

**HEALTHY HOMES DEPARTMENT
ALAMEDA COUNTY COMMUNITY DEVELOPMENT AGENCY
HOUSING REPAIR CONTRACTOR APPLICATION**

Company Name: _____
(Checks will be made out to the company name unless otherwise noted)

Owner's Name(s): _____

Company Address: _____

Office Phone#: _____ Cell Phone#: _____

E-mail: _____ Fax#: _____

Contact Person: _____

Emergency Contact: _____ Phone#: _____

Business Legal Type (Check One): Sole Proprietorship Partnership Corporation

Federal Tax ID: _____ Social Security#: _____
(Complete and attach W-9 form)

SAM No.:¹ _____

Authorized Company Representatives: Individuals authorized to sign contract and payment documents

Name	Title/Position
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Name	Title/Position
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Name	Title/Position
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Insurance Information: Attach the following insurance certificates:

- Commercial General Liability Insurance naming Alameda County Community Development Agency as additional insured
- Workers Compensation Insurance or exemption form (obtain exemption form from Contractors State Licensing Board)
- Automobile Insurance

CONTRACTORS LICENSE/CERTIFICATION INFORMATION

California Contractors State License: Attach copy of current CSLB pocket license

License Holder Name	License No./Classification	Expiration Date
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¹ In order to check that contractors are not debarred or excluded from federally-funded work, the federal System for Award Management is checked. Contractors will be expected to complete SAM registration within 60 days of addition to the qualified vendor list. SAM registration can be obtained at no cost. <https://sam.gov/content/entity-registration>

EPA Renovation, Repair and Painting (RRP) information (for work disturbing paint above the HUD de minimis levels)

EPA Firm Certification No. (Attach copy of EPA Firm certification)

EPA Certified Renovator Name

RRP Certification No.

EPA Certified Renovator Name

RRP Certification No.

(Attach copies of EPA Certified Renovator certification cards)

For work on the Lead Hazard Control/Lead Hazard Repair program, provide the supplement Lead Hazard Control Contractor information (see checklist). Lead Hazard Control Contractors must have a California Department of Public Health Lead Related Construction Supervisor, Lead Liability Insurance, and comply with additional requirements.

References-Clients (for work within last 12 months preferred)

1. _____
Name E-mail Phone# Type of Work
2. _____
Name E-mail Phone# Type of Work
3. _____
Name E-mail Phone# Type of Work

County Small, Local, and Emerging Business (SLEB) Program

- Not participating in County SLEB program Find out more at: www.acgov.org/auditor/sleb/overview.htm
- Participating in County SLEB program:
 Local/Not Certified Certified Small or Emerging: Certification #: _____ Exp. Date: _____

Information for Program Monitoring (optional)

How did you hear about the Healthy Homes Department's Programs for home repair?

- Referral from another program or agency Newspaper/TV/Radio Social Media (Facebook, etc)
- Mailing or brochure Personal Referral Internet/Web Search
- Other (please describe): _____

The following information is required by the federal government for monitoring or compliance with statutes and executive orders. You are not required to furnish this information but are encouraged to do so. Please furnish the following information for the person who owns the majority interest in the company:

Age: Under 62 62 or over Disability: Yes No

Gender: Specify: _____

Race: (check all that apply):

- American Indian or Alaskan Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 Caucasian/White
 Specify: _____

Ethnicity-Hispanic (may be of any race)

- Non-Hispanic/Latino
 Hispanic/Latino

APPLICANT CERTIFICATION AND CREDIT REPORT/VERIFICATION AUTHORIZATION

I am applying to Alameda County Healthy Homes Department (ACHHD) for inclusion as an eligible Contractor. I understand that this is not an offer or guarantee of work and that all major rehabilitation contracts are awarded using a bidding process and that minor home repair contracts may be awarded to a contractor in the eligible contractor pool. The Owner may accept a qualified contractor regardless of whether the submitted bid is the lowest bid. Costs must be certified as reasonable by the Department. The Department may certify any cost as ineligible or not reasonable based upon funding source requirements at its sole discretion.

To be placed in the "Active Contractor List," I/We, the undersigned contracting firm, agree that I/we will comply with the following conditions on all Housing Rehabilitation work performed on properties funded by the Alameda County Healthy Housing Department Rehabilitation Program:

- To use only contract forms approved by the Healthy Housing Department.
- To perform in accordance with the Healthy Housing Department Program and Construction Industry Standards of date, subject to such inspections as deemed necessary by the Department. To provide documentation showing required licensing and current liability insurance at all times.
- To provide Worker's Compensation insurance information, as needed.
- To abide by Equal Opportunity provisions of the Civil Rights Act.
- To agree that if our work is found to be unsatisfactory by the Department, or if contract relations between the contractor, homeowner and other parties are found unsatisfactory, the Department may remove the company's name from the eligible contractors list.

Debarment And Suspension Certification: By signing this agreement, Contractor agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency and shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

I hereby certify that to the best of my knowledge, all statements and representations made in this application are true and complete and agree to the release of information verifying any statement or representation made in this application. By my signature below I, authorize the Alameda County Healthy Homes Department to obtain a Consumer Credit Report on me. I also give permission and consent to ACHHD to use copies of this certification to obtain verifications. I have received and reviewed a copy of the ACHHD Contractors Manual and agree to abide by Department requirements.

Signature

Date

Name

Title

Checklist

Housing Repair and Rehabilitation (Non-Lead)

- Completed and signed application
 - W-9 Form
 - Commercial General Liability Insurance listing Alameda County as additional insured
 - State Workers Compensation Insurance Certificate or exemption form (can be obtained from the contractor's Licensing Board)
 - Copy of your Automobile Insurance
 - Copy of your current CSLB pocket license
 - Construction Project Safety COVID-19 Precaution Standards Form
 - Read the enclosed Contractor Handbook and complete the Contractor's Acceptance Form found on the last page.
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Minor Home Repair (RRP-Lead)

- Copy of all EPA Certified Renovators pocket certificate
 - Copy of EPA Firm Certification
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Lead Hazard Control Supplemental

- Copies of DPH certifications and/or EPA RRP Certified Renovator certifications for workers who will work with lead-based paint.
- Lead Hazard or Pollution Liability Insurance Certificate listing Alameda County Healthy Homes Department as additional insured.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 :	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Contractor Handbook

**For Participation in
Alameda County
Healthy Housing
Rehabilitation Programs**

County of Alameda
Community Development Agency
Healthy Homes Department
2000 Embarcadero, Suite 300
Oakland, CA 94612

Revised November 2015

CONTRACTOR'S HANDBOOK

FORWARD

Thank you for your interest! To be eligible to participate in the Healthy Homes (HH) Department's programs, a contractor must be qualified. Contractors must be able to meet and maintain the standards outlined in this manual. Contractors may not be approved as qualified. Previously qualified contractors may be removed if they fail to maintain standards. The Alameda County Healthy Homes Department depends upon the skills, services and professional attitudes of qualified contractor partners for the program's continued success.

This document:

1. Describes the procedures used while working on properties financed by the Healthy Housing Rehabilitation Program, and
2. Provides examples of the forms used in the program.

All Contractors are required to familiarize themselves with the guidelines and to follow procedures, instructions, and standards identified and promoted. Our goal is high quality work and efficient operations.

All contractors will be notified when any new procedures are developed and when changes are made to current procedures. A new version will be available on our website. Contractors are required to keep themselves abreast of changes to this handbook.

If you have any questions or concerns regarding our procedures or policies, please contact Damien Gossett at 510-567-8231 or Damien.Gossett@acgov.org or call the front desk at 510-567-8282.

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I. GENERAL INFORMATION

REQUIREMENTS FOR QUALIFIED CONTRACTORS

A. Basic Requirements

To be eligible for participation in the Healthy Housing Rehabilitation Program, a Contractor must:

1. Submit a Contractor's Application describing company structure, financial resources, name of insurance carrier(s) for General Liability, Auto and Workers Compensation coverage's, names of principal suppliers/subcontractors, work specialties, work references, and licensing credentials.
2. Possess "tools of the trade" including vehicle for transporting materials, tools and accessing the property.
3. Possess and use communication devices and tools, i.e., computer, electronic mail (email), telephone, cell phone, fax machine.
4. Have a thorough knowledge of, and adequately apply construction industry methodologies and standards.
5. Have an acceptable past performance record.

B. Insurance Requirements

Contractors shall provide a Certificate of Insurance from their insurance carrier which shall include a minimum cancellation period of thirty (30) days, certifying the insured has insurance in force for the following types and amounts of coverage required:

1. General Liability – One Million Dollars (minimum) coverage
2. Independent Contractors
3. Products incl. Completed Operations
4. Hold Harmless (Contractual)
5. Auto-owned, hired or leased
6. Worker's Compensation

The insurance certificates shall be submitted to the Department as part of the application.

C. Lead, Asbestos and other Hazardous Materials

Any work performed on surfaces containing hazardous materials (lead, asbestos, etc.) must conform to State and Federal regulations concerning their disturbance, removal or encapsulation and disposal.

For paint disturbing work on pre-1978 buildings, an EPA RRP Certified Renovator is required to be responsible for the project. The company must be registered with the EPA as an EPA RRP Certified Firm. All paint disturbing work must be performed by workers who have received an approved one-day training or they must be supervised by a State certified Lead In Construction Supervisor.

All work involving hazardous materials must be performed by appropriately

certified/trained workers who are supervised by an appropriately State/EPA certified supervisor.

Documented proof of current certification/training must be submitted prior to the start of any work and be available if requested on the job site.

II. CONTRACTOR SELECTION PROCESS and Mandatory Bid Walks

The Healthy Homes Department posts available projects for bidding on the Departments bid line (510.567.8256). Information posted will include the project ID #, the location, a summary of the work and staff contact information. Contractors who wish to bid on a project must attend the bid walk. Project packages, including scope of work, bid walk details or summary and bid submittal deadline will be available at the bid walk.

Bid walks may be rescheduled at the option of either the Owner or the Healthy Homes Department.

All bids are due on the date and time specified and must be returned to the designated Department office. Bids will be time and date stamped to document that they have been received prior to the deadline.

Any bids arriving after the specified date and time regardless of delivery method (fax, mail, courier, etc.) will be rejected.

The bid results will be available to all bidding contractors upon request.

Minor Home Repair projects are not posted but are awarded to eligible contractors on a rotating basis

The Owner may accept a qualified contractor regardless of whether the submitted bid is the lowest bid. Costs must be certified as reasonable by the Department. The Department may certify any cost as ineligible or not reasonable based upon funding source requirements at its sole discretion.

III. BID AND CONTRACT DOCUMENTS

A. Scope of Work

The Scope of Work is prepared and written by the Department in consultation with the owner. The scope is developed after a complete inspection of the property. It identifies mandatory work items that must be included in the Contractor's bid including alternates. The work is prioritized as listed below:

1. Health and Safety Hazards
2. Code Violations including Zoning
3. Housing Quality Standards
4. Lead Hazard Reduction
5. Incipient Violations

6. General Property Improvements

B. Bid Proposal Form

Completed by the Contractor showing both the itemized and the total bid price for the work.

C. Program Rehabilitation Standards

The “Standards” are incorporated by reference in the bid and contract documents. All work must be in conformance with the “Standards” which are included here as Exhibit “A”. The contractor’s workmanship and performance are subject to evaluation and acceptance by both the Owner and the Department. Failure to maintain an acceptable performance level will result in disbarment from the program.

IV. STANDARD PROCEDURES

A. Bidding

1. The Contractor shall review the scope of work and all other documents. They are responsible for their bid and its contents for the project. This includes site familiarity, inspection and review of the scope of work, measurements and quantities, facilities, materials, equipment, labor, power, water, if required, as well as those listed by any subcontractor who may perform work on the project.
2. The Contractor shall return a completed bid proposal to the Department prior to the bid deadline.
3. The Department will review the bid proposal for conformance to the scope of work and cost. Reviewed items will include:
 - a. determination if all work items are included;
 - b. determination if bid proposal conforms to program specifications;
 - c. any proposed alternates or alternate methods to address the deficiencies; and,
 - d. the cost.
4. The Department and the Owner may contact the Contractor to negotiate revisions to the proposal. However, no substantial changes will be negotiated or made without rebidding.

B. Rehabilitation Contract

This Department will prepare the Owner/Contractor Agreement. The agreement will be executed by the Owner and the Contractor at the pre-construction conference or at any other time or place convenient to all parties. The scope of work, specifications, costs, colors and materials and all other contract documents will be reviewed. Work desired by the Owner but not eligible to be funded by the Department may be included in the contract. However the Owner must provide and place the funds necessary to complete the work in an account held by the Department to ensure that the contractor will be paid and that the Department’s interest is not jeopardized.

C. Colors & Materials Selection

The Owner's Selection Checklist is part of contract documents. It lists the specific materials, colors, brand names or model number of fixtures or other equipment, as chosen by the Owner.

D. Relocation and Site Protection

Contracts that involve relocation and/or extensive lead hazard or toxic material reduction may require relocation of the occupants and their belongings. The vacated structure shall be under the control of the contractor. The Contractor shall remain responsible for all safety and security on a 24 hour basis until the project is complete and clearance testing is performed. While working in vacant structures is more efficient, occupant relocation carries significant daily cost. The Contractor shall complete the lead hazard reduction or other activities that require relocation and have the unit pass a clearance test, within the specified time period.

E. Notice to Proceed

The Notice to Proceed, signed by the Owner and the Department, is sent to the Contractor and authorizes the start of work. The notice indicates the date for the start of the work and the completion date. The Notice to Proceed for work requiring lead hazard reduction will be issued only after all custom materials including but not limited to, windows, doors, replacement cabinetry, fixtures, etc., have been ordered and staged either at the contractor's place of business or on the job site. The objective is to minimize the relocation period.

F. Permits and Design Review

The Contractor is responsible for obtaining: a) Design Review approval when required by the jurisdiction, b) all required permits required by the jurisdiction prior to starting construction and c) any other required inspection approvals required by the jurisdiction for the project.

G. Inspections

The Contractor shall monitor progress of their work to ensure high quality workmanship and timely completion. The Contractor shall notify the Department and schedule inspections to verify unknown conditions that may affect the work, require change orders, request for progress payment and final completion of the work. Failure to contact the Department, or proceeding without the inspections, may result in delay of payments or nonpayment for unapproved work.

H. Payment Procedures

When work has been completed in accordance with the contract schedule, the Contractor shall request a payment inspection. The Contractor shall schedule an appointment at least one week in advance of the date the payment is desired. The Contractor shall supply lien waivers from all subcontractors and/or suppliers furnishing material for the items on the work for which the payment is requested. The payment request shall be submitted on the Department voucher along with an itemized invoice on the Contractor's letterhead or invoice. The Department and the Owner must approve the request for payment on the Department voucher. The Department will only authorize payment for work that has been completed and verified by inspection. A retention of 10% of each approved payment is withheld

which will be released thirty-five days after the filing of the Notice of Completion.

I. Clearance Examinations

The Contractor is responsible for cleaning the site to meet lead dust thresholds established by the EPA. Compliance will be verified by visual inspection and dust wipe sampling. The Contractor is responsible for all additional cleaning if the work fails to attain the clearance thresholds as well as any additional cost assessed for repeat visits, tests, dust and/or laboratory fees. Final payment will be withheld until the unit(s) passes clearance testing.

J. Recording of the Notice of Completion.

When the project is complete, the Department will prepare and have the Owner execute the Notice of Completion which is filed with the Recorder's Office of the County of Alameda. Approximately thirty-five calendar days after recording, the Department will release the retention payment due the Contractor.

K. Warranty

The Contractor shall provide a twelve-month warranty for both workmanship and materials. Failure to comply with the obligations of the warranty period is grounds for removal from program participation. The Contractor shall provide to the Owner the manufacturer's warranty, instruction manual, and specifications for any equipment installed as part of the work before the Notice of Completion is filed.

V. CONTRACTING NORMS

A. Resolving Disputes

It is the Department's goal to minimize disputes by having the contract accurately reflect the project and work processes involved. The Department will use its best efforts to resolve any disputes that may arise between the Owner and the Contractor regarding interpretation or lack of clarity. If a dispute cannot be resolved through negotiation, the contract provides the methodology for resolution which may include mediation and binding arbitration.

B. Debarment

If the contractor fails to comply with program requirements and if, in the judgment of the Department, does not perform satisfactory work, he/she may be disqualified from the program and no longer allowed to bid on projects. The reasons for disqualification include, but are not limited to:

1. Failure to perform or maintain professional standards
2. Failure to fulfill contractual obligations, including incomplete or unsatisfactory materials and/or labor, punch list and warranty work.
3. Failure to adhere to an established time schedule for work completion.
4. Failure to honor a bid.
5. Failure to maintain a professional working relationship with the Owner and Department staff.
6. Failure to comply with all the requirements of the contract and related documents.
7. Discrimination against, or denial of employment to, any individual in the

performance of any contract on the grounds of race, color, national origin, age, sex, handicap, belief or political affiliation, in violation of Title V and VII of the Civil Rights Act (42 USC 2000d) and the Age Discrimination in Employment Act (29 USC 794).

8. Collusion between the Owner, Contractor or other party involving kickbacks or any other mutual effort to fix a bid amongst bidding contractors in violation of the Copeland Anti-Kickback Act (18 USC 874 as supplemented by 29 CFR. Part 3).
9. Performing side deals, cash work or extra work.
10. Unapproved material substitutions, unreasonable or unexplained delays, unprofessional conduct on the part of the Contractor or his/her employees.
11. Unacceptable work, unsatisfied complaints, failure to follow program procedures, lack of liability insurance and/or worker's compensation insurance and acts or activities deemed unethical or unprofessional.
12. Discrimination, racial or sexist statements, offering bribes or kickbacks, drugs or alcohol use on job site, or unprofessional behavior.
13. Failure to pay or to make timely payments to employees, subcontractors or material suppliers.
14. Inclusion on the Federal Excluded Party Listing System (EPLS).

C. Equal Opportunities

The contractor shall ensure that employees and applicants for employment are treated without regard to their race, color, religion, sex, national origin, age or disability. Such actions shall include but is not limited to the following: 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. The contractor also agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth provisions of this non-discrimination clause.

All solicitations or advertisements for employees placed by or on behalf of the contractor, must state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, or disability. The contractor shall comply with the provisions of Federal Executive Order 11246 of 1965 as amended by Federal Executive Order 11375 of 1967 and the Equal Employment Opportunity Act of 1972. The contractor may be requested to furnish information and reports requested by The U.S Department of Housing and Urban Development (HUD) to ascertain compliance with such rules, regulations or requests, or with this non-discrimination clause.

D. Conflict of Interest

In order to avoid personal conflict of interest in awarding contracts or making purchases of property or service under this program:

1. No contract or procurement will be made with any organization in which any person in an administrative capacity may benefit unless specifically authorized by the Director of the Community Development Agency (CDA), in conformity with applicable federal, state and local laws.

2. No contract or procurement will be made to any organization in which an immediate family member of a person in an administrative capacity with the Community Development Agency may benefit unless authorized in writing to do so by the Director of the CDA.
3. No employee shall solicit or accept gratuities, favors or anything of monetary value from contractors, providers or potential subcontractors.
4. No employee shall be related by blood to any Contractors or Contractor's family.

E. Office Visits

Office hours are 8:30 A.M. to 5:00 P.M., Monday through Friday, at the Department Offices at 2000 Embarcadero, Suite 300, Oakland CA 94606.

VI. STANDARDS FOR HOUSING REHABILITATION OF SINGLE FAMILY HOMES (REFER TO SPECS, ON FILE AT CDA)

A. PURPOSE

Standards for the rehabilitation of existing residential properties have been developed to provide minimum design and construction standards for Alameda County's Housing Rehabilitation Programs. They are intended to serve as the standards in carrying out Alameda County's Housing Rehabilitation objectives and goals. The Rehabilitation Standards are based applicable local codes. However, questions regarding the applicability of any specific code requirement should be confirmed with the jurisdiction. These Standards represent only the minimum acceptable level for the rehabilitation of properties participating in Department programs.

The Department intends for the Standards for Rehabilitation of Single Family Homes to be used to:

1. Assure improved housing that is livable, healthful, safe and structurally sound, and at the same time, affordable enough in cost for present neighborhood residents to afford;
2. Provide an acceptable minimum level for residential Rehabilitation based on performance, with maximum flexibility to meet local and project specific conditions;
3. Encourage innovation and improved technology toward reducing construction cost;
4. Establish standards that will correct code violations, and will serve to identify eligible criteria for the Rehabilitation program that will assist homeowners and contractors in developing scopes of work.

B. Historical Preservation

Any structure designated for historical preservation or restoration of any structure that has been placed on the National Register of Historical Buildings shall not have the basic character of the structure changed by demolition or the addition of framing, coverings, or accessory structures.

C. Property Rehabilitation Standards

Standards for Rehabilitation work are described in this section. Rehabilitation work items are defined according to program priorities established by the Alameda County Healthy Housing Department. A priority system is used to identify and clarify mandatory work items and other work items done to meet program goals. The priority system is based on the following three improvement categories:

- Category A: Mandatory work items. Those items that threaten the health and safety of residents (e.g., basic structural, mechanical, electrical, and plumbing systems) and those items that constitute other program specific requirements (e.g., exterior painting). If there are insufficient dollars available for Category A improvements, the project should be considered infeasible and should not be approved.
- Category B: Items that are code deficiencies, but are not threatening health and safety items, or that are incipient violations. (An example might be a hot water heater that is properly vented, but is within a year or two of its life expectancy). If sufficient dollars are available to address more than all Category A items, then Category B improvements may be undertaken.
- Category C: Identified as “GPI” or General Property Improvement Items. Those items that are not code deficiencies, but instead, are improvements preferred by the owner. These items improve the basic habitability of the premises. The cost of Category C items should not exceed 40 percent of the total Rehabilitation cost. Category C items may only be addressed if sufficient funds are available after doing all Category A and B items.

The standards are keyed A or B to provide a guide in determining the severity of deficiencies. Category C items are not included in the key due to their not being code violations.

Exhibit A
**STANDARDS FOR REHABILITATION OF
 1 – 4 UNIT, SINGLE FAMILY HOMES
 COUNTY OF ALAMEDA, CALIFORNIA**

I. Exterior	
A. Grounds	Category
1. Walkway, Steps:	
Exterior walkways, including public walkways abutting the property and exterior steps, where there is a change in grade of the year, must be in sound condition and not present a trip hazard	B
Exterior stairs over 30 inches high shall have a handrail that is in sound condition.	B
2. Fences – not eligible, unless a health and safety issue	Not eligible
3. Drainage – Yard drains, downspouts terminals and downspout extensions shall be freed of all obstructions to allow the free flow of water.	B
4. Detached Garages and Sheds – normally not addressed, unless badly damaged and deteriorated. Damaged or deteriorated detached garages and sheds beyond repair will be removed from the premises.	B
B. Exterior Structural System	
Category	
1. Foundation, Walls – foundation and exterior walls will be maintained in a structurally sound condition to provide support for all loads upon them and to prevent the entrance of water. Defective foundations, walls and wall finish materials will be repaired or replaced, as necessary, according to the requirement of the County Building Code.	A
2. Porches – Damaged porches and porch supports will be repaired to a structurally sound condition or replaced. Steps, handrails, and porch roofs are all considered as parts of the porch.	A
3. Windows and Doors –	
a. All cracked or broken glass panes in windows or doors shall be replaced.	A
b. Damaged doors and windows are to be repaired to a water tight, weather-tight and operable condition. Windows and door opening directly to the exterior shall have locks. Deteriorated screens shall be repaired or replaced.	A
4. Roof Systems: Roof systems shall consist of roof, rafters, sheathing, gutters and downspouts, and skylights or hatches, if existing. Damaged or deteriorated roof systems will be replaced or repaired to a sound and weather tight condition.	A
5. Exterior Painting – All exterior walls shall be covered with a weatherproof material	A

II. Interior	
	Category
A. Floors - Floors in habitable spaces: All floors where damaged will be repaired or replaced to provide a firm, smooth, and reasonably level surface.	A
B. Walls and Ceilings – Interior walls and ceilings that are broken or sagging shall be repaired to a sound condition, free of holes, and sagging or broken sections. Baseboards, molding and interior door and window trim are considered part of the walls.	A
C. Stairs – All interior stair treads, risers and handrails shall be in sound and safe condition or be repaired or replaced, as necessary. All stairways over four risers high must have a handrail.	A
D. Electrical System and Fixtures:	
1. Hazardous Conditions – Electrical systems and fixtures that constitute a hazard by reason of inadequate service, improper fusing, insufficient outlets, improper wiring or installation, deterioration or damage, or for similar reasons, shall be corrected to eliminate the hazard.	A
2. Required Fixtures – Every habitable room shall contain at least two supplied electric convenience outlets and one supplied electric light fixture. Every water closet compartment, bathroom, laundry room, furnace room and public hallway shall contain at least one supplied electric light fixture.	A
3. Proper Installation – Every outlet and fixture shall be properly installed, shall be in a safe operating condition and shall be connected to the source of electric power in a safe manner.	A
E. Plumbing:	
1. Facilities – All plumbing facilities shall be in a sound condition, free of leaks, deteriorated pipes and connections, and capable of supplying hot and cold running water to the premises, as well as providing for adequate disposal of waste.	A
2. Gas lines – Gas supply lines should be adequate to supply gas to all gas fixtures and appliances. Defective gas supply lines will be replaced. Existing obsolete gas fixtures and unused gas supply lines will be removed. All copper gas connections must be replaced.	A
3. Water Heaters – Defective water heaters and installations shall be repaired or replaced. All water heaters shall be properly vented.	A
4. Water Heater Location – No water heater shall be located in a room used for sleeping purposes. No gas or oil fired water heater shall be located in a bathroom, clothes closet, under any stairway, or in a confined space with access only from the above locations.	A
F. Heating – All dwelling units shall have heat. Heating units shall be properly installed and maintained in a safe working condition, capable of heating all habitable rooms. Defective heating units shall be repaired or replaced as necessary with new fuel efficient heating units. All heaters shall be properly vented to prevent the accumulation of gasses.	A

	Category
<p>G. Insulation: Walls, Attic, Floors – Insulation shall be applied to the interior side of any exterior structural wall when plaster, sheetrock or stucco is removed. Weather stripping – Damaged or defective weather stripping shall be replaced. Weather stripping should be applied, where needed, to all exterior doors, windows, and other access openings.</p>	<p>B</p> <p>A</p>
III. Special Systems	
	Category
<p>A. Kitchen</p> <ol style="list-style-type: none"> 1. Ranges – Kitchen ranges shall be in a sound, operable condition or shall be repaired or replaced as necessary. When a range is replaced, it must be built in to the structure so as not to be easily removed. All ranges must have ventilation, through the use of range hoods or a kitchen window. 2. Floors – Kitchen floors shall be free of cracks, holes or sagging sections. Floors should be covered with a waterproof material. Damaged or defective floors shall be repaired to a smooth condition that can be easily cleaned. 3. Cabinets – Defective, broken or sagging kitchen cabinets shall be repaired or replaced as needed. 	<p>A</p> <p>A</p> <p>B</p>
<p>B. Bathrooms</p> <ol style="list-style-type: none"> 1. Fixtures – Existing bathroom fixtures shall be in a sound, operable condition, or be repaired or replaced as necessary. 2. Obsolete fixtures – Where fixtures have been replaced, moved or where floor repair has taken place, all obsolete fixtures and drains shall be removed. 3. Waterproof Coverings – All bathroom floors and walls of bathtub/shower areas shall be covered with a waterproof covering in a sound condition, free or cracks, breaks or holes. 4. Ventilation – All bathrooms must have adequate ventilation. Ventilation shall be provided with windows or an approved exhaust fan. 	<p>A</p> <p>A</p> <p>A</p> <p>A</p>
<p>C. Smoke Detectors – Each dwelling unit shall have an approved smoke detector located in each bedroom, at the head of all interior stairs, and in a central location that provides protection to all sleeping rooms.</p>	<p>A</p>

EXHIBIT B
CONTRACTOR DEBARMENT POLICIES

Policy

The CDA Healthy Housing Department Rehabilitation Guidelines require that we finance work only with contractors who are qualified and reputable.

Purpose

To establish rules for disbarment or sanctions against corporations, partnerships or other entities who do not fulfill their responsibilities to the homeowners or the CDA Healthy Housing Department Rehabilitation Program.

Authorized Sanctions

The following is a list of sanctions that may be imposed based on reasonable cause:

1. Temporary denial – denial of participation or conditions for participation in specific programs.
2. Suspension- immediate exclusion from participation based on evidence of wrong doing.
3. Debarment- exclusion from participation in programs for a period of the time commensurate with the seriousness of the infraction.
4. Voluntary exclusion- voluntary exclusion by agreement with Housing Rehabilitation Program.

VII. CONTRACTOR'S ACCEPTANCE

To be placed in the "Active Contractor List," I/We, the undersigned contracting firm, agree that I/we will comply with the following conditions on all Housing Rehabilitation work performed on properties financed by the Alameda County Healthy Housing Department Rehabilitation Program:

1. To use only contract forms approved by the Healthy Housing Department Rehabilitation Program.
2. To perform in accordance with the Healthy Housing Department Rehabilitation Program and Construction Industry Standards of date, subject to such inspections as deemed necessary by the Department.
3. To provide documentation showing required licensing and current liability insurance at all times.
4. To provide Worker's Compensation information, as needed.
5. To abide by Equal Opportunity provisions of the Civil Rights Act.
6. To agree that if our work is found to be unsatisfactory by the Department, or if contract relations between the contractor, homeowner and other parties are found unsatisfactory, the Department may remove the company's name from the Contractor Database.

Firm Name

Authorized Signature

Title

Date

**ALAMEDA COUNTY HEALTHY HOMES DEPARTMENT
CONSTRUCTION PROJECT SAFETY COVID-19 PRECAUTION STANDARDS**

Contractors, subcontractors, and material supplies shall comply with the following COVID-19 precautionary standards when working on Alameda County Healthy Homes Department (HHD) projects:

1. Comply with appropriate Alameda County Construction Project Safety Protocols Appendix B-1 and B-2. Note: The majority of Healthy Homes Department projects are expected to fall under the Appendix B-1 Small Construction Project Safety Protocol.
2. Post a Work Site Requirements Notice consistent with the Construction Project Safety Protocol.
3. Designate a COVID-19 Supervisor to be responsible for personnel screening, explaining and maintaining physical distancing, provision and property use of PPE, and hygiene, sanitation, and disinfection practices. The COVID-19 Supervisor must be on site at all time. It can be the person that's doing the work, if there only one person working on the project. The COVID-19 supervisor must review the SCP protocol with all workers, clients and visitors to the work site.
4. Carry out personnel screenings before the start of each shift and do not allow workers with fever, cough, or other COVID-19 symptoms on the jobsite. Remove workers from the jobsite who develop fever, cough, or other COVID-19 symptoms.
5. Comply with all applicable and current laws and regulations including but not limited to Cal-OSHA, the Alameda County Public Health Officer, and the State of California Shelter-In-Place Executive Order. If there is any conflict, difference, or discrepancy between or among applicable laws regulations and protocols, the stricter standard shall apply.
6. Contractor will provide workers with all required personal protective equipment and COVID-19 precautionary supplies including, but not limited to, hand sanitizers or handwashing facilities, face coverings, shoe coverings, gloves, and barrier sheets.
7. All workers and visitors must wear face coverings. Workers and visitors must wear shoe coverings when inside any unit or room. Gloves must be worn when inside any unit or room. Exception: When required for safety or by the nature of the work and there is no way to complete the task or work safely with the face covering or shoe covering or gloves.
8. All workers and visitors must practice social distancing by maintaining a minimum six-foot distance between all individuals (workers and visitors) except as strictly necessary to carry out the work.
9. When using tools on the interior of a unit or room, clean tools prior to entering the unit and place a barrier sheet between the tools and the floor. Remove and safely dispose or thoroughly clean the barrier sheet after use.
10. Clean and disinfect touched surfaces including those named in the Construction Safety Protocols including at the end of the day or end of the work period.
11. Maintain and submit to the HHD a daily log including the following: Jobsite address, COVID-19 Supervisor name, record of worker (including COVID-19 Supervisor) and visitor names, time-on-site, time-off-site, daily initials of COVID-19 Supervisor.
12. Contact the HHD representative for direction when there are any questions about these standards.

Contractor Agreement: Contractor and all workers and subcontractors will comply with all Public Health Officer Orders, Cal-OSHA requirements, State of California orders and requirements, and the Alameda County Healthy Homes Department Construction Project Safety COVID-19 Precaution Standards.

The individual responsible for assurance that the company follows its COVID-19 Safety Plan, Alameda County Healthy Homes Department Construction Project Safety COVID-19 Precaution Standards, and all relevant federal, state, and local requirements is:

Company COVID-19 Safety Officer Name: _____

Authorized Representative

Signature: _____ Name: _____ Date: _____

Company Name: _____

WORK SITE REQUIREMENTS COVID 19 PRECAUTIONS NOTICE

This Notice shall be posted at in an area visible to all workers and visitors

1. Do not touch your face with unwashed hands or with gloves.
2. Frequently wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
3. Clean and disinfect frequently touched objects and surfaces such as work stations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.
4. Cover your mouth and nose when coughing or sneezing, or cough or sneeze into the crook of your arm at your elbow/sleeve.
5. Do not enter the jobsite if you have a fever, cough, or other COVID-19 symptoms. If you feel sick, or have been exposed to anyone who is sick, stay at home.
6. Constantly observe your work distances in relation to other staff. Maintain the recommended minimum six feet at all times when not wearing the necessary PPE for working in close proximity to another person.
7. Do not carpool to and from the jobsite with anyone except members of your own household unit, or as necessary for workers who have no alternative means of transportation.
8. Do not share phones or PPE.

COVID-19 SUPERVISOR

NAME: _____ CELL PHONE NO.: _____

COVID-19 PRECAUTIONS – DAILY LOG

Jobsite Address:			
Work Location(s):		Date:	
Workers/Visitors:	Name	Time On-Site	Time Off-Site
__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
COVID-19 Supervisor	Name:	Time On-Site	Time Off-Site
Signature:			
Work Location(s):		Date:	
Workers/Visitors:	Name	Time On-Site	Time Off-Site
__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
COVID-19 Supervisor	Name:	Time On-Site	Time Off-Site
Signature:			
Work Location(s):		Date:	
Workers/Visitors:	Name	Time On-Site	Time Off-Site
__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
COVID-19 Supervisor	Name:	Time On-Site	Time Off-Site
Signature:			

COVID-19 PRECAUTIONS – DAILY LOG

Jobsite Address:			
Work Location(s):		Date:	
Workers/Visitors:	Name	Time On-Site	Time Off-Site
__ Worker __ Visitor			
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__ Worker __ Visitor			
__ Worker __ Visitor			
COVID-19 Supervisor	Name:	Time On-Site	Time Off-Site
Signature:			
Work Location(s):		Date:	
Workers/Visitors:	Name	Time On-Site	Time Off-Site
__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
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__ Worker __ Visitor			
__ Worker __ Visitor			
__ Worker __ Visitor			
COVID-19 Supervisor	Name:	Time On-Site	Time Off-Site
Signature:			