



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Procurement & Contracts Department

340 N. 11th Street, Suite 180, Las Vegas, NV 89101

Phone (702) 477-3140 Fax (702) 922-7050 TDD (702) 387-1898

REQUIRED TO DO BUSINESS WITH SNRHA:

BACKGROUND CHECK, INSURANCE AND LICENSES

BACKGROUND REGISTRATION RECOMMENDATION:

A background check on your company will be performed by SNRHA, we recommend that you register with SAM (System for Award Management). You do so at www.sam.gov (see attached instructions). Upon completing your registration you will be provided a Notice of Completion Letter. Please forward a copy of that letter to SNRHA Procurement Department at [702-922-7050](tel:702-922-7050) or email procurement@snvrha.org.

REQUIRED INSURANCE POLICIES:

The Contractor shall maintain the following insurance coverage during the effective terms of SNRHA Contract(s):

1. Policy of **General Liability** Insurance, \$1 million per occurrence and \$2 million aggregate and if applicable, Products Liability. This coverage shall include fire damage of \$50K, medical expenses/personal injury of any one person \$5K and a deductible not greater than \$1K. **The SNRHA shall be named as an additional insured on the certificate and the Contractor shall provide an endorsement stating the same.** In the event the Contractor carries a deductible higher than \$1K, in lieu of the required deductible, the Contractor shall provide a certified statement of its financial viability or provide an umbrella of additional coverage.
2. **Professional Liability/Errors & Omissions** Insurance, if applicable with minimum limits of \$1M per occurrence and \$2M aggregate. **FOR CONSULTANTS ONLY**
3. **Worker's Compensation** Insurance for all Contractors/Lessees that employ more than one person.
4. Evidence of **Auto Liability** Insurance, \$1M combined single limit or evidence of coverage for all vehicles that will be driven on SNRHA property used in conjunction with the Contract.

REQUIRED LICENSE INFORMATION:

The Contractor/Lessee shall provide to the SNRHA copies of all REQUIRED current City, State and/or Federal licenses used to perform the services it provides.

NOTE: A City of Las Vegas Business License is not required pursuant to the Nevada Municipal Code, Supp. No. 79, 12—02, Section 6.02.065D, if a nonprofit professional service organization provides all of its services to the public at no cost and has received tax exempt status pursuant to Title 36 U.S.C Section 502c. The Contractor/Lessee shall provide to the SNRHA evidence of its exempt status.

CERTIFICATE HOLDER'S INFORMATION:

SNRHA, Procurement & Contracts
Post Office Box 1897
Las Vegas, NV 89125

Send by mail: SNRHA, Procurement & Contracts | Post Office Box 1897 | Las Vegas, NV 89125
Or by email: procurement@snvrha.org



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DISCLOSURE OF OWNERSHIP

INSTRUCTIONS: This form must be completed by the General/Prime Contractor, each Sub-contractor and Joint Venture Partnerships. Please provide copies of all Business Licenses, Articles of Incorporation, etc., and WBE, MBE Section 3, RBE Certifications with this form.

* REQUIRED FIELDS

*Company Name, *Address, *City, State & Zip, *Telephone, Fax, *Primary Contact, *Title, *Email Address, *Federal Tax Identification Number, SAM UEI #, *Business License Number, State of Nevada Contractor's License Number, If any

NAME AND TITLE OF PRINCIPALS OF YOUR COMPANY AUTHORIZED TO SIGN ON ITS BEHALF
Disclosure of all owners (100%) must be disclosed. Please list additional principals on a separate sheet of paper.

*Name, *Title, % Owned (table with 3 columns)

*SUPPLIER DIVERSITY STATEMENT: IF YOU DO NOT COMPLETE THIS AREA, WE CANNOT ADD YOUR FIRM TO OUR ELIGIBLE LIST. SNRHA receives federal funding; we MUST report to the government our supplier diversity efforts. This Information is used for coding and reporting purposes only and will not affect the ability of your firm to do business with our agency. Resident (RBE) Minority (MBE) or Women-Owned (WBE) Business Enterprise qualifies by virtue of 51% or more of the ownership and active management by one or more of the following (check all that apply):

Male Owned, Woman Owned, Asian/Pacific, African American, SEC 3/RBE Certification #, Small Business Certification #, Public Held Corporation, Caucasian American, Hasidic Jew, Veteran, Disabled, Government Agency, Native American, Asian/Indian, W/MBE Certification#, HUB ZONE Certification #, Emerging Small Business (ESB) Tier 1, Tier 2, Non-Profit Organization, Hispanic American, SNRHA Resident

*DOES YOUR COMPANY RECEIVE A 1099? YES NO
*ARE YOU REGISTERED WITH SYSTEM FOR AWARD MANAGEMENT (SAM): YES NO If no, please visit WWW.SAM.GOV to register.
*ARE YOU REGISTERED WITH THE GOVERNOR'S EMERGING SMALL BUSINESS PROGRAM (ESB) YES NO If no, please do so at https://diversifynevada.com. Registering with this Program may provide more financial opportunities for your business.
*DEBARRED STATEMENT: Has this firm or any principles ever been disbarred from providing any items or services by any local, state or federal governmental agency? YES NO If yes, please attach a full detailed explanation, including dates, circumstances and current status.
*DISCLOSURE STATEMENT: Does/has this firm or any principal have/had any personal or professional relationship with any commissioner or officer of the SNRHA? YES NO If yes, please attach a full detailed explanation, including dates, circumstances and current status.

The undersigned hereby affirms that he/she is empowered to sign this form and requests that the above-noted firm be added to the SNRHA's list of firms eligible to do business with the SNRHA. The undersigned further affirms that, to the best of his/her knowledge, the above information is current and accurate, and acknowledges on behalf of the noted firm that the non-response of two (2) consecutive invitations to provide quotes/bids/proposals by the SNRHA will give the SNRHA the right to remove that firm from its list of eligible firms.

INSURANCE: Copy of insurance certificate must be provided immediately upon Notice of Award of contract, naming the SNRHA as the Certificate Holder and as an additional insured regarding General Liability.

General Liability Insurance Policy # and Carrier:
Workman's Compensation Policy # and Carrier:
Automobile Liability Insurance Policy # and Carrier:

Signature, Date, Printed Name



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DISCLOSURE OF CONFLICT OF INTEREST

TO BE REVIEWED AND RESPONDED TO, WHETHER OR NOT SUCH CONFLICT(S) EXIST. THIS FORM MUST BE SIGNED AND DATED BY ENTITY'S REPRESENTATIVE AND RETURNED ALONG WITH THE DISCLOSURE OF OWNERSHIP FORM.

- 1.0 Ethics in Public Contracting: Ethical standards apply not only to PHA employees and Contracting Officers but to others with a vested interest in PHA contracts such as members of the Board of Commissioners, other officials and agents of the authority, and contractors with whom the PHA does business. Please refer to Handbook No. 7460.8 Rev 2, Chapter 4, which explains the specific ethical requirements for PHA contracting 24 CFR 85.36 (b)(3).
- 1.1 Principles: Members of the Board of Commissioners, PHA employees, and any others serving in an official position or acting as an agent of the PHA (hereafter referred to as employees, officers, or agents) must discharge their duties impartially to ensure fair competitive access to procurement opportunities by responsible contractors. Moreover, employees, officers, and agents should conduct themselves in such a manner as to foster the public's confidence in the integrity of the PHA procurement organization and process. Any attempt to realize personal gain through PHA employment or to serve as an officer or agent of the PHA through actions inconsistent with the proper discharge of duties is a breach of public trust.
- 1.2 Conflicts of Interest (24 CFR 85.36(b)(3) and Section 19 of the Annual Contribution Contract (ACC) between HUD and Public Housing. PHAs must observe the following conflict of interest prohibitions:
 - 1.2.1 No PHA employee, officer, or agent shall participate in the selection, award or administration of a contract supported by Federal funds if a conflict of interest, financial or otherwise, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of his or her immediate family; his or her partner; or an organization which employs or is about to employ any of the above, has a financial or other interest in the firm selected for the award.
 - 1.2.2 Immediate family is defined as: father, mother, sister, brother, son, daughter, wife, husband, grandparents, stepparents, in-law, sister-in-law, son-in-law, daughter-in-law, uncle and aunt and legal guardian and legal ward. Uncle and Aunt shall be defined as brother and sister of your biological father or mother.
 - 1.2.3 In addition to any other applicable conflict of interest requirements, neither the PHA nor any of its contractors or their subcontractors may enter into any contract, subcontract, or arrangement in connection with a project under the ACC in which any of the following classes of people have an interest, direct or indirect, during his or her tenure or for one year thereafter:
 - 1.2.3.1 Any present or former member or officer of the governing body of the PHA, or any member of the officer's immediate family. There shall be excepted from this prohibition any present or former tenant commissioner who does not serve on the governing body of a resident corporation, and who otherwise does not occupy a policymaking position with the resident corporation, the PHA or a business entity.



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- 1.2.4 Any employee of the PHA who formulates policy or who influences decisions with respect to the project(s), or any member of the employee's immediate family, or the employee's partner.
 - 1.2.5 Any public official, member of the local governing body, or State or local legislator, or any member of such individuals' immediate family, who exercises functions or responsibilities with respect to the project(s) of the PHA. (Note: For additional important provisions see Section 19 of the ACC)
 - 1.2.6 No present or former PHA employee, officer, or agent shall engage in selling or attempting to sell supplies, services, or construction to the PHA for one year following the date such employment ceased (see Sections 515 of the old ACC, form HUD-53011, dated 11/69, and Section 19 of the new ACC, form HUD-53012A, dated 7/95). The term "sell" means signing a bid or proposal, negotiating a contract, contacting any PHA employee, officer, or agent for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling contract disputes; or any other liaison activity with a view toward the ultimate consummation of a sale, although the actual contract is negotiated by another person.
- 1.3 The undersigned hereby confirms and attest that he/she is empowered to sign this form and further affirms that, to the best of his/her knowledge there is or is not an apparent Conflict of Interest.

NOTE: If there is a conflict of interest, Proposers/Bidders must provide this information to SNRHA during the Solicitation process. Failure to do so shall be grounds to consider the Proposal/Bid non-responsive.

Please identify the Conflict of Interest below: (Add supplemental sheet if required)

| PERSON NAME | TITLE | RELATIONSHIP |
|-------------|-------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I certify that the above information is true.

Name: *(print)*

Title:

Signature:

Date:



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SERVICES TYPICALLY PURCHASED BY THE SNRHA

(PLEASE CHECK ALL THAT APPLY)

COMMODITIES:

- | | |
|---|--|
| <input type="checkbox"/> Air - HVAC | <input type="checkbox"/> Glass - Window |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> Audiovisual Equipment | <input type="checkbox"/> Janitorial Supplies |
| <input type="checkbox"/> Auto Parts | <input type="checkbox"/> Lock Supplies |
| <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Lubricants |
| <input type="checkbox"/> Building Supplies - Lumber | <input type="checkbox"/> Motors |
| <input type="checkbox"/> Carpet & Flooring | <input type="checkbox"/> Office machines |
| <input type="checkbox"/> Cellular Telephones | <input type="checkbox"/> Paint Supplies |
| <input type="checkbox"/> Computer & Accessories | <input type="checkbox"/> Paper products - Janitorial |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Paper products - Office |
| <input type="checkbox"/> Draperies Hardware | <input type="checkbox"/> Plumbing Supplies |
| <input type="checkbox"/> Electrical Supplies | <input type="checkbox"/> Power Equipment |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Printing Forms |
| <input type="checkbox"/> Fastener Supplies | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Sprinklers/Parts/PVC/Pipe |
| <input type="checkbox"/> First Aid Supplies | <input type="checkbox"/> Tires/Tubes |
| <input type="checkbox"/> Fuels | <input type="checkbox"/> Tools - Handpowered |
| <input type="checkbox"/> Gardening Supplies | <input type="checkbox"/> Vehicles, Trucks (Fleet) |
| <input type="checkbox"/> Gases - Industrial | <input type="checkbox"/> Water Heaters |
| <input type="checkbox"/> Glass - Auto | <input type="checkbox"/> Other _____ |

SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Alarm Monitoring | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Answering Service | <input type="checkbox"/> Fire Sprinkler Maintenance/Inspection |
| <input type="checkbox"/> Bath Tub Refinish | <input type="checkbox"/> Hi-Rise Water Systems |
| <input type="checkbox"/> Carpet Cleaning | <input type="checkbox"/> Janitorial Services |
| <input type="checkbox"/> Cellular | <input type="checkbox"/> Newspaper Advertising |
| <input type="checkbox"/> Copier Lease/Maintenance | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Delivery Pick-up | <input type="checkbox"/> Pest Control - Bed Bugs |
| <input type="checkbox"/> Drapery Cleaning | <input type="checkbox"/> Street Sweeping |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Telephone - Maintenance & Repair |
| <input type="checkbox"/> Elevator Maintenance | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Emergency Generators | <input type="checkbox"/> Tree Trimming |
| <input type="checkbox"/> Fax Lease/Maintenance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fire Devices Maintenance/Inspection | |

PROFESSIONAL SERVICES:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Training |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other _____ |

CONSTRUCTION & ARCHITECTURAL ENGINEERING SERVICES:

- | | |
|--|--|
| <input type="checkbox"/> Architectural/Engineering | <input type="checkbox"/> Geo-Technical |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other _____ |



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-11-2009

Employer Identification Number:
27-0910670

Form: SS-4

Number of this notice: CP 575 A

SOUTHERN NEVADA REGIONAL HOUSING
AUTHORITY
% CARL A ROWE
340 NORTH 11TH STREET
LAS VEGAS, NV 89101

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-0910670. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941

01/31/2010

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes* and Publication 4248, *EFTPS (Brochure)*. If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS Web site at <http://www.irs.gov/localcontacts/index.html>. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

