



**PLANT PAVE PAINT**

Neighborhood Beautification Program  
PILOT PROGRAM – Pompano Beach

**Contractor's Prequalification Application**

Collective Community Initiative LLC is seeking prequalification from General Contractors and Roof Contractors to provide minor home repair services to selected homes in the NW Pompano Beach CRA Residential District.

All required attachments must be included when submitting preapplication by email or mail **no later than 5:00 p.m. on April 8, 2022**

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

**Return by email to:** CCI.WORKFORCE@outlook.com

**Return by mail to:** Collective Community Initiative LLC,  
P.O. Box 667884  
Pompano Beach FL 33066

For additional information please visit [collectivecommunityinitiative.com](http://collectivecommunityinitiative.com) website or call the office at 954-415-0774.



collective community

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954-415-0774 ~ [cci.workforce@outlook.com](mailto:cci.workforce@outlook.com) ~ [collectivecommunityinitiative.com](http://collectivecommunityinitiative.com)

**Company-General Information**

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

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

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

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

Federal Tax ID # \_\_\_\_\_ or SSN# (if sole proprietor) \_\_\_\_\_

What type of work does your company perform?

\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply:

- Properly licensed or certified and insured to perform the work (Provide licenses)
- 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
- Understand that there is a Homeowner-Contractor Agreement
- Has the capability in all respects to perform fully the Project

Please list five (5) representative projects completed of at least similar size to this potential bid in the past three (3) years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work currently under Contract \$ \_\_\_\_\_

Largest Project in company history \$ \_\_\_\_\_ Uncompleted backlog \$ \_\_\_\_\_

Expected annual volume this year \$ \_\_\_\_\_ # of Projects: \_\_\_\_\_

Have any licenses ever been revoked?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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Is your company currently working for Collective Community Initiative LLC? \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY MANAGEMENT**

List the construction experience of the principal individual(s) of your organization (**attach resumes or profile**)

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 certified? \_\_\_ Yes \_\_\_ No

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

**Certifying Agency**

**Certification Number/Expiration**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING INFORMATION (Write N/A if not available)**

Individual project capacity \_\_\_\_\_ Aggregate limit

\_\_\_\_\_  
Bonding Company Name & Address:

\_\_\_\_\_  
Bonding Agent Name & Telephone #:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY INFORMATION4**

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

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

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

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

Any willful OSHA/MOSH violations: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give a brief description of the violation(s); use additional paper if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any employee work-related deaths in the past 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give a brief description of the circumstances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If Yes, please describe his/her duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Frequency

---

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

Will you provide a copy if requested? \_\_\_\_\_ 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 management systems of your subcontractors ?

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**)

**INSURANCE** (attach sample insurance certificate)

Please attach a sample insurance certificate along with your insurer's additional insured endorsement

Insurance Company Name and Address: \_\_\_\_\_

Insurance Company Contact Name and Telephone Number: \_\_\_\_\_

**Commercial General Liability:**

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

Each Occurrence Limit: \_\_\_\_\_ General Aggregate: \_\_\_\_\_

Completed Operations Aggregate: \_\_\_\_\_ Personal Injury Limit \_\_\_\_\_

General Aggregate apply on a per project basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Excess Liability**

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

Each Occurrence Limit: \_\_\_\_\_ General Aggregate: \_\_\_\_\_

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

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

Statutory Coverage provided for FL ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Limits of Insurance (Employer's Liability):

Each Accident \$ \_\_\_\_\_

Amount of Deductible \$ \_\_\_\_\_

**Business Auto Liability**

Combined Single Limit: \_\_\_\_\_

Property Damage: \_\_\_\_\_

Bodily Injury (per person): \_\_\_\_\_

Bodily Injury (per accident): \_\_\_\_\_

**Professional Liability Insurance**

Do you have Professional Liability Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FINANCIAL INFORMATION**

Attach business bank statements for the past three months

Has your firm ever had financial difficulties resulting in declaring Chapter 11? \_\_ Yes \_\_\_ No

Have any vendors put liens against your firm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Representative Print Name/Title \_\_\_\_\_

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

**This space left blank intentionally**