



GREENE COUNTY
DEVELOPMENT

Greene County Department of Development CHIP Program

CONTRACTOR APPLICATION

DATE SUBMITTED: _____

GENERAL INFORMATION:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Company Federal ID Number: _____

Company DUNS Number: _____

Company Type:	General Contractor:	Yes _____	No _____
	Sole Proprietor:	Yes _____	No _____
	Partnership:	Yes _____	No _____
	Corporation:	Yes _____	No _____

SPECIALTIES:

Electric: _____	Roofing: _____
Plumbing: _____	General: _____
Heating: _____	Lead: _____

COMPANY OWNERSHIP:

Caucasian: _____	Male: _____
African-American: _____	Female: _____
Other: _____	

SECTION 3 BUSINESS INFORMATION:

A Section 3 Business is defined as a business:

- That is at least 51% or more owned by Section 3 Residents;
- Whose permanent, full-time employees included persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or
- That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts awarded to a Section 3 business concern.

Section 3 Residents are defined as:

- Public Housing Residents;
- Persons who live in the metropolitan area or non-metropolitan county where a HUD-assisted project for housing or community development is located and whose annual household income is less than 80% of the Area Median Income.

Are you a Section 3 Business? Yes: _____ No: _____



ADDITIONAL COMMENTS: _____

COMPANY BACKGROUND:

Month/Year Established as Independent Contractor: _____

Number of Tradesman employed with Company: _____

Can you handle more than one (1) Housing Rehabilitation (\$15,000 - \$35,000) contract at a time? YES: ____ NO: ____ (If yes, how many? ____)

Can you handle more than one (1) Home Repair at a time? YES: ____ NO: ____ (If yes, how many? ____)

SUPPLIERS LIST: BEGINNING WITH LARGEST VOLUME CREDIT ACCOUNT:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

(Use additional sheets if necessary)

LIST THREE MOST RECENTLY COMPLETED JOBS:

Name: _____ Address: _____

Phone: _____

Type of job: _____ Total Contract Amount: _____

Name: _____ Address: _____

Phone: _____

Type of job: _____ Total Contract Amount: _____



Name: _____

Address: _____

Phone: _____

Type of job: _____

Total Contract Amount: _____

SUBCONTRACTOR INFORMATION: (NOTE: Contractors undertaking Electrical, Plumbing, Heating and Lead Hazard Reduction work must have sound qualifications in these specialty areas. Please provide licenses and certifications and the following information if you wish to qualify for electrical, plumbing, heating or lead hazard reduction work)

Name of Plumber: _____

Training and Experience: _____

Name of Plumber: _____

Training and Experience: _____

Name of Electrical Contractor: _____

Training and Experience: _____

Name of Electrical Contractor: _____

Training and Experience: _____



Name of HVAC Contractor: _____

Training and Experience: _____

Name of HVAC Contractor: _____

Training and Experience: _____

LEAD HAZARD REDUCTION: (Renovation and Remodeling Certifications or Lead Licenses must be submitted for all eligible employees – Use additional sheets if necessary)

Name of Employee: _____

Training and Experience: _____

Name of Employee: _____

Training and Experience: _____

Name of Employee: _____

Training and Experience: _____



INSURANCE:

Does your Company have at least the following amounts of Insurance Coverage:

Public Liability - \$50,000 each person and \$200,000 each occurrence: YES: ____ NO: ____

Property Damage, \$100,000 for Life of Contract: YES: ____ NO: ____

Worker's Compensation Coverage: YES: ____ NO: ____

(Proof of above coverage must be provided with this application)

Does your Company have an Equal Employment Opportunity Policy which complies with Federal Regulations? YES: ____ NO: ____

Circle Yearly Gross Volume of Contracted Work:

\$0 to	More than	More than	More than	More than
\$50,000	\$50,000	\$100,000	\$250,000	\$500,000

EXECUTIVE ORDER 2010-09S

(Banning the Expenditure of Public Funds on Offshore Services)

No services required to implement any work associated with the Community Housing Improvement Program shall be performed outside of the United States of America. All Contractors are required to be eligible under Executive Order 2010-09S. The full Executive Order is located at www.governor.ohio.gov/Default.aspx?tabid=1945.

List of Company Owners:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____



LEGAL ACTION

Are you or your Company currently involved in, or have been involved in (within the past five years) a lawsuit for failure to pay a sub-contractor or supplier, or for failure to meet contractual obligations? YES: ___ NO: ___

If yes, please provide explanation including date of action and jurisdiction of action: _____

CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AUTHORIZE THE HOUSING REHABILITATION PROGRAM TO VERIFY ALL INFORMATION SUPPLIED ON THE APPLICATION AND TO OBTAIN A CREDIT REPORT AND ANY OTHER INFORMATION DEEMED NECESSARY FOR REVIEW PURPOSES. WILLFUL FAILURE TO PROVIDE ACCURATE INFORMATION WILL RESULT IN THE REMOVAL FROM CONSIDERATION FOR THE PROGRAM.

Owner Signature

Date

NOTE: This form must be completed by the Contractor and returned to the CHIP Program Coordinator. Please include all requested information, including all insurance, Worker's Compensation and licensure/certification information.

FOR OFFICE USE ONLY

VERIFICATION OF CONTRACTOR REFERENCES AND INSURANCE:

Suppliers Contacted:

Company: _____

Credit Comments: _____

Contact Person: _____

Date: _____

Company: _____

Credit Comments: _____

Contact Person: _____

Date: _____



Job References Contacted:

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____

Name: _____ Reference Comments: _____

Type of Job: _____

Cost: _____

Date: _____

Insurance Review:

Public Liability: YES: ____ NO: ____ Valid Through: _____
(\$50,000 for each person and \$200,000 for each occurrence)

Property Damage: YES: ____ NO: ____ Valid Through: _____
(\$100,000 for life of contract)

Insurer: _____

Address: _____ Phone: _____

Worker's Compensation: YES: ____ NO: ____ Valid Through: _____

Insurer: _____

Address: _____ Phone: _____



VERIFICATION COMMENTS:

Information Verified by: _____

Title: _____ Date: _____

Comments: _____

APPROVED: YES: ____ NO: ____

Approval Conditions: _____
