

**SRDP PROJECT INFORMATION:**

SRDP Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Documentation must be provided with this form that demonstrates the construction company been in business for at least five years of continuous operation, operating under the same business name. Submit the following:
  - Documentation company is in good standing with the SC Secretary of State
  - Copy of most current license issued by SC Department of Licensing, Labor and Regulations
  - Completed W-9
  - How many years has the construction company been in continuous operation? \_\_\_\_\_
  - Debarment Certification Exhibit 8
  
2. Provide a list of similar projects the construction company has successfully completed during the last five (5) years. Include the following information for each project :
  - Project Name
  - Project Owner
  - Project Address
  - # of Units and Type (affordable, market rate)
  - Construction Start/End dates
  - Project Type (New Construction, Rehab, Adaptive Re-Use, Conversion)
  - Description of Funding Sources
  - Color Photos of Completed Projects
  
3. Provide the construction company's organizational chart (including employee names and titles) and employee roster. Construction company must have full-time permanent employees, including full-time on-site job superintendents/ project managers. Provide the following information for each employee:
  - Employee Name
  - Job Title
  - Resumes of all key staff members and principles
  - Description of responsibilities and job duties
  - Type (i.e. full-time/part-time)
  
4. If use of the construction company is permitted by SC Housing, the construction company will be required to meet all bonding and insurance requirements as described in the SRDP Application and Implementation Manuals prior to executing the construction contract.

Does the construction company have the required financial capacity to meet the bonding and insurance requirements?  
 \_\_\_\_\_yes \_\_\_\_\_ no

Person Completing IOI Request Package:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_