CITY OF LIVE OAK
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FFY 2025
CONTRACTOR STATEMENT OF QUALIFICATIONS

In Touch Consulting Group
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City of Live Oak

(CDBG) Housing Rehabilitation Program

Statement of Contractor's Qualifications

Please complete and return qualifications to:

City Hall Annex
416 Howard St. E, Live Oak FL, 32064
Attn. CDBG HR Program

NO LATER THAN NOVEMBER 9TH, 2026, 4:00 PM

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Minority or Woman Owned Business: _____Y_____N

Name of Contractor: _____

Name of Company: _____

Office Address: _____

Phone: _____ Fax: #: _____

Federal I.D. or Social Security Number: _____

A. Ownership:

_____ Individual or Sole Proprietor Years in Business _____

Name of Owner: _____

Address: _____

Phone: _____

_____ Corporation

Date and Place of Incorporation: _____

Shareholder (10% or More):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

_____ Partnership

Partners:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

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B. Type of Contractor: (Check all that apply)

_____ General
_____ Building
_____ Residential

License Type:
_____

License Number:
_____

C. References: (List three projects recently completed.)

1. Owner_____ Phone_____

Address_____

_____

Start Date: _____ Completion Date: _____

Contract Price: $_____

Description of Work: _____

_____

2. Owner_____ Phone_____

Address_____

_____

Start Date: _____ Completion Date: _____

Contract Price: $_____

Description of Work: _____

_____

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3. Owner_____ Phone_____

Address_____

_____

Start Date: _____ Completion Date: _____

Contract Price: $_____

Description of Work: _____

_____

Have you ever defaulted on any work awarded?

_____ Yes (attach explanation) _____ No

Are there any suits or liens pending against your firm?

_____ Yes (attach explanation) _____ No

Have you ever declared bankruptcy?

_____ Yes (attach explanation) _____ No

Have you ever been debarred from contracting on State or Federally funded projects?

_____ Yes (attach explanation) _____ No

List Three (3) Credit References:

1. _____

2. _____

3. _____

D. Indicate Types and Terms of Insurance:

Type	Term	Agent
Workers Compensation	_____	_____
General Liability	_____	_____
Bodily Injury	_____	_____
Property Damage	_____	_____

(ATTACH DOCUMENTATION OF INSURANCE TO THIS STATEMENT)

E. General Information:

1. Bank Reference and Address: _____

   _____

2. Are you a member of the Better Business Bureau or any home builders association? If yes, please list:

   _____

   _____

3. Are you able to complete rehabilitation jobs without interim draws?

$1,000 - $3,000	_____ Yes	_____ No
$3,001 - $5,000	_____ Yes	_____ No
$5,001 - $8,000	_____ Yes	_____ No
$8,001 - $11,000	_____ Yes	_____ No
$11,001 - $20,000	_____ Yes	_____ No
Above $20,000	_____ Yes	_____ No

4. What is the average cost of your typical rehabilitation contract?

   $_____

5. How many permanent employees are in your firm? _____

6. Are you an Equal Opportunity Employer? _____ Yes _____ No

7. Do you qualify as a minority-owned firm? _____ Yes _____ No

   (If yes, please attach an explanation.)

8. Is your firm a drug free workplace? _____ Yes _____ No

9. Describe any additional licenses or certifications as a contractor you possess:

   _____

   _____

   _____

10. Has any member of your firm ever been employed by Lafayette County?

    _____Yes _____No

If Yes: Name(s):_____

Dates: ___/__/____thru ___/__/____

Job Description: _____

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Signature Page

F. Certification:

The undersigned hereby certifies that the answers to the foregoing questions and all statements contained herein are true and correct to the best of his/her knowledge and belief. Furthermore, verification may be obtained from any source named in this application.

_____ _____

Contractor's Signature Date

PLEASE INCLUDE COPIES OF THE FOLLOWING, ALL ITEMS BELOW ARE MANDATORY FOR INCLUSION IN THE CDBG PROGRAM:

1. A copy of the company's active contractor's license.

2. A copy of the bonding/insurance statement.

3. A copy of the letters of incorporation (if a corporation).

4. Certification Regarding Debarment (Attached)

5. Copy of SAM.Gov registration

Certification Regarding
Debarment, Suspension, And Other Responsibility Matters
Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Name

_____
Title

_____
Firm

_____
Street Address

_____
City, State, Zip

Live Oak HR CDBG
Project Name
#26DB-H01
Project Number

_____
Notary Public, State of Florida

_____
Print Name of Notary

(SEAL)

_____ Personally Known

___ Produced Identification

Commission Expires _____

Type of ID _____