



**Housing Authority  
City of Milwaukee  
809 North Broadway  
Milwaukee, Wisconsin 53202  
(414) 286-5892 Fax: (414) 286-5502**

Prospective Bidders:

Enclosed is a Bidder's List Application form for those of you interested in pursuing business opportunities with the Housing Authority of the City of Milwaukee (HACM).

Please complete and return this form to the address above that we may include your company on our computerized bidder's list. We ask that you include the following information.

1. The names and addresses of three or more current customers.
2. Four of your business cards and one copy of a catalog, pamphlet or brochure (if available).

**NOTE: INSURANCE IS NOT REQUIRED TO BE PLACED ON OUR VENDOR LIST FOR UPCOMING JOBS, but, if awarded a job, the insurance MUST be on file in the Purchasing/Contract Services unit before commencement of work for all services.**

**The HACM may never have a need for some of the services or commodities you provide, and may purchase others only in rare instances. We cannot guarantee that we will be in need of the services or commodities offered by your company. By completing the application form you simply gain eligibility status on our bidder's list should a need for the goods and services arise.**

Thank you for your interest in the Housing Authority's bidders list.

You can also bring up formal bid solicitations at [www.hacm.org](http://www.hacm.org) and click on Procurement. The City has bids on-line at [www.milwaukee.gov](http://www.milwaukee.gov) and the Department of Public Works is at [www.mpw.net](http://www.mpw.net)

**Please return the Bid List Application and the W-9 form. The other pages are general information and do not need to be returned with your application and W-9.**

Purchasing and Contract Services Section



**Housing Authority**  
**City of Milwaukee**  
**809 North Broadway**  
**Milwaukee, Wisconsin 53202**  
**(414) 286-5892      Fax: (414) 286-5502**

### Bidder's List Application

<input type="checkbox"/> New Application <input type="checkbox"/> Name &/or Address Change	Federal I.D. # or Social Security # _____ Date _____	
<b>1. Company's Name and Mailing Address For Bidding, RFP Forms and Purchase Orders</b>  _____ _____ _____  Phone No. ( ) _____ Fax No. ( ) _____	<b>2. Mailing Address for Payments (If different than 1:)</b>  _____ _____ _____  Cell No. ( ) _____ Email: _____	
<b>W-9 must be returned with your application. No payments will be made prior to receipt of W-9.</b>		
<b>3. Type of Organization</b> (Check One): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Corporation, Incorporated <input type="checkbox"/> LLC	<b>4a. How long in present business?</b> _____ <b>4b. Present Location</b> _____	
<b>5. Persons Authorized to Sign Bids, Offers and Contracts</b>		
Name	Official Capacity	Telephone # (Include Area Code)
<b>6. Names of Officers, Members or Owners of Concern, Partnership, Etc.</b> A. President _____ B. Vice President _____ C. Secretary _____ D. Treasurer _____ E. Owners or Partners _____		
<b>7. Is your establishment Minority Owned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check all that apply) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>8. Certification Program's Participant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach Certificate of Participation)	
<b>9. Primary commodities or services you supply:</b> _____ _____		
I hereby certify this information supplied herein is correct.		
Print or Type Name and Title _____		Signature _____

## GENERAL INFORMATION/DEFINITIONS

### 1. GENERAL

- 1.1 Persons/companies interested in being accepted to the Housing Authority of the City of Milwaukee (HACM) Mailing list must file this application with the Purchasing/Contract Services Section.
- 1.2 The supplier must indicate the specific items it can supply, and return a list to the Purchasing/Contract Services Section to be placed on our bid list.
- 1.3 Please notify Purchasing/Contract Services Section immediately of any changes. This includes change of name, address or telephone number and addition or deletion of items you are interested in providing.
- 1.4 Certificate of insurance is required for services only (See insurance attachment).

### 2. BIDDING CONDITIONS AND INSTRUCTIONS

- 2.1 BIDS MUST BE RECEIVED AT THE HOUSING AUTHORITY OF THE CITY OF MILWAUKEE BID DESK, **650 WEST RESERVOIR, MILWAUKEE, WI 53212**, BY THE TIME AND DATE SPECIFIED AND MUST BE TIME STAMPED TO BE CONSIDERED UNLESS OTHERWISE DIRECTED BY THE PURCHASING/CONTRACT SERVICES SECTION THROUGH ITS BID SOLICITATION.
- 2.2 All bids must be submitted on forms furnished by HACM and signed by an authorized official of the vendor/contractor. Telephone or faxed bids WILL NOT be accepted UNLESS so directed by the Purchasing/Contract Services Section through its bid.
- 2.3 The bidder, up to the time of the bid opening may withdraw a bid that is in the possession of the Purchasing Agent. Bids may not be withdrawn after the bid opening.
- 2.4 Failure to respond (submission of bid, or notice in writing that you are unable to bid but wish to remain on the active bidder's mailing list) to Invitation for Bids will be understood by the Purchasing/Contract Services Section to be a lack of interest and may result in the removal of the vendor's/contractor's name from the purchasing bidder's mailing list for the items concerned.
- 2.5 The HACM reserves the right to reject any or all bids, to waive any informality or technical defects in the bids. Unless otherwise specified by the Authority or by the bidder, we will accept any item or groups of items in the bid, as may be in the best interest of the HACM.
- 2.6 The HACM hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to a bid advertisement, minority or disadvantaged business enterprises will be afforded full opportunity to submit bids in response to this invitation. No one will be discriminated against on the grounds of race, color, sex or national origin in consideration for an award.
- 2.7 Failure of the bidder to furnish the equipment, supplies, material, and/or services from a bid, on which an award is made, shall eliminate the bidder from the active bidder's mailing list for the products or services concerned.

## ATTACHMENT

### INSURANCE REQUIREMENTS NECESSARY TO DO WORK FOR THE HOUSING AUTHORITY OF THE CITY OF MILWAUKEE (HACM) OR

- A. Before commencing work the Contractor shall furnish the HACM, for review and approval, evidence of his Worker's Compensation and Commercial General Liability Insurance Certificate. The Certificate is to be submitted on an approved form acceptable by the HACM. The insurance carrier must be licensed to do business in the State of Wisconsin.
- B. The Contractor shall carry Worker's Compensation Insurance for all employees engaged in work at the site, in accordance with State or Territorial Worker's Compensation Law.
- C. Commercial General Liability with bodily Injury and Property Damage limits shall be at a Combined Single Limit BI/PD of at least \$500,000 to protect the contractor and each subcontractor against claims for injury to or death of one or more persons.
- D. Automobile Liability on owned and non-owned motor vehicles used on the site(s) or in connection therewith for a combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence. This shall cover the use of all vehicles, equipment and hoists on the site or sites.

**The HACM shall be named as an additional insured on commercial general liability.**

- E. If any insurance is to expire during the period of work, the contractor shall not permit the coverage to lapse and shall furnish evidence of coverage to the Housing Authority.

Notice: All policies shall provide that at least thirty (30) days notice of cancellation shall be given to the Housing Authority and the contractor.

- F. The certificate holder shall be noted as:

Housing Authority of the City of Milwaukee  
Purchasing/Contract Services  
809 North Broadway  
Milwaukee, WI 53202

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type. See specific instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

**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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

**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 on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

In 3 above, 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.

Note. If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(e) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

# Housing Authority of the City of Milwaukee (HACM)

## Section 3 Business Certification

**Section 3 Business Criteria:** Your business is eligible for Section 3 Certification if it meets any one of the following criteria. If your business meets one or more of these criteria, please circle the applicable criteria.

1. Fifty-one percent or more of your business is owned and managed by a Section 3 qualified person or persons. (See qualification guidelines below)
2. Thirty percent or more of your permanent, full-time employees are Section 3 qualified persons.
3. You can provide evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications of (1) and (2) above.

**Section 3 Person Criteria:** A Section 3 qualified person must:

- A. Live in the City of Milwaukee.
- B. Earn no more than the following amounts :

Family Size:	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Household Income	\$39,600	\$45,250	\$50,900	\$56,550	\$61,050	\$65,600	\$70,100	\$74,650

**Section 3 Statement:** Please check the appropriate box below.

- My business is a Section 3 business in accordance with the criteria circled above under Section 3 Business Criteria.
- My business is not a Section 3 business.

Signature:		Date Signed:
Name:	Title:	
Company Name:		
Address:		
Telephone Number:		

**Note:** If you certify above that your business is a Section 3 business, and you qualify for award of the contract based on the preferences given to Section 3 businesses and described in the solicitation, HACM may request documentation and additional information as may be reasonably required to certify whether your business qualifies as a Section 3 business

If you have any questions about this form, please call  
Maria Rodriguez at (414) 286-2968