

**Neighborhood Services Department**  
102 North Neil Street  
Champaign, IL 61820

Telephone (217) 403-7070  
Fax (217) 403-7090  
[www.ci.champaign.il.us](http://www.ci.champaign.il.us)  
[neighborhoodservices@ci.champaign.il.us](mailto:neighborhoodservices@ci.champaign.il.us)



## **NEIGHBORHOOD PROGRAMS DIVISION**

### **CONTRACTOR PACKET**

**FOR:**

**BRISTOL PLACE DEMOLITION CONTRACTORS/SUB-CONTRACTORS**

**Questions Should Be Directed To:**

**Jean Algee**  
**Neighborhood Services**  
**217-403-7070**



**E**QUAL  
**O**PPORTUNITY  
**E**MPLOYER

## CONTRACTOR APPLICATION PACKAGE

### I. CONTENTS - Each package should include the following forms:

- A. Contractor's Data Sheet
- B. List of Independent Workers or Subcontractors
- C. Work and Business Information, Insurance Information
- D. Affidavit of No Delinquent Illinois Taxes
- E. Authorization for Release of Information/Insurance Provisions
- F. Prequalified Contractor Pool application
- G. Insurance Provisions
- H. Additional Required Documents – Affirmative Action Report Form, Affirmative Action Plan, Affirmative Action W-9 Form and the Bristol Park Demolition Policy

### II. INSTRUCTIONS for the certification application:

A. Complete all of the forms entirely and be sure to sign all forms where required. The Verification letter that you sign will be sent to banking institutions and suppliers that you identify on the Contractor's Data Sheet. These are used to verify your account history and give the banks and suppliers authorization to release your information to the City.

B. Each contractor must submit a satisfactory, current Certificate of Insurance to the Neighborhood Services Department. **Please See the Attached Insurance Provisions. Any Insurance Certificate that has not been properly prepared will result in the denial of the Contractor's Application.**

When all of the required documentation has been submitted to Neighborhood Services Department, your application will be reviewed and NSD Staff will send out the verifications to references and banks. You will be notified of the result of your application as soon as possible after the return of all verifications.

## A. - Contractor's Data Sheet

Application for status as:  General Contractor     Subcontractor     Both

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

Business Address \_\_\_\_\_ FAX # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cellular # \_\_\_\_\_

Tax Identification # \_\_\_\_\_

Number of Years in the Business: \_\_\_\_\_

### Names, Addresses and Phone numbers of all owners, partners of the Firm (if applicable)

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cellular # \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cellular # \_\_\_\_\_

3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cellular # \_\_\_\_\_

List the construction experience and specific craft of each of the principals:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has your firm ever obtained a performance bond?     Yes     No

If yes, highest amount \$ \_\_\_\_\_

## B. – List of Independent Workers/Subcontractors

Provide the name, address and phone number of all Independent Workers and Subcontractors who may be required to complete one of the Projects. (NOTE) Include copies of all Licenses, Certifications, and Insurance for each Worker and/or Subcontractor /Firm.

1) Trade: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FEIN or Social Security #: \_\_\_\_\_  
Licensed:  Yes  No Insured:  Yes  No

\*\*\*Copies of State License and Insurance Certificates Must Be Included with Application\*\*\*

2) Trade: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FEIN or Social Security #: \_\_\_\_\_  
Licensed:  Yes  No Insured:  Yes  No

\*\*\*Copies of State License and Insurance Certificates Must Be Included with Application\*\*\*

3) Trade: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FEIN or Social Security #: \_\_\_\_\_  
Licensed:  Yes  No Insured:  Yes  No

\*\*\*Copies of State License and Insurance Certificates Must Be Included with Application\*\*\*

4) Trade: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FEIN or Social Security #: \_\_\_\_\_  
Licensed:  Yes  No Insured:  Yes  No

\*\*\*Copies of State License and Insurance Certificates Must Be Included with Application\*\*\*

5) Trade: \_\_\_\_\_ Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cellular #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FEIN or Social Security #: \_\_\_\_\_  
Licensed:  Yes  No Insured:  Yes  No

## C. - WORK REFERENCES

List the names, addresses and phone numbers of at least three recent clients for whom your firm has provided demolition work

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Type of Project Completed/Date Completed: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Type of Project Completed/Date Completed: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Type of Project Completed/Date Completed: \_\_\_\_\_

### BUSINESS REFERENCES (include bank accounts & business credit accounts):

1) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_ (Checking/Credit/Savings/House Account)

Address, City, State, Zip: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_ (Checking/Credit/Savings/House Account)

Address, City, State, Zip: \_\_\_\_\_

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

### INSURANCE INFORMATION:

Name of Insuring Company: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**CERTIFICATION:** The undersigned certifies that all information given herein is true and correct:

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that submission of false, misleading or incomplete information is cause for rejection of this application for certification as a Neighborhood Services Demolition Contractor. It may also result in civil liberty and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1002, et seq. and liability for monetary damages to the City and/or any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made of this application.

**D. - AFFIDAVIT OF NO DELINQUENT ILLINOIS TAXES**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

(Fill in county and State in which affidavit is signed)

The undersigned certifies that \_\_\_\_\_  
(Contractor's Name – Please Print)

**is not delinquent in payment of any tax** administered by the Illinois Department of Revenue except the taxes for which liability for the taxes or the amount of the taxes are being contested, in accordance with the procedures established by the appropriate Revenue Act; or

The contractor has entered into an agreement(s) with the Illinois Department of Revenue for the payment of all such taxes due and is in compliance with the agreement.

Name: \_\_\_\_\_  
Contractor's Signature

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

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

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

My commission expires: \_\_\_\_\_ (SEAL)

**E. - AUTHORIZATION FOR RELEASE OF INFORMATION**

The undersigned, \_\_\_\_\_, d.b.a.

\_\_\_\_\_ hereby authorizes release of information concerning his/her present and past financial, credit and employment records to the Neighborhood Services Department of the City of Champaign, Illinois for the purpose of determining eligibility for bidding on Neighborhood Services projects. A photocopy of this document shall be acceptable as proper authorization for the release of the above information.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature      Date

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

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

My commission expires: \_\_\_\_\_ (SEAL)





**CERTIFICATION:** The undersigned certifies that all information given herein is true and correct:

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

I/we certify that the information in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that submission of false, misleading or incomplete information is cause for rejection of this application for certification as a Neighborhood Services Demolition Contractor. It may also result in civil liberty and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1002, et seq. and liability for monetary damages to the City and/or any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made of this application.

## G. – Insurance Provisions

1) During the term of any agreement with the City, at its own cost and expense, the Contractor shall maintain in full force and effect insurance policies as enumerated below.

2) All policies shall be written on an occurrence basis.

3) The City of Champaign and its officers and employees shall be named as an additional insured party on the general liability policy and any umbrella policies if applicable and included as an additional insured on the automobile liability policy. The City's interest as an additional insured party shall be on a primary and non-contributory basis on all policies and noted as such on the insurance certificates **as described the Description Box of each certificate.**

4) All policies will be written with insurance carriers qualified to do business in the State of Illinois rated A- /VIII or better in the latest Best's Key Rating Guide.

5) All policies shall be written on the most current Insurance Service Office (ISO) or National Council on Compensation Insurance (NCCI) form or a manuscript form if coverage is broader than the ISO or NCCI form.

6) At the time of submission of the Contractor's Packet, the Contractor shall provide the City with certificates of insurance showing evidence the insurance policies noted below are in full force and effect and giving the City at least 30 days written notice prior to any change, cancellation, or non-renewal. An exception to this would be in the case of cancellation for non-payment of premium, in which case notice shall be 10 days. Any renewal certificates of insurance shall be automatically provided to the City at least 30 days prior to policy expiration.

7) The Contractor, shall upon request of the City, provide copies of any or all insurance policies.

### A. Workers' Compensation:

**Coverage A:** - Statutory Limits

**Coverage B:** - One million dollars (\$1,000,000) employer's liability limits for each accident or per disease, per employee. Said policies shall be endorsed to cover any disability benefits or Federal compensation acts if applicable.

**B. General Liability** - Combined single limits of at least one million dollars (\$1,000,000) per occurrence. General Liability Insurance shall include:

1. Products and completed operations coverage.
2. Contractor's Protective coverage.
3. Personal Injury Liability coverage

**C. Automobile Liability:** - Combined single limits of at least one million dollars (\$1,000,000) per occurrence. Auto liability shall include hired and non-owned autos.

**D. Builders Risk:** Full cost of replacement as of the time of any loss covering insurable property which is the subject of this Contract, whether in place, stored at the job site, stored elsewhere, or in transit at the risk of the insured(s). Coverage shall be effected on an "All Risk" form including, but not limited to, the perils of fire, wind, vandalism, collapse, theft and earthquake, with exclusions normal to the coverage. Builders risk insurance is required only in instances where this contract is to construct a structure.

**E. Umbrella Liability:** The following liability limits shall apply on a per occurrence basis:

<b>Contract Amount</b>	<b>Umbrella Liability</b>
\$1 - \$19,999	Two Million Dollars (\$2,000,000)
\$20,000 - \$49,999	Three Million Dollars (\$3,000,000)
\$50,000 +	Ten Million Dollars (\$10,000,000)

**F. Self-insured:** If a self-insured retention or deductible is maintained on any of the policies, the contractor shall provide the amount of the self insured retention or deductible to the City. Such deductibles shall be subject to approval by the City. Such approval shall not be unreasonably withheld. The Contractor will be held solely responsible for the amount of such deductible and for any co-insurance.

**G. Subrogation Clause:** The following subrogation clause shall appear in all policies of insurance:

“Subrogation Clause – It is hereby stipulated that this insurance shall not be invalidated should the insured waive in writing prior to a loss any or all right of recovery against any party for loss occurring to the property described herein”

**H. Indemnification:** To the fullest extent permitted by law, the Contractor agrees to indemnify and hold harmless The City of Champaign, its officers and employees from any and all claims, lawsuits, or causes of action (including litigation costs and attorney’s fees) for any injury (including death) or property damage sustained by any person or persons that arise as a result of the Contractor’s duties in performance of this contract, except if such injury or damage is caused by the intentional action or gross negligence of the City, its officers or employees. This provision shall survive the term of any agreement with the City of Champaign.

**I. Insurance Not a Limitation:** The insurance coverage and requirements contained in this Section shall not be construed to be a limitation of liability for the Contractor.

## **H. – Additional Required Documents**

Affirmative Action Report Form

Insert Affirmative Action Plan

Insert Affirmative Action W-9 form

Contractor Copy of the City of Champaign's Bristol Park Demolition Policy



City of  
**CHAMPAIGN**

**Community Relations Office**  
102 North Neil Street  
Champaign, Illinois 61820  
(217) 403-8830 or (217) 403-8835 (fax)

**Office Use Only**

Requested by:		Date:	
Approved by:		Date:	
Vendor Number:	Code:	Entered: CRO FIN	
Certificate Number:	Certificate Expiration Date:		

## AFFIRMATIVE ACTION REPORT FORM

Failure to properly complete and sign this form prior to the execution of a contract with the City, or within 7 days after a request to submit this report, will result in it being returned unprocessed thereby resulting in a delay or denial of eligibility to bid or do business with the City of Champaign.

### Section I. Identification

**1. Company Name and Address:**

\_\_\_\_\_

PLEASE PRINT

d/b/a:

Chief Executive Officer:

Address:

City/State/Zip:

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

FEI Number:

Social Security Number:

E-mail Address:

Check one of the following:

Corporation

Partnership

Individual Proprietorship

Limited Liability Corp.

**2. Name and Address of the Company's Principal Office (answer only if not the same as above):**

Name:

Address:

City/State/Zip:

**3. Major activity of your company (product or service):**

**4. Nature of Business:**

Contract:

Bid:

Register as a new vendor for future projects.

Other:

## SECTION II. Policies and Practices

Description of Equal Employment Opportunity (EEO) Policies and Practices		YES	NO
A.	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, religion, creed, class, national origin, sex, age, marital status, physical or mental handicap, sexual preference, family responsibilities, matriculation, political affiliations, prior arrest or source of income?		
B.	Has someone been assigned to develop procedures, which will assure that the EEO policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility. Name: _____ Title: _____ Telephone: _____ Fax: _____ Address: _____ E-mail _____		
C.	Has the company developed a written Affirmative Action Plan? <b>Note: a copy of the Affirmative Action Plan must be submitted with this form in order to be considered eligible to do business with the City of Champaign.</b> If you would like technical assistance in developing a plan, please contact the Community Relations Office at (217) 403-8830.		
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? <b>Note: Please attach a copy of the policy statement.</b>		
E.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, religion, creed, class, national origin, sex, age, marital status, physical or mental handicap, sexual preference, family responsibilities, matriculation, political affiliations, prior arrest or source of income?		
F.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?		
G.	Is your company a minority/women owned business? (Defined as at least 51% owned by individuals who are of the female gender and/or who have origins in one or more of the following groups: African American, Hispanic, Asian American, and Native American.)		
H.	If you answered "YES" to G, please check all classifications that apply:    ___ African American ___ Asian American           ___ Hispanic           ___ Native American    ___ Female		
I.	If you answered "YES" to G, would you like to be added to our Minority E-mail Group and/or Minority Directory? Please include your e-mail address: _____		
J.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		
K.	Is your company certified with IDOT as a DBE firm? (Defined as a small business firm that is owned and controlled by socially and economically disadvantaged individuals.)		
L.	Does the company have collective bargaining agreements with labor organizations?		
M.	Have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts with the City of Champaign?		

## SECTION III. Employment Information

- a. Please complete the company work force analysis on the bottom of this page. Use the number of employees as of the most recent payroll period. Be sure to complete all applicable columns.
- b. Job Classifications (see descriptions, next page)
- c. Identify the geographical area(s) from which the company may reasonably recruit employees (Use city, county, Standard Metropolitan Statistical Area, or distance in miles from company location, etc.)
- d. If minorities and females are currently under-represented in your work force, please attach a copy of an explanation of your plan to recruit and hire qualified minorities and females.

Job Categories	Overall Totals		White (Not of Hispanic Origin)		Black or African-American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaskan Native	
	M	F	M	F	M	F	M	F	M	F	M	F
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Officials & Mgrs												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
<b>TOTAL</b>												

**M = MALE, Column B is sum of Rows D, F, H, J and L.                      F = FEMALE, Column C is sum of Rows E, G, I, K and M.**  
 Date of above Data: \_\_\_\_\_

## SECTION IV. Certification

The company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City's Affirmative Action Ordinance (Section 12.5-65) and Human Rights Guarantee provision (Section 12.5-64).

<b>Signature:</b>	<b>Typed Name &amp; Title</b>	<b>Telephone Number</b>	<b>Date</b>

# DEFINITIONS OF TERMINOLOGY LISTED IN THE WORKFORCE PROFILE TABLE

(See previous Page)

## DESCRIPTION OF RACE/ETHNIC CATEGORIES

Race/ethnic designations as used by the Department do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than *one* race/ethnic group. The race/ethnic categories for this report are:

**White (Not of Hispanic origin).** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black of African-American (Not of Hispanic origin).** All persons having origins in any of the Black racial groups of Africa.

**Hispanic or Latino.** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Asian or Pacific Islander.** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

**American Indian or Alaskan Native.** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

## DESCRIPTION OF JOB CATEGORIES

Each employee should be counted in only one job category. Select the category containing the jobs most similar to that performed by the employee. The jobs listed in each category are intended to provide an example, not a complete list, of all job titles falling into that category.

**Officials and Managers.** Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of firm's operations. Includes: officials, executives, middle management, plant managers, department managers, and superintendents, salaried supervisors who are members of management, purchasing agents and buyers, railroad conductors and yard masters, ship captains, mates and other officers farm operators and managers, and kindred workers.

**Professionals.** Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: accountants and auditors, airplane pilots and navigators, architects, artists, chemists, designers, dietitians, editors, engineers, layers, librarians, mathematicians, natural scientist, registered professional nurses, personnel and labor relations specialist, physical scientist, physicians, social scientist, teachers, surveyors and kindred workers.

**Technicians.** Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and union colleges, or through equivalent on-the-job training. Include: computer programmers, drafters, engineering aides, junior engineers, mathematical aides, licensed, practical or vocational nurses, photographers, radio operators, scientific assistants, technical illustrators, technicians (medical, dental, electronic, physical science), and kindred workers.

**Sales.** Occupations engaging wholly or primarily in direct selling. Includes: advertising agents and sales workers, insurance agents and brokers, real estate agents, and brokers, stock and bond sales workers, demonstrators, sales workers and sales clerks, grocery clerks, and cashiers/checkers, and kindred workers.

**Office and Clerical.** Includes all clerical-type work regardless of level of difficulty, where the activities are predominantly non manual though some manual work not directly involved with altering or transporting the products is included. Includes: bookkeepers, collectors (bills and accounts), messengers and office helpers, office machine operators (including computer), shipping and receiving clerks, stenographers, typists and secretaries, telegraph and telephone operators, legal assistants, and kindred workers.

**Craft Workers (Skilled).** Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes: the building trades, hourly paid supervisors and lead operators who are not members of occupations, compositors and typesetters, electricians, engravers, painters (construction and maintenance), motion picture projectionists, pattern and model makers, stationary hand painters, coaters, bakers, decorating occupations, and kindred workers.

**Operatives (Semi-Skilled).** Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: apprentices (auto service and stitchers, dryers, furnace workers, heaters, laundry and dry cleaning operatives, milliners, mine operatives and laborers, motor operators, oilers and greasers (except auto), painters (manufactured articles), photographic process workers, truck and tractor drivers, knitting, looping, taping and weaving machine operators, welders and flame cutters, electrical and electronic equipment assemblers, butchers and meat cutters, inspectors, testers and graders, hand packers and packagers, and kindred workers.

**Laborers (Unskilled).** Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: garage laborers, car washers and greasers, groundskeepers and gardeners, farm workers, stevedores, wood choppers, laborers performing lifting, digging, mixing, loading and pulling operation and kindred workers.

**Service Workers.** Workers in both protective and nonprotective service occupations. Includes: Attendants (hospital and other institutions, professional and personal service, including nurses aides, and orderlies), barbers, char workers and cleaners, cooks, counter and fountain workers, elevator operators, firefighters and fire protection, guards, doorkeepers, stewards, janitors, police officers and detectives, porters, waiters and waitresses, amusement and recreation facilities attendants, guides, ushers, public transportation attendants, and kindred workers.

# Affirmative Action Plan

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

This is to state that it is the policy of \_\_\_\_\_ to provide Equal Employment Opportunity through a program of positive action affecting all employees. This policy is in accordance with the Civil Rights Act of 1964, Equal Employment Act of 1972, and all other applicable laws. \_\_\_\_\_ also strives to assure compliance with the Illinois Fair Employment Practices Act, the Illinois Fair Employment Practices Act, the Illinois Human Rights Act, and other orders pertaining to equal employment opportunity.

Policy includes recruiting, hiring, training, upgrading, promoting, and disciplining without discrimination on the basis of race, color, religion, creed, class, national origin, sex, age, marital status, handicap, sexual preference, family responsibilities, matriculation, political affiliation, prior arrest record or source of income. \_\_\_\_\_ has developed procedures to assure this policy is understood and carried out by managerial, administrative, and supervisory personnel. \_\_\_\_\_ will utilize applicants for any job vacancies.

**ASSIGNMENT OF RESPONSIBILITY:** \_\_\_\_\_ has undertaken a positive Affirmative Action Program to effectively implement and enforce this policy at all times. The EEO officer or person designated for monitoring the company's Affirmative Action Program is: \_\_\_\_\_

**PROCEDURES FOR DISSEMINATION OF POLICY:** A copy of this statement is posted in the main office at \_\_\_\_\_ and will be given to any employee, vendor or subcontractor.

**UTILIZATION ANALYSIS:** \_\_\_\_\_ will monitor its workforce and job classifications. It will analyze availability and under-utilization and respond accordingly. \_\_\_\_\_ will attempt to recruit in a 50 mile radius encompassing nearby cities in an effort to attract qualified minorities.

**GOALS AND TIMETABLES:** \_\_\_\_\_ will identify those areas within its workforce in which minorities and women are being under-utilized and set up a system of goals and timetables for correcting the deficiencies.

**SYSTEM FOR MONITORING COMPLIANCE AND RECRUITMENT OF WORKFORCE:** When adding new employees \_\_\_\_\_ policy is to utilize qualified minorities and females. If one is not available any qualified help is then used. If normal employment sources do not provide these goals, other sources will be used. \_\_\_\_\_ supports EEO programs.

**SYSTEM OF RECORDS AND ANNUAL SUMMARY:** \_\_\_\_\_ will monitor applicant data, employee records and job descriptions to assist in its affirmative action efforts.

Sincerely,

\_\_\_\_\_  
EQUAL EMPLOYMENT OFFICER  
(Signature)

\_\_\_\_\_  
DATE

## 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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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.

Social security number
or
Employer identification number

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

### 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. citizen or other U.S. person (defined below).

**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.

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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.

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. 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# Bristol Park Demolition Policy September 2014

Based on  
Bristol Park Neighborhood Plan  
Adopted February 2011

Prepared by City of Champaign  
Neighborhood Services Department  
Neighborhood Programs Division

**A. The Bristol Park Neighborhood Plan [CB 2011-028]:** The Bristol Park Neighborhood Plan includes three smaller neighborhoods: Bristol Place, Garwood Area Addition, and the Shadow Wood Mobile Home Park. The Bristol Park Neighborhood lies at the northeast corner of Bradley Avenue and Neil Street. It is bounded on its eastern edge by the Canadian National Railroad tracks that run northeast/southwest and on the north by Interstate 74 (Attachment A). The improvement of the Bristol Park Neighborhood is one project among many neighborhood improvement efforts on the City’s north side. Redevelopment in neighboring Beardsley Park, Douglass Square, Oakwood Trace, Taylor Thomas, and the Martin Luther King subdivisions all rely upon each others’ success as their proximity ensures that issues in one affect the other. The Bristol Park Neighborhood Plan is available at the Neighborhood Services Department or online at:

<http://ci.champaign.il.us/cms/wp-content/uploads/2012/11/Bristol-Park-Neighborhood-Plan-Final-Feb-2011.pdf>

**B. Bristol Park Land Acquisition Policy:** The Bristol Park Land Acquisition Policy, adopted by Council on August 6, 2013[CB 2013-133], provides for the complete acquisition of all of the residential properties in the Bristol Place neighborhood. This is the area between Market Street and east to Chestnut Street, Bradley Avenue north to Roper Street. The Family Dollar property would not be included in the planned demolition. The list of parcels to be acquired and demolished is listed in Attachment B. The Land Acquisition Policy is available at the Neighborhood Services Department or online at:

<http://archive.ci.champaign.il.us/archive/dsweb/Get/Document-12588/CB%202013-133.pdf>

In addition to the properties in the Bristol Place Neighborhood, the neighborhood plan allows for the acquisition of properties in the Garwood Area Addition neighborhood that would be used for infill new construction or rehabilitation of the home to provide affordable housing for any displaced Bristol Place residents who would like to remain within the Bristol Park Neighborhood. Demolition would occur for any property acquired for the purpose of infill new construction. Any opportunities for acquisition of properties in the Garwood Area Addition would be acquired on a “voluntary sale” only. Eminent Domain would not be used to acquire any property in the Garwood Area Addition.

**C. Bristol Park Demolition Procedure:** The City will proceed through the following steps to demolish the properties identified as needed for the Bristol Park Neighborhood Plan.

1. Acquisition Priorities in Bristol Place: Parcels will be acquired in the order outlined below due to the volume. These priorities were outlined in the Land Acquisition Policy mentioned above.

**Priority Category 1: Willing Sellers**

- a. Clear title without relocation needs
- b. Clear title with relocation needs
- c. Clouded titles

**Priority Category 2: Unwilling Sellers**

- a. Refused or unresponsive to City's offer to purchase
- b. Negotiations ongoing until the use of eminent domain proves necessary

1. Demolition Approach: The City will proceed through the following steps to clear Bristol Place:

- a. Board and secure acquired properties where required
- b. Conduct asbestos inspections
- c. Conduct material salvage (hybrid deconstruction)
- d. Prepare and advertise bid documents for demolition packages
- e. Award contract for demolition packages
- f. Conduct demolition activities concurrent with ongoing acquisition activities
- g. Repeat steps above as properties are acquired and prepared for demolition

**D. Facilitate Minority- and Women-Owned Business Participation.** The City has a goal to promote economic opportunity and a related strategic initiative to increase minority- and women-owned business opportunities. This goal is consistent with the U.S. Department of Housing and Urban Development (HUD) goal of promoting economic opportunity with its grant funding. A review of past City-initiated residential demolitions indicates that companies receiving contract awards have been compliant with the City's Equal Opportunity in Purchasing Ordinance (EOPO), but none of them has been minority- or women-owned businesses. The City has worked with the Small Business Development Center, Chairman of the Committee on Construction at Illinois Black Chamber of Commerce, Illinois Procurement Technical Assistance Center, local contractors, and community leaders to identify barriers to minority contractor participation in City demolitions. Key barriers identified include lack of bonding, insurance and financial capacity for large demolition projects and a lack of experience with demolitions overall. Input from the outreach also indicated that smaller contractors have difficulty competing with larger established contractors regardless of the size of the project. In assessing the information received from the outreach, small purchase and capacity building opportunities for contractors who lack experience and resources would be necessary to facilitate minority- and women-owned business participation in the Bristol Place Demolition Project.

**E. Demolition Policy.** Following below is an outline of the demolition policy based on the guiding principles presented above.

- a. **Small Purchases.** The City will limit demolition bids to no more than five structures at one time. The upper limit of any one purchase under this provision would be approximately \$50,000. The City also will limit the number of demolitions a contractor can have outstanding at any time to 10 structures. The intent of these purchasing limits is to maintain a safe living environment in the neighborhood while demolitions are underway and maximize opportunities for small, minority- and women-owned business participation.

**b. Prequalified Contractor Pool.** A prequalified contractor pool will be developed to enhance efficiency in the purchasing process and promote inclusion of small, minority and women contractors. The Prequalified Contractor Pool will address issues of capacity, capability and inclusion of minority- and women-owned business as prerequisites to bidding. Competition for jobs will relate only to responsible bidding and pricing. Minority and women contractors lacking demolition experience would have an opportunity to obtain experience through partnerships with experienced contractors. Contractors wanting to participate in the Prequalified Contractor Pool during the estimated three-year period would receive an application from Neighborhood Services upon request. In addition to standard demolition requirements, a contractor would need to demonstrate the following minimum requirements:

- Designation as a small business, MBE/WBE or a Section 3 contractor
- Achieve 20% minority and/or women participation with a goal of at least 10% for minorities through:
  - Current employee makeup of their company
  - Subcontracting
  - Joint Venture
- Bonding capacity of \$50,000
- Demonstration of positive demolition experience equivalent to job requirements

**c. Deconstruction Opportunities:** The Bristol Place demolitions present an opportunity to promote reuse of salvageable materials from the structures through a process called Deconstruction. Deconstruction refers to carefully dismantling pieces of a building in order to salvage valuable materials. Commonly deconstructed items include doors, windows, flooring, ceiling tile, countertops, cabinets, light and plumbing fixtures, molding and staircases. Full Deconstruction methods would include the reuse of building materials into the new construction project. For the Bristol Place Redevelopment, the City does not anticipate use of any of the old building materials in the new construction. However, the City does expect some of the materials from the Deconstruction process to be salvageable for reuse outside of the Bristol Place Redevelopment. This is a Hybrid Deconstruction process. The City will collaborate with the Preservation and Conservation Association (PACA) and Habitat for Humanity ReStore to conduct salvage activities following property acquisitions, but before advertising properties for demolition bids.

Once these salvage activities have been completed, the properties will be advertised for demolition bids. Demolition contractors will be expected to minimize waste disposal in landfills to the greatest extent feasible. Materials such as brick, concrete block, and any concrete slabs or driveways will be required to be recycled by the contractor rather than disposed into a landfill.

- e. **Pre-Implementation Workshop.** Staff intends to conduct at least one orientation workshop with interested contractors to discuss the qualifying criteria for bidding on Bristol Place demolitions. The orientation will also provide an opportunity for contractors to assess possibilities for collaboration.

Attachment A



PIN	Number	Direction	Street Name	St		PIN	Number	Direction	Street Name	St
462106352013	104	E	Bellefontaine	St		462106357016	1205	N	Chestnut	St
462106352014	106	E	Bellefontaine	St		462106357019	1209	N	Chestnut	St
462106353007	107	E	Bellefontaine	St		462106356014	1303	N	Chestnut	St
462106352015	108	E	Bellefontaine	St		462106356013	1305	N	Chestnut	St
462106353008	109	E	Bellefontaine	St		462106356012	1307	N	Chestnut	St
462106352016	110	E	Bellefontaine	St		462106355014	1403	N	Chestnut	St
462106353009	111	E	Bellefontaine	St		462106354018	1201	N	Clock	St
462106352017	112	E	Bellefontaine	St		462106357010	1202	N	Clock	St
462106353010	113	E	Bellefontaine	St		462106357009	1204	N	Clock	St
462106352018	114	E	Bellefontaine	St		462106357008	1206	N	Clock	St
462106352019	116	E	Bellefontaine	St		462106357007	1208	N	Clock	St
462106352020	116	E	Bellefontaine	St		462106356008	1306	N	Clock	St
462106356001	201	E	Bellefontaine	St		462106353015	1307	N	Clock	St
462106355008	202	E	Bellefontaine	St		462106356007	1308	N	Clock	St
462106355009	204	E	Bellefontaine	St		462106353014	1309	N	Clock	St
462106356003	205	E	Bellefontaine	St		462106353013	1311	N	Clock	St
462106355010	206	E	Bellefontaine	St		462106353012	1313	N	Clock	St
462106356004	207	E	Bellefontaine	St		462106353016	108	E	Garwood	St
462106355011	208	E	Bellefontaine	St		462106353017	110	E	Garwood	St
462106355012	210	E	Bellefontaine	St		462106353018	112	E	Garwood	St
462106356006	211	E	Bellefontaine	St		462106353019	114	E	Garwood	St
462106355013	212	E	Bellefontaine	St		462106353020	116	E	Garwood	St
462106355015	214	E	Bellefontaine	St		462106353021	118	E	Garwood	St
462106357011	206	E	Bradley	Ave		462106356009	202	E	Garwood	St
462106357012	208	E	Bradley	Ave		462106357002	203	E	Garwood	St
462106357013	210	E	Bradley	Ave		462106356010	204	E	Garwood	St
462106357018	212	E	Bradley	Ave		462106357003	205	E	Garwood	St
462106357017	1203	N	Chestnut	St		462106352009	113	E	Roper	St
462106357004	207	E	Garwood	St		462106351008	114	E	Roper	St
462106356015	208	E	Garwood	St		462106352010	115	E	Roper	St
462106357005	209	E	Garwood	St		462106351009	116	E	Roper	St
462106357006	211	E	Garwood	St		462106352011	117	E	Roper	St
462106354004	1208	N	Market	St		462106351010	118	E	Roper	St
462106354003	1210	N	Market	St		462106352012	119	E	Roper	St
462106352003	1406	N	Market	St		462106351011	200	E	Roper	St
462106352001	1410	N	Market	St		462106355001	201	E	Roper	St
462106351003	1412	N	Market	St		462106351012	202	E	Roper	St
462106351002	1414	N	Market	St		462106355002	203	E	Roper	St
462106352005	105	E	Roper	St		462106351013	204	E	Roper	St
462106351004	106	E	Roper	St		462106351014	206	E	Roper	St
462106352006	107	E	Roper	St		462106355003	207	E	Roper	St
462106351005	108	E	Roper	St		462106355004	209	E	Roper	St
462106352007	109	E	Roper	St		462106355005	211	E	Roper	St
462106351006	110	E	Roper	St		462106355006	213	E	Roper	St
462106352008	111	E	Roper	St		462106355007	215	E	Roper	St
462106351007	112	E	Roper	St						