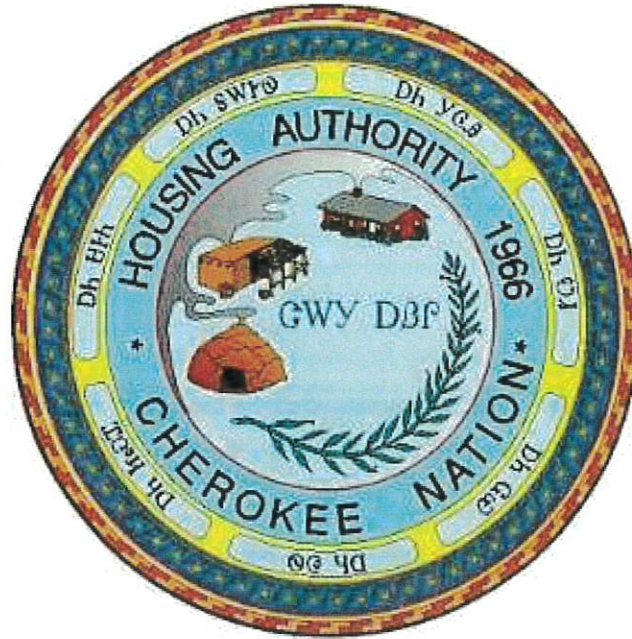


# REQUEST FOR BIDS



**Housing Authority of the Cherokee Nation  
P.O. Box 1007  
Tahlequah, OK 74465  
(918) 456-5482**

**RFB for the Construction of Seventeen (17) individual  
3 and 4-Bedroom homes located in Muskogee & Sequoyah  
Counties within Cherokee Nation Reservation**

**Bid Solicitation: # 2024-001-054**

**Bids Due: June 21, 2024 at 5:00 PM**

## Request for Bids Detailed Announcement

### GENERAL:

The Housing Authority of the Cherokee Nation is seeking bids from qualified contractors for the construction of Seventeen (17) detached single family units (3-bedroom and 4-bedroom) in Muskogee & Sequoyah Counties within the Cherokee Nation Reservation. HACN is posting all the homes together but, homes will be awarded individually (Per Unit). Contractor has the option to bid on as many home(s) as desired, you do not have to bid the entire county or packet. Interested parties are to provide bids to furnish all necessary labor, quality control, licenses, materials, equipment, tools, supplies, permits, insurance, and supervision to complete the entire project and to perform the work require thereof within the time specified after receipt of the "Notice to Proceed". The entire project must be fully completed within 180 working days or \$1,000.00 per working day will be charged to the contractor for each day that work continues beyond the contract end date. Contract extensions will only be allowed under extenuating circumstances. The Scope of Work and Specifications are available in the bid packet, along with all information and all necessary form documents.

Bid will be awarded to the lowest, most responsive/responsible bidder. HACN reserves the right to evaluate each individual unit bid and will award per unit. A contract will be executed for each individual unit awarded. The subsequent contract must be fully executed within (10) ten days of award or the bid will become null and void, and the next lowest most responsive/responsible bid will be considered. Contract award will be subject to the availability of funds.

HACN reserves the right to reject any and all bids. HACN reserves the right to determine if a bid meets stated requirements, and to award a contract that is in the best interest of the HACN, considering but not limited to the total cost and capability of the bidder. Bidders are responsible for all costs associated with the preparation and submission of bids. No bidder may withdraw their bid within 30 days after closing date.

### BID PACKET:

A **Non-Mandatory** pre-bid conference will be held **June 6, 2024 at 10:00 A.M.** in the HACN Administration Conference Room located at 1500 Hensley Drive in Tahlequah, Oklahoma. If you do not attend the Pre-Bid, bid packets will be available on the Cherokee Nation Procurement Website, [www.cherokeebids.org](http://www.cherokeebids.org) (this will be a large packet with several pages to print).

**Bids will be accepted from Cherokee (Tribal) Indian and Non-Indian bidders** who have picked up or downloaded a bid packet. Interested parties should visit the job sites and acquaint themselves with the exact nature of work to be performed following the pre-bid conference. To schedule a site visit contact **Randy Bogart at (918) 316-9139.**

**The deadline for submitting bids is June 21, 2024, at 5:00 P.M. BIDS MUST BE RECEIVED ON OR BEFORE THE DEADLINE TO BE CONSIDERED. BIDS MUST BE CLEARLY MARKED "TURNKEY CONSTRUCTION RFB # 2024-001-054."** Late bids will not be accepted and will be returned unopened.



Bids may be mailed to P.O. Box 1007 Tahlequah, OK 74465 ATTN: Baylee Scott, emailed to Baylee Scott at [baylee.scott@hacn.org](mailto:baylee.scott@hacn.org) or hand delivered to Baylee Scott, at 5006 S. Muskogee Avenue, Tahlequah, OK 74464 by or before **June 21, 2024 at 5:00 P.M.**

For this project, Davis-Bacon *Wage Rate* are applicable and included in the bid packet. Any state or Tribal law requiring the payment of wage rates that exceed the corresponding Federal rate is inapplicable and shall not be enforced.

### **INDIAN PREFERENCE:**

Indian preference will be given only to contractors who provide proof of current certification from the Cherokee Nation Tribal Employments Rights Office (TERO) located in Tahlequah, OK. Proof of TERO certification must be included with the bid. This bid is subject to Section 7 (b) of the Indian Self- Determination and Education Assistance Act (25 U.S.C. 405 e), which requires in part, that to the greatest extent feasible, preference in the award of the contracts and subcontracts shall be given to Indian Organizations and Indian Owned Economic Enterprises. Cherokee Nation TERO requirements apply, including fee of ½ of 1% of contract award. The successful contractor must complete the TERO Labor Agreement and pay all applicable fees, including \$25 per day for every non-Indian employee working on this project in accordance with Legislative Act 01-14. Please contact TERO at 918-453-5334 with any questions. The successful bidder must have all fees and paperwork submitted to TERO for a contract to be considered fully executed.

TERO information included in the packet, for any questions please contact them directly. It is presumed that you understand their requirements by submitting your bid.

## **Information for Bidders**

### **Bid Documents**

The Housing Authority of the Cherokee Nation (hereinafter "HACN") invites bids on the attached bid form. All sections of the form must be completed.

Bids prepared and submitted in accordance with these provisions may be considered informal; HACN may waive any informalities (immaterial variations) or reject any and all bids. Any bid may be withdrawn prior to the scheduled bid opening or authorized postponement. Any bid received after the specified deadline will not be considered and will be returned unopened.

### **Qualifications of Bidder**

The HACN may make such investigations as deemed necessary to determine the ability of the bidder to perform the work, and the bidder shall furnish to the HACN all such information and data for this purpose as the HACN may request. The HACN reserves the right to reject any bid if the evidence submitted by, or investigation of, such bidder fails to satisfy the HACN that the bidder is properly qualified to carry out the obligations of the contract and to complete the work. Conditional bids will not be accepted.

**Debarment, Suspension, proposed Debarment, and other Responsibility Matters:**

No Contracts/Purchase Orders shall be awarded to debarred, suspended, or ineligible contractors-under Executive Order 12549 (Debarment and Suspension). Contractors may be suspended, debarred, or determined ineligible by HUD regulations (24 CFR Part 24) or by other Federal agencies (e.g., Department of Labor, for violations of Labor Regulations) when necessary to protect the Housing Authority of the Cherokee Nation in its business dealings. The HACN may suspend or debar a contractor under state, local or tribal laws as applicable.

The responding party certifies to the best of its knowledge and belief that the person, the firm, or any of its principals are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency or Indian Tribe. The bidder will also certify they have not, within a three-year period preceding this Request for Bid:

- Been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, Local or Tribal) contract or subcontract; violation of Federal or State anti-trust statutes relating to the submission of offers; or commissions of embezzlement, theft, forgery, bribery, falsifications or destruction of records, making false statements, and are not presently indicted for, or otherwise criminally or civilly charged by governmental entity with, commission of any of the offenses enumerated in this provision, or
- Had one or more contracts terminated for default by a Federal, State, Local or Tribal agency.

The responding party shall provide immediate written notice to the HACN if, at any time prior to contract award, the person learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

**Subcontracts:**

The successful bidder is specifically advised that any person, firm, or other party to whom it is proposed to award a subcontract under this contract must be approved by the HACN, and the TERO office must be consulted prior to any subcontractor being on site to ensure all appropriate forms, paperwork and approvals are in place. The successful bidder will be required to complete the Request for Acceptance of Subcontractor at the time of the contract signing if a subcontractor is to be utilized. All sums due to any suppliers or subcontractors must be paid and Lien Waivers submitted to HACN prior to any draw being released to Contractor.

**Insurance Requirements: (For Successful Bidder Only)**

Before performing contractual services on behalf of the HACN, compliance with the following insurance requirements must be verified. Provide an original Certificate of Insurance naming the Housing Authority of the Cherokee Nation as a certificate holder.

Certificate should read:

Housing Authority of the Cherokee Nation  
Attn. Contracts Dept.  
P.O. Box 1007  
Tahlequah, Oklahoma 74465

The certificate should contain the following information:

1. Type of Insurance
2. Policy number
3. Effective date
4. Expiration date
5. Limits of Liability (this amount is usually stated in thousands)
6. Ten-day cancellation clause

**Required Coverage:**

**1. Worker's Compensation and Employer's Liability:**

**Limits of Liability:**

**Bodily Injury by Accident: \$100,000 each accident**

**Bodily Injury by Disease: \$500,000 policy limit**

**Bodily Injury by Disease: \$100,000 each employee**

**Oklahoma Statute requires Worker's Compensation coverage for anyone with one (1) or more employees. \*\*Exclusion Forms must be certified through the State of Oklahoma \*\***

**2. General Liability:**

**Coverage:**

**Comprehensive (including products/completed operations)**

**Limits of Liability:**

**Bodily Injury and Property Damage Combined: \$100,000  
(Each Occurrence)**

**3. Automobile Coverage:**

**Vehicles Covered:**

**All Autos**

**Bodily Injury and Property Damage Combined: \$100,000**

**Hired Autos**

**Non-Owned Autos**

**Limits of Liability:**

**4. Builders Risk:**

**Builders Risk in the amount of the project is required for all development construction contracts and shall be supplied by the contractor. The Builders Risk Policy must be in effect for the entire term of the contract, including any approved extensions.**

Note: The Contractor shall either: (1) during the life of his subcontract, require each of his subcontractors to procure and to maintain Subcontractor's Public Liability and Property Damage Coverage or the same types of coverage in the same amounts as specified above, or (2) insure the activities of this subcontractors in his own policy.

### **Interpretation of the Bid Documents**

Every request for interpretation of the meaning of the plans, specifications, or other pre-bid documents must be submitted in written format to Housing Authority of the Cherokee Nation. Requests may be e-mailed to [baylee.scott@hacn.org](mailto:baylee.scott@hacn.org) or faxed to (918) 431-9306, Attention: Baylee Scott. **No interpretation of the meaning of the plans, specifications, or other pre-bid documents will be made to any bidder orally.**

To be given consideration, interpretation request must be received by **June 14, 2024 at 2:00 p.m.**

Any and all such interpretations and any supplemental instruction will be in the form of written addenda to the specifications which, if issued, will be posted with bid announcement on the CHEROKEE NATION PROCUREMENT WEBSITE, [www.cherokeebids.org](http://www.cherokeebids.org) under HACN Procurements. Clarifications to Interpretations for this bid shall be posted by **June 17, 2024 at 5:00 p.m.**

**No additional interpretations will be addressed once HACN response is posted on the CN procurement website.**

Failure of any bidder to receive any such addendum or interpretation shall not relieve the bidder from any obligation under his bid as submitted. All addenda become part of the contract documents.

The failure or omission of any bidder to examine any form, instrument or document shall in no way relieve any bidder from any obligation in respect of his bid.

### **Site Inspections**

At the time of the opening of bids, each bidder will be presumed to have:

- Inspected the sites.
- Familiarized themselves with any existing conditions.
- Read and became thoroughly familiar with the plans and contract documents (including all addenda).

**Site Inspections may be scheduled for eligible bidders who have received their bid packets by contacting Randy Bogart at (918) 316-9139.**

**The HACN reserves the right to reject any and all bids in connection with this RFB. At the execution of a contract, or at the rejection of all bids.**



**MANDATORY BID RESPONSE SPREADSHEET – HACN  
BID SOLICITATION # 2024-001-054**

The General Contractor, as Bidder, agrees to perform all work as shown and called for in the scope of work and specifications for the HACN.

The work will be completed within 180 workdays of acceptance of this proposal, a fully executed contract, and receipt of a Notice to Proceed. The Bidder agrees to furnish all necessary labor, quality control, licenses, material, equipment, tools, supplies, permits, insurance and supervision to complete the entire project and to perform the work required thereof.

**MUSKOGEE COUNTY (6 units)**

Jeffrey Barnett – Unit #75247 – (Gable Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

<https://maps.app.goo.gl/suTTCqBikC6FvWZ98>

Magebracht (Maggie) Edwards - Unit # 75412 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[19321 S 65th St E - Google Maps](https://maps.app.goo.gl/19321S65thStE)

Albert Girty - Unit # 75415 (GABLE Roof)-Handicap unit

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[5571 US-64 - Google Maps](https://maps.app.goo.gl/5571US-64)

Sequoyah & Diana Girty - Unit # 75374 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[5515 US-64 - Google Maps](https://maps.app.goo.gl/5515US-64)

Riley & Grace Kilpatrick - Unit # 75391 (HIP Roof)

3 Bedroom – Bid Amount \$ \_\_\_\_\_

[12721 S 45th St E - Google Maps](https://maps.app.goo.gl/12721S45thStE)

Clorissa Smith - Unit # 75373 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[293 Oak Ridge Rd - Google Maps](#)

**SEQUOYAH COUNTY (11 units)**

Kelsi Brooks - Unit # 75421 (HIP Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[112 Campbell St - Google Maps](#)

Anderson & Haley Falkner- Unit # 75389 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[505 4th St - Google Maps](#)

Nathaniel Hamilton - Unit # 75408 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[207 Fargo St - Google Maps](#)

Tera & Daniel Lockhart - Unit # 75359 (GABLE Roof)

3 Bedroom – Bid Amount \$ \_\_\_\_\_

No google link available

Steven Astre & Taben Morris- Unit # 75369 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[104775 S 4737 Rd - Google Maps](#)



Michael & Karen Peterson - Unit # 75354 (GABLE Roof)-Handicap unit

3 Bedroom – Bid Amount \$ \_\_\_\_\_

[466245 E 1050 Rd - Google Maps](#)

Gary & Jennifer Pritchett - Unit # 75401 (GABLE Roof)

3 Bedroom – Bid Amount \$ \_\_\_\_\_

[479872 E 995 Rd - Google Maps](#)

Easta Ramirez - Unit # 75409 (GABLE Roof)

3 Bedroom – Bid Amount \$ \_\_\_\_\_

[459375 E 1117 Rd - Google Maps](#)

Cade Real- Unit # 75254 (GABLE Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[104488 S 4580 Rd - Google Maps](#)

Karen & Tim Williams - Unit # 75376 (HIP Roof)

4 Bedroom – Bid Amount \$ \_\_\_\_\_

[109228 S 4751 Rd - Google Maps](#)

Shawna & Charles Wilson- Unit # 75345 (GABLE Roof)

3 Bedroom – Bid Amount \$ \_\_\_\_\_

[106656 S 4528 Rd - Google Maps](#)

Septic Systems and Wells will be provided via a separate bid.

NOTE TO BIDDERS REGARDING (CHEROKEE) TRIBAL OR INDIAN PREFERENCE:

TERO Certified Contractor: \_\_\_\_\_ YES \_\_\_\_\_ NO (check one)  
(Proof of Certification must accompany all bids)

**By signing this bid document, I understand that after the home has been completed, I will be held to a 1-Year Warranty Period.**

SUBMITTED BY:

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
PRINT NAME & TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

**Drug Free and Tobacco Free Workplace:**

- a) Any contractor performing work for the HACN agrees to publish a statement notifying all employees, subcontractors and other workers that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against violators of such prohibition.
- b) The HACN will consider lack of enforcement or lax enforcement of the statement by the Contractor a default of the contract.
- c) The Contractor further agrees to provide all persons engaged in performance of the contract with a copy of the statement.
- d) A copy of the Contractor's Drug Free Workplace Statement shall be included with any bid submitted or the Contractor will be deemed to accept and agree to use the statement provided by the HACN.
- e) The Contractor understands and recognizes that all HACN buildings, whether leased or owned, and the grounds surrounding those facilities are considered by the HACN to be a tobacco free workplace. The Contractor will ensure all employees, subcontractors, and other workers abide by this policy.

**Please mark one and sign:**

I have my own (Contractor's) Drug/Tobacco Free Policy/Statement \_\_\_\_\_

(Attach your policy/statement and sign and date bottom)

I agree to the HACN's Drug/Tobacco Free Policy/Statement: \_\_\_\_\_

---

**Signature**

**Date**

**PREPARATION OUTLINE**

**The following information must be submitted and signed as indicated with bid. All information must be submitted for any bid to be considered responsive and responsible.**

- a. Preparation Outline (this form, must be signed and dated)
- b. Mandatory Bid Response Form
- c. TERO Certification (Bidder to provide if applicable)
- d. Non-Collusive Affidavit
- e. Previous Work History Form
- f. Contractors Drug Free Workplace Statement or Agreement to follow HACN Drug Free Workplace statement (Copy of contractors or signed statement to agree to HACN) must be included in bid.

**SPECIAL INSTRUCTIONS**

**\*\* Be advised that all responsive proposals will be evaluated as outlined in this solicitation packet.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date



**NON-COLLUSIVE AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposed and says

that he/she is a partner or officer of the firm of \_\_\_\_\_,

the party making and foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion or communication or conference, with any person to fix the bid price of affiant or any other bidder, or to fix overhead, profit or cost element of said bid price, or that of any other bidder, or to secure any advantage against the Housing Authority of the Cherokee Nation, or any person interested in the proposed contract; and, that all statements in said proposal or bid are true.

Signed: \_\_\_\_\_

(Bidder, if the bid is an individual;  
Partner, if the bid is a partnership;  
Officer, if the bid is a corporation)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Number

**BID SOLICITATION #2024-001-054 - SUPPLEMENTAL BID INFORMATION ON SEPTIC SYSTEMS**

The General Contractor, as Bidder, agrees to perform all work as shown and called for in the Scope of Work and Specifications for the HACN.

- Conventional Septic System - that includes Perc Test, Lateral Field of up to 540 ft. including any Rock Clause and all DEQ required paperwork.

\$ \_\_\_\_\_

- Aerobic System - that includes Perc Test/Soil Profile and up to 3 Sprinkler Heads up to 11,544 Square ft. of surface application, including any Rock Clause and all DEQ required paperwork.

\$ \_\_\_\_\_

Additional line item for each additional sprinkler heads per Perc/Soil Profile

\$ \_\_\_\_\_

Additional line item for Nitrogen Reduction System \$ \_\_\_\_\_

**Time to Complete – Installation of systems will ONLY begin after DEQ Perc/Profile has been received in this Office and the Contractor has the Purchase Order in hand. Contractor must contact the Inspector prior to installation.**

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PRINT NAME & TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE

**Units requiring wells:**

Contractor will be responsible for drilling the well, submitting all well drilling reports, test pump data sheets and performing all chemical analysis and Bac T testing. Testing must be performed by a certified laboratory. Contractor will be responsible for getting the Electric to the site for the completion of the well and the labor and materials to connect the well from the well house to the home.

**Well drilling cost:**

Indicate your cost for 150' minimum charge \$ \_\_\_\_\_

Cost per additional foot beyond 150' \$ \_\_\_\_\_ per foot

Steel Casing (20ft. minimum charge) \$ \_\_\_\_\_

Cost per additional foot beyond 20 ft. \$ \_\_\_\_\_ per foot

Cement grout per well-\$ \_\_\_\_\_

Completion of each well system \$ \_\_\_\_\_ includes the following: (Beyond drilling)

64x80 panel walk in well house, use pit less adaptor on well and build well house and top out away from casing/drill site minimum 20 ft. surge suppressor/lighting arrester for all components including pump. Chemical analysis and Bac T testing.

Well drilling and completion may be negotiated with the awarded contractor or removed from the scope of work; this will be clarified with the interpretations.

**US Department of Housing and Urban Development**  
Office of Housing/Federal Housing Commissioner

**US Department of Agriculture**  
Farmers Home Administration

**Part I to be completed by Controlling Participant(s) of Covered Projects**  
*(See instructions)*

**For HUD HQ/FmHA use only**

Reason for submission:		2. Project Name, Project Number, City and Zip Code	
1. Agency name and City where the application is filed		5. Section of Act	
3. Loan or Contract amount \$	4. Number of Units or Beds	6. Type of Project (check one) <input type="checkbox"/> Existing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Proposed (New)	

**7. List all proposed Controlling Participants and attach complete organization chart for all organizations showing ownership %**

Name and address (Last, First, Middle Initial) of controlling participant(s) proposing to participate	8 Role of Each Principal in Project	9. SSN or IRS Employer Number (TIN)

1. Schedule A contains a listing, for the last ten years, of every project assisted or insured by HUD, USDA FmHA and/or State and local government housing finance agencies in which the controlling participant(s) have participated or are now participating.
2. For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:
  - a. No mortgage on a project listed has ever been in default, assigned to the Government or foreclosed, nor has it received mortgage relief from the mortgagee;
  - b. The controlling participants have no defaults or noncompliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;
  - c. There are no known unresolved findings as a result of HUD audits, management reviews or other Governmental investigations concerning the controlling participants or their projects;
  - d. There has not been a suspension or termination of payments under any HUD assistance contract due to the controlling participant's fault or negligence;
  - e. The controlling participants have not been convicted of a felony and are not presently the subject of a complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
  - f. The controlling participants have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency;
  - g. The controlling participants have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond;
3. All the names of the controlling participants who propose to participate in this project are listed above.
4. None of the controlling participants is a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of Conduct in 7 C.F.R. Part 0 Subpart B.
5. None of the controlling participants is a participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification, have not been filed with HUD or FmHA.
6. None of the controlling participants have been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105(e). (If any controlling participants have been found to be in noncompliance with any requirements, attach a signed statement explaining the relevant facts, circumstances, and resolution, if any).
7. None of the controlling participants is a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
8. Statements above (if any) to which the controlling participant(s) cannot certify have been deleted by striking through the words with a pen, and the controlling participant(s) have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances.
9. I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).

Name of Controlling Participant		Signature of Controlling Participant	Certification Date (mm/dd/yyyy)	Area Code and Tel. No.
This form prepared by (print name)		Area Code and Tel. No.		



**Schedule A: List of Previous Projects and Section 8 Contracts.** Below is a complete list of the controlling participants' previous participation projects and participation history in covered projects as per 24 CFR, part 200 §200.214 and multifamily Housing programs of FmHA, State and local Housing Finance Agencies, if applicable. **Note:** Read and follow the instruction sheet carefully. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If no previous projects, write by your name, "No previous participation. First Experience".

1. Controlling Participants' Name (Last, First)	2. List of previous projects (Project name, project ID and, Govt. agency involved)	3. List Participants' Role(s) (indicate dates participated, and if fee or identity of interest participant)	4. Status of loan (current, defaulted, assigned, foreclosed)	5. Was the Project ever in default during your participation Yes No If yes, explain	6. Last MOR rating and Physical Insp. Score and date

**Part II - For HUD Internal Processing Only**

Received and checked by me for accuracy and completeness; recommend approval or refer to Headquarters after checking appropriate box.

Date (mm/dd/yyyy)	Tel No. and area code	<input type="checkbox"/> A. No adverse information; form HUD-2530 approval recommended. <input type="checkbox"/> B. Name match in system <input type="checkbox"/> C. Disclosure or Certification problem <input type="checkbox"/> D. Other (attach memorandum)
Staff	Processing and Control	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Date (mm/dd/yyyy)
Signature of authorized reviewer		Signature of authorized reviewer

### **Instructions for Completing the Previous Participation Certificate, form HUD-2530**

Carefully read these instructions and the applicable regulations. A copy of the regulations published at 24 C.F.R. part 200, subpart H, § 200.210-200.222 can be obtained on-line at [www.gpo.gov](http://www.gpo.gov) and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Incomplete form will be returned to the applicant.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. **Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Account Executive.

**Purpose:** This form provides HUD/USDA FmHA with a certified report of all previous participation in relevant HUD/USDA programs by those parties submitting the application. The information requested in this form is used by HUD/USDA to determine if you meet the standards established to ensure that all controlling participants in HUD/USDA projects will honor their legal, financial and contractual obligations and are of acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify and submit your record of previous participation, in relevant projects, by completing and signing this form, before your participation can be approved.

***HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.***

***Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.***

**Who Must Sign and File Form HUD-2530:** Form HUD-2530 must be completed and signed by all Controlling Participants of Covered Projects, as such terms are defined in 24 CFR part 200 §200.212, and as further clarified by the Processing Guide (HUD notice H 2016-15) referenced in 24 CFR §200.210(b) and available on the HUD website at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfl/prevparticipation](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfl/prevparticipation).

**Where and When Form HUD-2530 Must Be Filed:** The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects listed in 24 CFR §200.214 and for the Triggering Events listed at 24 CFR §200.218.

**Review of Adverse Determination:** If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration in accordance with 24 CFR §200.222 and further clarified by the Processing Guide. Request must be made in writing within 30 days from your receipt of the notice of determination.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law 42 U.S.C. 3535(d) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved controlling participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a controlling participant may not participate in a proposed or existing multifamily or healthcare project. HUD uses this information to evaluate whether or not controlling participants pose an unsatisfactory underwriting risk. The information is used to evaluate the potential controlling participants and approve only individuals and organizations that will honor their legal, financial and contractual obligations.

**Privacy Act Statement:** The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN. Failure to provide any of the information will result in your disapproval of participation in this HUD program. APPS SORN could be accessed in Federal Register / Vol. 81, No. 146 / Friday, July 29, 2016 / Notices (Docket No. FR-5921-N-10] Implementation of the Privacy Act of 1974, as Amended; Amended System of Records Notice, Active Partners Performance System).

**PRA Statement:** The public reporting burden is estimated at 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, US Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0118. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The collection is authorized by 12 U.S.C. 1702-1715z; 42 U.S.C. 3535(d). HUD form 2530 is created to collect information as mandated by 24 CFR Part 200. The HUD-2530 form is used to protect HUD's Multifamily Housing and Healthcare programs by comprehensively assessing industry participants' risk. It is the Department's policy that participants in its housing programs honor their legal, financial, and contractual obligations. Accordingly, uniform standards are established for approvals, disapprovals, or withholding actions on principals in projects, based upon their past performances as well as other relevant information. Respondents such as owners, management agents, master tenants, general contractors, and nursing home operators are subject to review. The information on this form needs to be collected by the Department to evaluate participants' previous performance and compliance with contracts, regulations, and directives.



## Housing Authority of the Cherokee Nation

### PREVIOUS WORK HISTORY FORM

**NOTE:** This form is a required submission from each bidder/offeror and is used as documentation to determine responsible bidders/offerors. In the spaces below complete all information requested, providing all telephone numbers and any available facsimile numbers for all employers, companies and vendors listed. In the disclosure space enter any defaults, assignments or foreclosures.

Employer/Company name, address, phone & fax	Contract Amount	Amt. & Size of Units	Describe type of work performed/completed - provide begin & complete dates	Disclosures	Contractor's Current & previous vendors - give address & phone/fax

Please attach additional sheets as required to sufficiently provide a minimum of 3 years work history