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APPLICATION PACKET: PART 1: APPLICANT PROFILE

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POLICY GUIDELINES

BHA Administrative Plan,
Chapter 17

www.bremertonhousing.org
[Housing/Section 8 Housing/Administrative Plan](#)

24 CFR Part 983 PBV Program;
Final Rule

http://www.access.gpo.gov/nara/cfr/waisidx_05/24cfr983_05.html

Omission of any of the aforementioned requirements will render the Application Packet non-responsive.

- ➡ Application Packets must be legibly typed; documents generated by BHA for the Application Packets are fill-able to assist with this requirement.
- ➡ Application Packets must be complete and consistent with PBV program regulations and statutory requirements. All information and documentation must be provided with the original submission of the Application Packet. Incomplete Application Packets or Packets that are inconsistent with program regulations will not be considered for PBV assistance.
- ➡ Sign documents with **BLUE** pen.

APPLICANT INFORMATION: PROFILE OF FIRM

| | | |
|-----|---|---|
| (1) | <input type="checkbox"/> Firm's Legal Name: | |
| (2) | <input type="checkbox"/> Mailing Address: | |
| | City, State, Zip Code | |
| (3) | <input type="checkbox"/> Check appropriate box: | <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC). Enter tax classification _____ (D=Disregarded Entity, C=Corporation, P=Partnership) <input type="checkbox"/> Other: (Indicate) _____ |
| (4) | <input type="checkbox"/> Street Address <i>(if different)</i> : | |
| (5) | <input type="checkbox"/> City, State, Zip <i>(if different)</i> : | |
| (6) | <input type="checkbox"/> Primary Contact AND Title: | |

- (7) E-mail Address: _____ @ _____
- (8) Telephone #: (____) ____ - _____ Fax #: (____) ____ - _____
- (9) Federal Tax ID #: _____ DUNS #: _____
- (10) UBI #: _____
- (11) City of Brem License #: _____ WA ST License Type & #: _____
- (12) Year Firm Established: _____ Year Firm Established in Bremerton: _____
- (13) Former Name & Year Established (if applicable): Name: _____ Year: _____
- (14) Name of Parent Co & Date Acquired (if applicable): Parent Co Name: _____ Year: _____

(15) Identify the Principals/Partners in Firm.

| NAME | TITLE | % of OWNERSHIP |
|------|-------|----------------|
| | | |
| | | |
| | | |

(16) Identify the individual(s) that will act as property managers and any other supervisory personnel that will work at/on the property.

| NAME | TITLE |
|------|-------|
| | |
| | |
| | |

(17) **Proposer Diversity Statement:** You must circle all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

- Caucasian American (Male) _____%
 Public-Held Corporation _____%
 Government Agency _____%
 Non-Profit Organization _____%

Resident- (RBE), Minority- (MBE), or Woman-owned (WBE) Business Enterprise (qualifies by virtue of 51% or more ownership and active management by one or more of the following:

- Resident Owned* _____%
 African American _____%
 Native American** _____%
 Hispanic American _____%
 Asian/Pacific American _____%
 Hasidic Jew _____%
 Asian/Indian American _____%

- Woman-owned (MBE) _____%
 Woman-owned (Caucasian) _____%
 Disabled Veteran _____%
 Other (Specify) _____%

WMBE Certification No. _____
 Certified By (print): _____

Note: A certification/number is not required to propose – Enter if available.
 Questions? MWBE Office (360) 753-9693.

(18) Worker's Compensation Insurance Carrier: _____
 Policy #: _____ Expiration Date: ____/____/____

(19) General Liability Insurance Carrier: _____
 Policy #: _____ Expiration Date: ____/____/____

(20) Professional Liability Insurance Carrier: _____
 Policy #: _____ Expiration Date: ____ / ____ / ____

| (21) Identify Development Team: If applicable, list any development team members that have been selected. | | | |
|---|------|---------|-------------------------|
| | NAME | ADDRESS | PHONE |
| Architect: | | | () - () - () - |
| Attorney(s) and/or Tax Professionals: | | | () - () - () - |
| Consultant(s): | | | () - () - () - |
| Property Management Agent/Company: | | | () - () - () - |
| General Contractor: | | | () - () - () - |
| Investor(s): | | | () - () - () - |
| Market Analyst: | | | () - () - () - |
| Other (please specify): | | | () - () - () - |

(21) **Debarred Statement:** Has this firm or any principal(s) ever been debarred from providing any services by the federal government, state government, the State of Washington, or any local government agency within or out of the State of Washington? Yes No If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(22) **Disclosure Statement:** Does this firm or any principals thereof have any current, past personal or professional relationships with any commissioner of officer of BHA? Yes No If YES, attach a full detailed explanation, including dates, circumstances, and current status.

(23) **Non-collusive Affidavit:** The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against BHA or any person interested in the proposed contract; and that all statements in said proposal are true.

Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and

agrees if BHA discovers any information entered herein is false, that shall entitle BHA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.



| | | |
|--------------|-----------------|---------|
| Signature | Date (mm/dd/yr) | Company |
| Printed Name | | Title |

CONFLICT OF INTEREST CERTIFICATION

The applicant certifies that to the best of their knowledge and belief and except as otherwise disclosed, he or she does not have any organizational conflict of interest which is defined as a situation in which the nature of work to be performed under this proposed contract and the bidder's organizational, financial, contractual, or other interests may, without some restriction on future activities:

- (a) Result in an unfair competitive advantage to the bidder -OR-
- (b) Impair the bidder's objectivity in performing the contract work

CERTIFICATION: The undersigned proposer hereby states in the absence of any actual or apparent conflict, he/she hereby certifies that to the best of their knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement and agrees if BHA discovers any information entered herein is false, that shall entitle BHA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.



| | | |
|--------------|-----------------|---------|
| Signature | Date (mm/dd/yr) | Company |
| Printed Name | | Title |

CERTIFICATE OF GOVERNMENT ASSISTANCE

The applicant, _____ certifies to the best of his/her knowledge and belief, that the project/property: _____

Choose:

- Has no government rental or operational assistance related to this project
- OR**
- Has the following government rental or operational assistance related to this project: *(Describe below)*

Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees if BHA discovers any information entered herein is false, that shall entitle BHA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.



/ /

| | | |
|--------------|-----------------|---------|
| Signature | Date (mm/dd/yr) | Company |
| Printed Name | | Title |

RESUMES

UNDER THIS COVER, PROVIDE RESUMES FOR:

- ① All key staff that will be involved in the project
- AND**
- ② The firm's principals.