



SRDP	PROJECT	INFORM	ATION
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SRI	DP Project Name:
Pro	ject Address:
Ow	ner Name: Contractor Name:
Coı	ntact Person: Contact Phone:
Coı	ntact 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 that are similar in nature to the scope and nature of the proposed SRDP project (i.e., New Construction, Rehabilitation, and number o Units). 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 <u>on-site</u> 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
Per	rson Completing IOI Request Package:
Naı	me: Title:

Signature: _____ Date: ____