



Demolition Contractor Prequalification Application

The City of Cleveland, Department of Building & Housing ("the City") requires its contractors ("Contractors") be qualified for demolition work. Consequently, the City has established a pre-qualification procedure for contractors and intends to develop and maintain a list of pre-qualified contractors. The City will only bid projects and award contracts for demolition work to pre-qualified Contractors except in extraordinary circumstances.

The application must be completed in one sitting, there is not a save & continue feature.

* Required

General Contractor Information

1. Project Manager Name: *

The Contractor must assign a Project Manager who will serve as the point of contact for the City or any enforcement agency or regulatory authority on matters related to these Services. The Project Manager shall have the authority to act on behalf of the Contractor on all matters related to the performance and execution of these Services.

2. Project Manager Phone: *

3. Project Manager Email: *

4. List all person(s) authorized to do business with the City on behalf of this organization: *

These should be your backup contacts and people that the City should expect to communicate with.

5. Organization's Name: *

6. Organization's Address: *

All organizations must obtain a UEI number from [SAM.gov](https://sam.gov); [SAM.gov](https://sam.gov) does not allow entities to register with PO Boxes.

7. Organization's City: *

8. Organization's State: *

9. Organization's Zip: *

10. Organization's Contact Number: *

11. Organization's Email: *

12. Organization's UEI number from [SAM.gov](https://sam.gov) *

All organization's must obtain a UEI number at <https://sam.gov/content/entity-registration>

If this organization has already obtained a UEI, please enter the UEI number in the other box.

In Progress

Other

13. List all persons with majority and minority ownership in this organization.

Provide a corporate resolution and/or articles of incorporation for this organization, if available. *

14. List all persons authorized to make business decisions on behalf of this organization. Include contact information if different from above. *

15. Which bid rotation is your organization a candidate for? *

- Standard Demolition: Single Family Residential, Small Multifamily & Small Commercial Structure Demolition.
- Emergency Demolition: Single Family Residential, Small Multifamily & Small Commercial Structure Demolition.
- Technical Demolition: Commercial, Industrial & Multifamily (4+ Units), including emergency demolitions of these structures.
- All Bid Rotations

16. Is this organization interested in joining a bid rotation for clean outs? *

- Yes
- No
- Maybe

Business Organization

17. Please select your organization type.

Additional information can be found here:

<https://tax.ohio.gov/help-center/resources/tax-education/starting-a-business-step-1> *

- Sole Proprietorship
- Partnership
- C Corporation
- S Corporation
- Limited Liability Company (LLC)
- Single Member LLC

18. What type of employees does your organization employ? *

- Union
- Non-union
- Both Union & Non-union

19. Select the type of employment your organization offers: *

- Full Time (Receive W-2)
- Part Time (Receive W-2)
- Contracted (Receive 1099)
- Other

20. Full-time Employees

List how many full-time employees your organization employs, their name and what critical skill they contribute to your organization; these employees receive a W-2 from your organization at the end of the year.

Please provide a copy of your organization's payroll.

21. Part-time Employees

List how many part-time employees your organization employs, their name and what critical skill they contribute to your organization; these employees receive a W-2 from your organization at the end of the year.

Please provide a copy of your organization's payroll.

22. Contracted Employees

List how many contracted employees your organization employs, their name and what critical skill they contribute to your organization; these employees receive a 1099 from your organization at the end of the year.

Please provide each contracted employees contract including how many hours a week they're required to work.

23. Active Cleveland Office of Equal Opportunity (OEO) Business Classifications - Check All That Apply

Your organization MUST be registered with OEO to be considered any of the following: *

- DBE, Disadvantage Business Enterprise
- MBE, Minority Business Enterprise
- FBE, Female Owned Business Enterprise
- CSB, Cleveland Small Business
- HUD, Section 3
- None
- Other

24. Please provide demographic information regarding the majority ownership of this organization:

- Female Owned
- Male Owned
- Choose not to answer

25. Please provide demographic information regarding the majority ownership of this organization:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Mixed Race, Black or African American & White
- Choose not to answer
- Other

26. Please provide ethnicity information regarding the majority ownership of this organization:

- Hispanic or Latino
- Not-Hispanic or Latino
- Choose not to answer

27. When was the organization formed? *

28. Where was the organization incorporated? *

29. Areas of Specialization:

Check each category for which you hold a registration to perform work: *

- Asbestos, NESHAP
- Asbestos, Remediation
- Demolition/Excavation
- Lead Abatement
- Other

30. Licenses or Certifications Held

Please list and describe the type of licenses or certifications you possess, the corresponding license number and expiration date. *

Business Operations

31. How long has this organization been contracting under its present name?

*

32. Have the owner(s) or authorized agent(s) contracted under any other names? *

Yes

No

33. If yes, explain: *

34. List any and all organizations for which you have business interest in the State of Ohio. *

35. Do the owners of this organization have a familial and/or personal relationship with any other contractor or contractor's authorized agent(s) who are candidates for the demolition bid rotations? *

Yes

No

36. If yes, please list the contractor(s) or authorized agents with whom this organization is related or close to: *

37. Do the owners of this organization have business interests or business relationships with any other contractor or contractor's authorized agent(s) that candidates for the demolition bid rotation? Answer yes if you have business relationships with family members and provide detail in the next question. *

Yes

No

38. If yes, please list the contractor(s) or authorized agent(s) with whom this organization has business interests or business relationships.

Please provide detail about the extent of your business interests and relationships. *

39. Disclose any other relationship the owner(s) or authorized agent(s) of this organization have with other organizations who are also candidates for demolition bid rotations. Organizations are encouraged to disclose any relationship or arrangement that may seem unethical or problematic.

Examples of relationships may be:

- Former business partners that still work in the field
- Former employees of the organization that now own and operate their own separate and independent company
- Close personal relationships with fellow business owners
- Business relationships with family members
- Laborers that work for more than one contractor who are candidates for the demolition bid rotations
- Business owners of organizations who act as a laborers or subcontractors for other organizations on this list
- Laborers who are authorized agents for more than one organization
- Business owners with fiduciary interest in more than one company

*

40. Have you ever failed to complete work awarded to you? *

Yes

No

41. If yes, please explain: *

42. Have you ever defaulted on a contract? *

Yes

No

43. If yes, please explain: *

44. Has this organization been suspended from doing business with the City's Demolition Bureau in the past? *

Yes

No

45. If yes, please explain: *

46. Are you currently listed on any federal or State of Ohio, City of Cleveland and/or Cuyahoga County contracting debarment lists? *

Yes

No

47. If yes, please explain: *

48. Are you currently listed as an ineligible contractor by the City of Cleveland, Cuyahoga County, Cuyahoga County Land Reutilization Corporation or another government entity in Cuyahoga County? *

Yes

No

49. If yes, please explain: *

50. Are you and all companies/organizations in which you hold interest, in good financial standing with the City of Cleveland, State of Ohio and all other local, state and federal authorities and agencies? *

Yes

No

51. If no, please explain. *

52. Are you or any company/organization in which you hold interest CURRENTLY facing any criminal or civil litigation from any private or public entity, to include any and all types of liens or judgements? *

Yes

No

53. If yes, please explain: *

54. Have you and any company/organization in which you hold interest PREVIOUSLY faced any criminal or civil litigation from any private or public entity, to include any and all types of liens and judgments. *

Yes

No

55. If yes, please explain: *

56. Does any majority owner, minority owner or authorized agent of this organization have a familial relation to any City of Cleveland employee? *

Yes

No

57. If yes, please disclose the details of the relationship between this organization and the city employee(s). Please disclose the names and nature of relationship between the related parties. *

58. Does any majority owner, minority owner or authorized agent of this organization have a business relationship or interest with any City of Cleveland employee? *

Yes

No

59. If yes, please disclose the names and nature of the relationship of the parties and detail the business relationship or interest between them. *

60. Are all property taxes for all personal and business properties paid current? *

Yes

No

Insurance

Please provide your certificate of insurance. The insurance certificate must specifically state that demolition work is covered.

61. Insurance Company: *

62. Agent Name: *

63. Phone Number *

64. Address: *

65. Liability Insurance Policy Number *

66. Liability Insurance Policy Expiration Date: *



67. Does your insurance policy have a clause stating the following:

- "The City of Cleveland and Cuyahoga County and it's employees are listed as additional insureds under demo wrecking class code 99986."

*

Yes

No

68. Auto Insurance Company: *

69. Auto Insurance Policy Number: *

70. Auto Insurance Policy Expiration Date: *



Equipment

71. Does your company rent or own demolition machinery or equipment? *

- Own/Long Term Lease
- Rents/Short Term Lease
- Owns Some, Rents Some

72. What is the reach and weight of your largest excavator? *

73. Does this organization own trucks? *

- Yes
- No
- Leases/Rents
- Subcontracts

74. How does your organization handle trucking and hauling?

- If you own trucks, please list information about the trucks you own, including the yardage they haul.
- If you do not own trucks, please explain how your organization handles hauling debris.

*

75. Is this equipment stored at this organization's business address? If no, please fill in the "other" box with the address, city and state. *

Yes

Other

76. List each facility where you take demolition debris; include facility name and address.

If you use dumpsters from another company or a trucking company, then you must list each facility where the dumpster company or trucking company takes the demolition debris. *

77. Do you have a fill dirt storage area? *

Yes

No

78. If yes, list the location:

Project Experience - Standard Demolition Bid Rotation

Please provide information on three (3) projects that demonstrate your organization's experience in performing demolitions of single family residential, small multifamily (1 to 4 units) and small commercial properties.

Please upload supporting documents at the link provided via email.

Emergency Demolition Bid Rotation

Please provide information on three (3) projects that illustrate your organization's experience, skill and speed in performing the emergency demolition of single family residential, small multifamily (1 to 4 units) and small commercial properties. For the purpose of this evaluation, an emergency demolition is one done on an expedited basis, where all demolition debris was treated as regulated asbestos-containing material and, if performed in Ohio, Ohio Administrative Code rules 3745-20-01 through 3745-20-05 and 3745-22 were followed accordingly.

Please upload supporting documents at the link provided via email.

Project Experience - Technical Demolition Bid Rotation

Please submit 1 to 10 projects that uniquely demonstrate your technical ability, precision work, and company capacity. Please do not submit redundant projects, i.e. please do not submit 2 projects that only demonstrate your ability to demolish a tall structure. Please do submit projects that showcase your company's capability to perform demolitions in complex and unique circumstances including but not limited to:

- Demolition of a large structure
- Demolition of a tall structure
- Demolition of a structure that was close or had uniquely challenging relationships to other private property, the right of way, public infrastructure, or other assets that needed to be protected
- Demolition of a structure with an adjoining party wall to a structure that needed to be protected
- Demolition of a structure with a complicated utility situation (for example, shared or damaged lines)
- Demolition of a structure that required hand wrecking or other highly precise demolition work
- Demolition of a "skybridge" or other appurtenance from a structure that needed to be protected
- Demolition that required extensive or unique staging
- Demolition of a structure with an otherwise uniquely challenging structure, site or parcel

Please submit photos and any accompanying documentation to support your capabilities.

References

Please submit the name, number, email and organization of at least three references. If you are submitting letters of recommendation, you may skip this section.

79. Reference #1:

80. Reference #2:

81. Reference #3:

Attestation Authority

82. What is the name of the person completing this form? *

83. Does the person completing this form have the authority to sign the following attestations and certifications on behalf of the company/organization?

- *Certification That Contractor Is Not Debarred From Work by Federal or State Government*
- *Equal Opportunity Employment Certification*
- *Drug-Free Work Place*
- *Ohio Ethics and Conflict-of-Interest*
- *Minimum Insurance Coverage*
- *Certification That Contractor is not Debarred from Work by Federal or State Government*
- *Contractor's Certification of Receipt of Demolition Specifications*
- *Contractor's Warranty*

*

Yes

No

Certification That Contractor Is Not Debarred From Work by Federal or State Government

The Contractor certifies that neither the United-States government, the State of Ohio, the City of Cleveland nor Cuyahoga County has debarred the Contractor from work.

If the Contractor fails to comply with this certification, the City may cancel, terminate, or suspend any contract with the Contractor, in whole or in part. Further, the City may declare that the Contractor is ineligible for additional contracts.

84. By typing in your name below you are attesting to the above language. *

Equal Opportunity Employment Certification

Contractor certifies that it is an equal-opportunity employer and will not discriminate against any employee or application for employment because of race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. The Contractor shall ensure that employees shall be treated during their employment without regard to their race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. Such action shall include, but is 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.

When feasible, Contractor agrees to hire employees who may have employment barriers.

If the Contractor fails to comply with this Equal Opportunity Employment Certification, the City may cancel, terminate, or suspend any contract with the Contractor, in whole or in part. Further, the City may declare that the Contractor is ineligible for additional contracts.

85. By typing in your name below you are attesting to the above language. *

Drug-Free Work Place

The Contractor certifies that it complies with the Drug Free Workplace Act of 1988 as follows:

1. Contractor agrees not to engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, including prescription drugs, in performing any contract with the City.
2. All organizations covered by the Drug-Free Workplace Act of 1988 are required to provide a drug-free workplace.
3. If the Contractor or any of its employees is convicted of a drug violation, Contractor must notify the City within five days after the conviction.

If the Contractor fails to comply with the drug-free workplace certification, the City may cancel, terminate, or suspend any contract with the Contractor, in whole or in part. Further, the City may declare that the Contractor is ineligible for additional contracts.

86. By typing in your name below you are attesting to the above language regarding Drug-Free Work Place. *

Ohio Ethics and Conflict-of-Interest Certification

The Contractor certifies that it and its employees know and understand Ohio's ethics and conflict-of-interest laws.

If the Contractor fails to comply with the Ohio Ethics and Conflict-of-Interest Certification, the City may cancel, terminate, or suspend any contract with the Contractor, in whole or in part. Further, the City may declare that the Contractor is ineligible for additional contracts.

87. By typing in your name below you are attesting to adhering to Ohio's ethics and conflict-of-interest laws. *

Minimum Insurance Coverage

Contractor, in order to become pre-qualified to perform demolition work with the City, shall purchase, maintain current, and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with a minimum liability limit of \$1,000,000 each occurrence, \$2,000,000 aggregate. For demolition work, the certificate of insurance must have a letter attached to it from the insurance company, or a liability schedule of exposures, that includes coverage in the policy for demolition work. Unless otherwise approved in writing by the City, the certificate of insurance should cover wrecking class code 99986.
2. AUTOMOBILE LIABILITY COVERAGE with a \$1,000,000 liability limit.
3. WORKERS COMPENSATION with statutory limits.

Additionally, upon the award of any contracted work, the Contractor shall provide evidence that the City is an **ADDITIONAL INSURED with CERTIFICATE HOLDER STATUS on the Contractor's policy.**

NOTE:

The City 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 types of coverage as needs arise.**

Each contractor shall be responsible to verify any subcontractor's insurance coverage in sufficient amounts and types to meet requirements outlined above before starting any work.

88. By typing in your name below you are attesting to obtaining and maintaining the minimum insurance coverage.

Certification That Contractor is not Debarred from Work by Federal or State Government

The Contractor certifies that neither the United-States government nor the State of Ohio has debarred the Contractor from work.

If the Contractor fails to comply with this certification, the City may cancel, terminate, or suspend any contract with the Contractor, in whole or in part. Further, the City may declare that the Contractor is ineligible for additional contracts.

89. By typing in your name below you are attesting to the above language.

Contractor's Certification of Receipt of Demolition Specifications

The Contractor certifies that it has received a copy of City of Cleveland, General Demolition Specifications

Until further notice from the City, Contractor agrees to comply with all requirements in these specifications for all contracts between Contractor and the City. The City of Cleveland's General Demolition Specifications are under review and will be dispersed to all accepted Contractors upon completion.

90. By typing in your name below you are attesting to receipt of the City of Cleveland's General Demolition Specifications.

Contractor's Warranty

This is to certify that the Contractor warrants as follows:

- The Contractor will comply with all laws, ordinances, regulations and rules in the jurisdiction where Contractor performs work.
- The Contractor will comply with all statutory provisions and regulations when performing under work contracts with the City. Contractor will establish a contained and secured site during installation and agrees that it will place property site restraints during non-construction periods.
- The Contractor understands that all work it performs under any contract with the City is subject to the City inspecting and accepting the work according to the contract specifications. If the City discovers non-complying work or imperfect work before final acceptance, the Contractor shall correct the work on the City's demand, notwithstanding that the City may have overlooked the work during an interim inspection.
- Contractor represents and warrants that it possess the skill, knowledge and necessary training to demolish structures in the City of Cleveland and that it will perform its work timely and in a workmanlike manner.

91. By typing in your name below you are attesting to the Contractor's Warranty.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms