 9 and 10.

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

D. **Any contractor who willingly and knowingly provides false information, as verified by PHDC, will be immediately disqualified from consideration.**

E. Contractors must enter a unit price for every specification in the price list. Submissions with missing prices may be rejected as incomplete.

F. An official authorized to bind the contractor to its provisions must sign the proposals. PHDC does not accept any responsibility for accuracy in pricing. Since subcontractor selection is on the Score (price), no changes in pricing can be accepted after the proposal is submitted to PHDC.

XII. RESERVATION OF RIGHTS BY PHDC

- A. PHDC, in its sole discretion, reserves the right to reject any and all responses to this RFP and is not bound to adopt any proposal submitted in response to this RFP that is contrary to its best interests.
- B. PHDC reserves and may exercise the right to accept or reject any and all proposals and re-issue this RFP at any time prior to execution of a final contract; issue a new RFP with terms and conditions substantially different from those set forth herein; extend the time period for responding to this RFP; or cancel this RFP with or without another notice of RFP. In addition, PHDC reserves and may exercise the following rights and options with respect to this selection process:
- i. Request supplementation, clarification, confirmation or modification to or of any information in the submission;
 - ii. Supplement, amend, substitute or otherwise modify this RFP at any time prior to selection of one or more applicants for negotiation, and to cancel this RFP with or without issuing another RFP;
 - iii. Request supplements to proposals based on the review of all proposals;
 - iv. Negotiate any aspect of the proposal, including price;
 - v. Conduct personal interviews with applicants to assess compliance with the selection criteria;
 - vi. Terminate any negotiations at any time;
 - vii. Accept or reject at any time prior to the execution of a contract, all submissions and/or withdraw this RFP without notice;
 - viii. Expressly waive any defect or technicality in any proposal;
 - ix. Solicit new proposals;
 - x. Rescind a selection prior to contract execution if PHDC determines in its sole discretion that the proposal does not conform to the specifications of this RFP; and/or
 - xi. Rescind a selection prior to contract execution if PHDC determines that the specifications contained in this RFP are not in conformity with law or that the process in selection of the applicant was not in conformity with law or with the legal obligations of PHDC.

By submitting a proposal in response to this RFP, an applicant affirmatively indicates acceptance of the terms and conditions of this RFP.

XIII. AMENDMENT

- A. This Request for Proposals may be changed, amended, augmented, or rescinded, in whole or in part, at the discretion of PHDC. Any Amendment to this Request for Proposals shall be distributed to all contractors who have provided contact information (including fax number and email address) to PHDC for this purpose.

**PHDC ADAPTIVE MODIFICATION PROGRAM
REQUEST FOR PROPOSALS
CHECK LIST**

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

FORMS SUPPLIED BY PHDC: These are to be completed by all contractors:

- | | |
|--|-----|
| 1. Cover Sheet | () |
| 2. Subcontractor Information | () |
| 3. References | () |
| 4. Production Plan | () |
| 5. Solicitation & Commitment Form | () |
| 6. Executive Order 2-95 Certification | () |
| 7. Contractor Compliance – Employer Certification Form | () |
| 8. Contractor Compliance – Individual Employee Certification Forms (as needed) | () |
| 9. Tax Status Certification | () |
| 10. Anti-Lobbying Certification | () |
| 11. W-9 Taxpayer Identification | () |
| 12. Statement of No Pending or Threatened Litigation | () |
| 13. Conflict of Interest Statement | () |
| 14. Exterior Construction Specification Price List (Bid) | () |
| 15. Certification Form | () |

SUPPORTING DOCUMENTS - ALL CONTRACTORS:

- | | |
|---|-----|
| 1. Insurance Certificate | () |
| 2. Current Business Privelege License | () |
| 3. Current Contractors License | () |
| 4. Letters of credit or bank statement showing cash on hand | () |
| 5. 2012 Federal Tax Return (signed or with electronic postmark) | () |
| 6. EPA Renovator Certification | () |
| 7. EPA Firm Certification | () |

SUPPORTING DOCUMENTS – NON-CURRENT CONTRACTORS: The following documents are required of contractors have not contracted with AMP or BSR during the last two fiscal years (2010-2011 or 2011-2012):

1. Articles of Incorporation and Bylaws; Certificate of Organization and Operation Agreement;
Partnership Agreement; or Fictitious Name Registration ()
2. Subcontractor Qualifications (insurance certificate, trade license, tax status
certification and references for each) ()
3. Company Credit Report from a major credit bureau ()
4. Resumes of owners and key staff ()

**PHDC ADAPTIVE MODIFICATION PROGRAM
REQUEST FOR PROPOSALS
COVER SHEET**

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 / INITIATION: _____

PHILA BUSINESS PRIVILEGE LICENSE # _____
(attach copy)

PHILA CONTRACTOR OR SPECIALTY LICENSE # _____ **(attach copy)**

PA HOME IMPROVEMENT CONTRACTOR # _____ **(attach copy)**

TOTAL STAFF (this business only):
Administrative/Supervisory: ____ Construction: ____ Clerical: ____

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

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

Indicate other PHDC programs applied for or working in:

_____ Basic Systems Repair _____ Weatherization Assistance

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 2012/2013, 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 2012/2013, 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 average installations you can reasonably accomplish each month given other commitments. An average installation includes a raised porch deck, 25 to 60 sq ft of concrete, 1 to 2 yards of excavation and a widened exterior door. PHDC will use your input to help decide contract sizes.

Oct 13	_____
Nov 13	_____
Dec 13	_____
Jan 14	_____
Feb 14	_____
Mar 14	_____
Apr 14	_____
May 14	_____
Jun 14	_____
Jul 14	_____
Aug 14	_____
Sep 14	_____
TOTAL:	_____

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

Estimate the percentage of your work that will be for other PHDC programs for the above months: _____

SOLICITATION AND COMMITMENT FORM (BID)						DEPARTMENT OF COMMERCE			
DISADVANTAGED MINORITY (M-DBE) WOMEN (W-DBE) AND DISABLED (DS-DBE) OWNED BUSINESS ENTERPRISES						OFFICE OF ECONOMIC OPPORTUNITY			
RFP TITLE:		NAME OF PROPOSER:				SUBMISSION DATE:			
List below ALL M-DBE, W-DBE, DS-DBEs that were solicited regardless of whether a commitment resulted.						Photocopy this form as necessary			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #						Percentage of Total Bid			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #						Percentage of Total Bid			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #						Percentage of Total Bid			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #						Percentage of Total Bid			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #						Percentage of Total Bid			
☐ M-DBE ☐ W-DBE ☐ DS-DBE		Type of work or material		Date Solicited		Commitment Made		Give Reasons If No Commitment	
Company Name				By Phone	By Mail	if Yes, give Date	No		
Address				Quote Received		Amount Committed			
Contact Person Phone				Yes	No	Dollar Amount			
OEO Certification #				15		Percentage of Total Bid			

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

Pursuant to Executive Order 2-95 issued by the Mayor of Philadelphia on January 31, 1995, each project sponsor, developer, or builder working on a housing or community development project that is funded by PHDC, OHCD 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, OHCD 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 proposals 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)

CONTRACTOR COMPLIANCE CERTIFICATION FORM

EMPLOYER SUMMARY FORM

PROJECT NAME:

ADAPTIVE MODIFICATION PROGRAM

EMPLOYER/COMPANY:

Check ONE box per employee. This information is gathered from Section 3 of the Individual Employee Form

	Employee Last Name	Employee First Name	Less than 80%?	Greater than 80%?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
Total Number This Page				

A Total Number of Employees on Project

B Number of Employees Less than 80%

C Percentage Less than 80% (Line B / Line A)

CERTIFICATION

I certify that the summary information provided here is based on certifications provided by individual employees

Authorized Signature

Title

Date

CONTRACTOR COMPLIANCE CERTIFICATION FORM INDIVIDUAL EMPLOYEE FORM

INSTRUCTIONS

This form is designed for individual employees to self-certify their household income as either “less than” or “greater than” 80% of the Area Median Income. This information is required by the Philadelphia Code, which states that on City-funded construction contracts of more than \$150,000, at least 40% of the employees must earn less than 80% of Area Median Income. Employees that have been hired within three years and who now make more than 80%, but at the time of hiring made less than 80% are also counted as part of the requirement.

Area Median Income is measured by Gross Income by Household Size. Household includes all persons living as part of your household (for example, spouse and minor children). Current Annual Gross income include income from all sources, including earned income (salaries), disability income, social security, etc. for any and all members of the household.

SECTION ONE:

This section of the form determines whether the employee’s current household income is less than 80% of the Area Median Income.

- Locate your household size
- Determine whether your total household gross income is less than or greater than the number shown in the “80% area median” column
- Check the box to the left for “less than” or to the right for “greater than”
- Only one check mark should appear on only one line
- If income is **less than the amount listed, proceed to Section Three.**

SECTION TWO:

This section determines whether employees whose current household income exceeds 80% of the Area Median Income may qualify based on household income *prior to being hired by this employer*. Such hiring must have occurred within the last three years.

- Enter date of hire
- Enter length of time since hire
- Enter whether Annual Gross Household Income prior to hiring was less than 80% of Area Median Income at time of hiring using the following table:

**MAXIMUM MONTHLY INCOME
(80% OF Area Median Income)**

Household Size	05/20/10 to 05/30/11	05/31/11 To 12/11/12t	12/11/12 To Present
1	\$43,900	\$45,050	\$44,350
2	\$50,150	\$51,520	\$50,700
3	\$56,400	\$57,920	\$57,050
4	\$62,650	\$64,320	\$63,350
5	\$67,700	\$69,520	\$68,450
6	\$72,700	\$74,640	\$73,500
7	\$77,700	\$79,760	\$78,600
8	\$82,700	\$84,960	\$83,650

CONTRACTOR COMPLIANCE CERTIFICATION FORM

INDIVIDUAL EMPLOYEE FORM - PAGE ONE

PROJECT NAME Adaptive Modification Program

EMPLOYER NAME _____

EMPLOYEE NAME _____

QUALIFICATION DATE _____

NOTE: Employees may be qualified to meet the 40% goal, either based on current income (Section One) or on income prior to being hired to the current job, if hired within the last three years (Section Two).

SECTION ONE: CURRENT HOUSEHOLD INCOME TEST

Household Size (Number of Persons)	Current Gross Household Income		
	if less, check this column	2012 Maximum Income (80% area median)	if more, check this column
1		\$44,350	
2		\$50,700	
3		\$57,050	
4		\$63,350	
5		\$68,450	
6		\$73,500	
7		\$78,600	
8		\$83,650	

If Current Household Income is less than 80% of area median, go directly to Section Three

INDIVIDUAL EMPLOYEE FORM - PAGE TWO

SECTION TWO: INCOME AT HIRING TEST

Date of Hire by This Employer

Is Date of Hire less than 3
years from today?

_____ Yes
_____ No

Was Employees
Household Income at
hiring less than 80% of
median income on date
hired (see tables)

_____ Yes
_____ No

If the answer to both questions is YES, employee is qualified as Less Than 80%

SECTION THREE: QUALIFICATION

Is Employee qualified as
"Less than 80%" by either
Section One or Section
Two?

_____ Yes
_____ No

EMPLOYER: Enter qualification on Summary Sheet by Employees Name

CERTIFICATION:

I certify that the above information related to my household's annual gross income is accurate to the best of my knowledge.

EMPLOYEE SIGNATURE

DATE

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 owed: _____

-
5. Have you or any of your subsidiaries or affiliates Yes [☐] No [☐]
been sued by the City of Philadelphia?
If so, list 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: _____

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:

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Other (see instructions) ▶	
	☐ Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
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).

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 on page 4.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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 Office of Housing and Community Development (“OHCD”), Philadelphia Housing Development Corporation (“PHDC”), 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: _____

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 preceeding 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: _____

**PHDC ADAPTIVE MODIFICATION PROGRAM
GENERAL CONSTRUCTION PRICE LIST (BID)**

SPEC#	TITLE	DESCRIPTION	UNIT	MODEL AND PRICE
0009	Excavation	Obtain clearances from PA One Step prior to work. Break-up concrete or masonry where needed. Remove dirt for proper installation of footing, wall or concrete sidewalk.	Cu ft	
0057	Install Aluminum Storm Door 36"	Install a new white aluminum storm door (36" wide) with closer and all necessary hardware. Doors installed on exterior front of home to have mail slot.	each	
0071	Install 36" 1 ¾" Metal Door and Frame	Remove existing door and frame. Install 1 ¾" insulated steel door and frame with pre-hung unit, two keyed locks including hardware, weatherstrip, paint, mail slot, one lite or peep hole. All keys alike if 2 or more exterior doors. Pre-tab frames to be constructed of a minimum of 5/4" milled stock. Threshold to be a maximum of ½" high.	each	
0072A	Replace window with door	Remove existing window and frame completely Enlarge opening to accept a new 36" steel door and frame and up to two steel lintels as needed. New opening to match existing masonry as closely as possible and all work and materials to conform to city building code. Install a new 1 3/4" x 36" x 68" insulated steel door and frame with prehung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole. New door to be Stanley or equal. Threshold to be a maximum of ½" high. New interior trim to be primed and painted	each	

0072B	Enlarge Exterior Door Opening AND Install 36" door & frame	Remove existing entrance door. Doorway opening to be enlarged to accept a 36" door and frame and up to two steel lintels as needed. New opening to match exterior masonry as closely as possible and all work and materials to conform to city building code. Install a new 1 3/4" x 36" x 68" insulated steel door and frame with prehung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole. New door to be Stanley or equal. Threshold to be maximum 1/2" high. New interior trim to be primed and painted	each	
'0072C	Add'l to Relocate Heat / Electric	Add'l cost for relocation of electric, plumbing and heating as necessary.	each	
'0072D	Close Transom Opening	Remove existing transom completely. Remove all wood from opening. Chip away all loose masonry material. Lose opening with new masonry to match existing, interior and exterior. Paint interior to match existing as necessary.	each	
0099	Install Wrought Iron Porch Railing	Remove existing railing completely. Provide and install a new wrought iron porch railing .	ln ft	
0105	Install Raised Platform on Existing Porch (maximum additional height 9")	Install raised platform on existing porch with pressure treated lumber. New platform is to match height of the existing exterior door entrance threshold. Include all required supports and trim as required by city building code. Use properly sized galvanized screws only. Existing railings and gates are to be adjusted or replaced as needed for installation	Sq. ft	

0106	Build Exterior Wood Deck for Platform Lift	Build a new wood deck with pressure treated lumber for platform lift. New deck is to match height of existing exterior door entrance threshold. Include all necessary posts, railings, footings, galvanized joist hangers, screws and nails. Posts must be lag bolted. All bolts minimum ½". Deck and posts to be screwed, not nailed. NOTE: All decks to comply with accessibility guidelines and city building code.	sq. ft	
0107	Build Exterior Wood Steps	New exterior wood steps to include all treads, stringers, posts and handrails. All lumber to be pressure treated and properly fastened with proper sized galvanized screws and joist hangers. NOTE: New steps to comply with accessibility guidelines and city building code	each step	
0141A	Vinyl Window	Remove existing sashes. Replacement unit includes attached storm/screen unit. Thermal barrier included. Up to 101 united inches	each	
0160	Exterior Wheelchair Ramp, Wood	Install new exterior wheelchair ramp per specifications. All framing and supports to be pressure treated lumber. All materials and accessories to be suitable for outdoor weather conditions. To include all necessary posts, handrails, proper footings and excavations. Joist hangers to be included at both ledger and header. Ledger board bolts to be a minimum of 5/8". All work and materials to comply with city building code.	Sq. ft	
0161	Aluminum Threshold Ramp	Install threshold ramp. Ramp to be 1/8" aluminum with textured, non-slip surface. Ramp to cover entire width of doorway opening and be securely affixed to existing threshold. Slope to be no greater than 1:8	each	

500	Concrete Sidewalks	Subgrade to be well drained, uniformly graded and compacted. Concrete to be 4" thick with scored joints 1/2" bituminous expansion joint to be provided at 15 ft intervals and at intersections with walks, curbs, garage or carport slabs, and dwellings. Width of new concrete to match existing. Includes break up and removal.	sq. ft	
0509	Remove Retaining Wall	Remove existing retaining wall. Leave footing in place. Remove excessive fill and regrade.	sq. ft	
0511	Remove Masonry Wall	Remove masonry wall in its entirety. Make all necessary preparation to clear and disconnect all utilities. Secure required permit from Department of Licenses and Inspection. Remove all debris and clean area.	sq. ft	
0512B	Stucco New Block (without wire)	Apply two coats of plaster minimum thickness 5/8".	sq. ft	
0519	Footing, Concrete	Excavate and pour certified concrete footing to support masonry wall. See specs for masonry according to city code. Permit required.		
0556C	Masonry Block Wall – Retaining Wall	New wall shall be built in accordance with city building code and zoning regulations. Permit required. A concrete footing shall be installed (requires addition of spec 0519).	sq. ft	
0952	Exterior Light Fixture	Provide and install a new exterior light fixture near exterior entrance. Fixture to be wall or ceiling mounted. Fixture to include all new wiring, boxes, fittings and bulb. AMP fixtures to include rocker switch unless otherwise specified.	Each	

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 Proposal 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 SAMPLE WORK ORDER

Exterior Construction Spec Form



Case #	9999	Survey Date	2/28/2013	Inspector	Training Instructor
Phone	2155551212	Time	7:13:21 AM	Contractor	
Client Name	Test Case				
Address	1234 Market St 19107				
Notes					

Spec Info	Unit Price \$	Estimate		Approved Changes		Revised		Approved		Comments
		Qty	Amount \$	Qty	Amount \$	Qty	Amount \$	Qty	Amount \$	
0105 Raised Platform on Existing Porch	17.50	104.00	1,820.00	00.00	00.00	104.00	1,820.00	104.00	1,820.00	
0093 Replace Exterior Wrought Iron Handrail	71.50	10.00	715.00	00.00	00.00	10.00	715.00	10.00	715.00	
0500 Concrete Sidewalks	13.10	30.00	393.00	00.00	00.00	30.00	393.00	30.00	393.00	
		Total:2,928.00		Total:00.00		Total:2,928.00		Total:2,928.00		

Comments :

EXT FRONT. Install raised platform and new wrought iron railing on existing porch. Pour concrete landing pad for vertical platform lift

Prepared By Training Instructor on 2/28/2013 7:17:41 AM
Approved By George Russell on 2/28/2013 7:19:09 AM

Approved

1 of 2

EXHIBIT B

ADAPTIVE MODIFICATIONS PROGRAM CHANGE ORDER PROCESS

1. All change order requests are to come from contractors and then *be authorized by PHDC prior* to performing work requested. Contractors will not be paid for unauthorized work and, in most cases, will not receive authorization after completing work.
2. Change orders must be submitted whenever a contractor proposes to alter the specifications prepared by PHDC.
3. The only exceptions to point # 1 are when the changes are necessary for the immediate health and safety of the client, or the changes are required by code. Even under these emergency conditions, the contractor **MUST** submit a change order request the same day and indicate that the change was required by code or for the immediate health and safety of the client. (PHDC will make the final determination on whether a change is necessary for the immediate health and safety of the client.)
4. All change order requests are to be submitted for *necessary* changes to the original write-up, addressing *the work being provided by AMP*.
5. Change order requests are to be directed by the contractor to the PHDC inspector who wrote the job. The contractor shall completely fill out a PHDC Change Order Form and submit it by fax to 215-448-2123. Additionally, change order requests may be submitted by email to the inspector with a copy to the AMP Director. Email requests must include the same information as the Change Order Form: client name, address, spec number and description, quantity, price and total cost of changes.
6. Change orders must be broken down into line item. Multiple items cannot be combined into a single amount. Individual line items must be priced at contractor's bid prices or negotiated with PHDC.
7. Contractors may arrange to meet a PHDC inspector in the field, or may bring change orders directly to the PHDC office. However, the recommended method is to fax or email a copy of the change order to the PHDC office.
8. PHDC commits to responding to and giving written responses to all change order requests within three business days, unless a fund-limit waiver is required. PHDC will make every effort to respond within one business day. Change orders will be returned by the same method they were received (fax or email). All contractors are expected to maintain working email accounts and fax numbers at all times.
9. PHDC may authorize small and/or simple change orders without site visits. However, PHDC reserves the right to visit every site where change orders have been requested, as part of its responsibility to control costs and limit work to items prescribed by the program design.
10. The PHDC Inspector has the right to deny contractor change order requests. Contractors have the right to appeal Inspector denials. Contractor appeals for AMP change orders may be given to the AMP Director. In such cases the Director will review with the Inspector and may request that a field Supervisor make a site visit with the Inspector. Contractors may not request a Supervisor make a site visit except through the AMP Director.

11. Only the AMP Director has the authority to approve additional funds for AMP cases. The Inspector and Supervisor confirm that changes are valid or required, but only the Director can authorize the additional funds.
12. **Copies of approved change orders (including email change orders) must be returned with the contractor's invoice.** Changes to original work will not be approved at the final inspection unless a change order is present.
13. The contractor will present these same documents, along with other required paperwork, as part of the billing package.

ADDITIONAL WORK

1. From time to time, PHDC may request that contractor perform additional work, either during or after a job is completed. PHDC will make such requests in writing, either by email or fax transmission. Like change orders, requests for additional work are not authorized unless sent by or signed by the AMP Director who will authorize the additional funds.
2. If contractor receives a verbal request to perform additional work, he should prepare and submit a change order for this work to be approved by the AMP Director before proceeding.

EXHIBIT C
AUTHORIZATIONS & CERTIFICATIONS

Exterior Construction Authorization Form



Case #	<u>9999</u>	Inspector	<u>Training Instructor</u>
Survey Date	<u>2/28/2013</u>	Time	<u>6:59:19 AM</u>
Phone	<u>2155551212</u>	Contractor	<u></u>
Client Name	<u>Test Case</u>		
Address	<u>1234 Market St 19107</u>		
Notes	<u></u>		

The homeowner authorizes PHDC to enter into a contract to make property repairs according to the attached Specification Sheet. PHDC will assign a contractor(s) from its approved contractor list.

The owner acknowledges that PHDC or PHDC's delegate explained the work in the Specification Sheet. The owner authorizes the contractor(s) to enter the property in order to complete all specified work. The owner authorizes PHDC to enter the property in order to inspect the contractor's work.

Signature of Homeowner :  Date: 2/28/2013 7:05:07 AM

PHDC Employee or Delegate :  Date: 2/28/2013 7:05:19 AM

PHDC AUTHORIZATION TO PROCEED

Contractor _____ is hereby authorized to perform repairs as identified by the attached Specification Sheet. Repairs should begin on or before _____ and must be completed within 30/60/90 days of that date. This authorization will become void if work is not performed within the time frame described above, unless a time extension is granted by PHDC in writing.

PHDC AUTHORIZATION :  Date: 2/28/2013 7:08:41 AM

Prepared By Training Instructor on 2/28/2013 7:08:52 AM
Approved By George Russell on 2/28/2013 7:08:39 AM

Approved

1 of 1

Exterior Construction Spec Form - Certification



Case # 9999 Inspector Training Instructor
 Survey Date 2/28/2013 Time 7:13:21 AM
 Phone 2155551212 Contractor _____
 Client Name Test Case
 Address 1234 Market St 19107
 Notes _____

CONTRACTOR CERTIFICATION

I hereby certify that all work reported as completed on the attached Specification Sheet has been completed in accordance with PHDC specification, and all applicable codes and regulations. I certify that the quantities and costs reflect the work performed at the property listed above. I hereby request that PHDC inspect the work reported hereon and make payment in the amount listed below. All work listed hereon is warranted for one year against defects in materials or workmanship (three years for mechanical equipment; five years for roof) from the date of PHDC Inspector Certification as noted below.

The contractor will not place liens against the property as remuneration for repairs described herein. This agreement is binding on the parties hereto, their respective heirs, personal representatives, successors and assigns. This agreement is executed and delivered in the Commonwealth of Pennsylvania and shall be construed under the laws thereof.

CONTRACTOR: _____ Date: 2/28/2013 7:15:27 AM

CLIENT CERTIFICATION

I hereby certify that all work reported has been inspected by PHDC and is satisfactory and in compliance with the specification sheet. My signature represents approval of the work performed and acknowledgement that no future work is necessary in connection with the attached specification sheet. I understand that the contractor may not place a lien on my property related to work performed through AMP.

CLIENT: _____ Date: 2/28/2013 7:15:09 AM

INSPECTOR CERTIFICATION

I certify that I have inspected all the work reported on the attached specification sheet and found it to be satisfactorily installed and in compliance with PHDC requirements. Costs reported by the contractor are accurate, or have been adjusted by me to correct any inaccuracies. I hereby recommend that payment request voucher be prepared for the amount noted below.

INSPECTOR: _____ Date: 2/28/2013 7:15:37 AM

Amount: \$13,465.00

Blanket P.O.# _____ Voucher Prep. Initials _____ Department Approval _____ Date _____ Finance Approval _____

Prepared By Training Instructor on 2/28/2013 7:17:41 AM
 Approved By George Russell on 2/28/2013 7:19:09 AM

Approved

1 of 1

EXHIBIT D
SAMPLE INSURANCE CERTIFICATE

CERTIFICATE OF INSURANCE

Issue Date (MM/DD/YY)

PRODUCER Broker	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.					
COMPANIES AFFORDING COVERAGE						
Company Letter A Name of Contractor						
INSURED Contractor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Company Letter B</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"> B, C & D filled out only if there is more than one insurance company </td> </tr> <tr> <td>Company Letter C</td> </tr> <tr> <td>Company Letter D</td> </tr> <tr> <td>Company Letter E</td> </tr> </table>	Company Letter B	B, C & D filled out only if there is more than one insurance company	Company Letter C	Company Letter D	Company Letter E
Company Letter B	B, C & D filled out only if there is more than one insurance company					
Company Letter C						
Company Letter D						
Company Letter E						

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or conditions 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.

Type of Insurance	Policy Number	Pol. Effective Date (MM/DD/YY)	Pol. Expire Date (MM/DD/YY)	Limits	
General Liability X Commercial Gen Lia X Occurrence Claims Made Owner's Protective	ABC XXX	XX/XX/2012	XX/XX/2013	General Aggregate	\$2,000,000
				Prod-Comps/Ops Aggregate	\$1,000,000
				Personal & Advertising Injury	\$1,000,000
				Each Occurrence	\$1,000,000
				Fire Damage (Any one fire)	\$50,000
				Medical (Any one person)	\$5,000
Auto Liability Any auto X All owned autos Hired autos X Non-owned autos		XX/XX/2012	XX/XX/2013	CSL	\$1,000,000
				Bodily Injury Per Person	
				Bodily Injury Per Accident	
				Property Damage	
Excess Liability				Each Occurrence	
				Aggregate	
Worker's Comp and Employer's Liability		XX/XX/2012	XX/XX/2013	Each Accident	\$100,000
				Disease-Policy Limit	\$500,000
				Disease-Each Employee	\$100,000
Professional Liability				Individuals and professional corporations: \$1,000,000, with at deductible not to exceed \$50,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
 PHDC and the City of Philadelphia are included as additional insureds

CERTIFICATE HOLDER

Philadelphia Housing Development Corp.
 1234 Market Street
 17th Floor
 Philadelphia, PA 19107

Attention: Compliance Department

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail ____ days notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative: