

## CONTRACTOR APPLICATION FORM

This form must be completed for each contractor who intends to bid for work that is assisted with funding through the Michigan State Housing Development Authority. Contractors who satisfactorily complete this form will be put on a list of "Available Contractors" that we will distribute to successful applicants who are ready to invite bidders.

Contractors may be removed from this list for any of the following reasons:

- Poor workmanship
  - Poor evaluations from three or more clients
  - Failure to follow program specifications
  - Failure to meet project deadline
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### I. General Information –

Name of Firm: \_\_\_\_\_

Firm Owners: \_\_\_\_\_ Minority Owned Business? Yes \_\_\_\_\_ or No \_\_\_\_\_

Ethnicity of Contractor: Hispanic or Latino? \_\_\_\_\_

Race of Contractor?: \_\_\_\_\_ Woman Owned Business: Yes \_\_\_\_\_ or No \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Contractor Identification Number (Federal ID Number): \_\_\_\_\_

DUN's Number(Required): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Person Writing Bids: \_\_\_\_\_

Are you a General Contractor? (You handle all phases of work)? Yes \_\_\_\_\_ No \_\_\_\_\_

When was your firm established? \_\_\_\_\_

In which towns/counties will you be willing to work? \_\_\_\_\_

Home many contractors are part of your firm? (other than sub-contractors): \_\_\_\_\_

Can you handle more than one \$5,000 job at a time? Yes \_\_\_\_\_ No \_\_\_\_\_

Contracts must attach evidence of licenses that are required by the State of Michigan. Our program also required contractors to carry the following insurance coverage: (Attach proof of insurance and current Michigan license to this form).

- A. Comprehensive General Liability Insurance
  - 1. Bodily Injury \$300,000 each person; \$300,000 each occurrence
  - 2. Property Damage \$100,000 each occurrence
  
- B. Comprehensive Automobile Liability
  - 1. Bodily Injury \$300,000 each person and each accident
  - 2. Property Damage \$50,000 property damage
  
- C. Do you carry Worker's Compensation Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
 NOTE: Self Employed workers and Partnership may be exempt.

II. **Area of Expertise** – Please check the type of work you are qualified to do and indication the years of experience you have in the area.

Type of Work	Yrs. Exp.	Type of Work	Yrs. Exp.
General Carpentry		Landscaping	
Roofing		Floor Covering Replacement	
Structural Support Repair		Kitchen Cabinet Replacement	
Window Replacement		Foundation Wall Repair	
Door Replacement		Attic & Sidewall Insulations	
Siding		Chimney Repair	
Concrete Repair		Heating and Ventilation	
Plumbing		Electrical	

List your three most recent jobs completed:

Name	Phone	Type of Work

DO YOU GUARANTEE YOUR WORK FOR ONE YEAR? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be seeking certification for Section 3 Preference in contracting and demonstration of capability?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the program administrators to verify the above information and I certify that the above information is true and complete.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date