



# CONTRACTOR APPLICATION



**Federal Housing Programs ONLY**

Essential Home Repair Program and the HOME Rehabilitation Loan Program

**\*\*ATTENTION CONTRACTORS\*\***

Please complete and submit this application and supporting documents.

**Application must be complete and include all required documents for consideration.**

The application should not be completed more than once. If you are unsure if you've previously applied, please contact Tracy Ellan at 440-204-2507 or [Tracy\\_Ellan@cityoflorain.org](mailto:Tracy_Ellan@cityoflorain.org).



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It is the City of Lorain's desire to obtain an active list of contractors who will participate in homeowner rehabilitation programs for qualified homeowners. These programs are federally funded by the Department of Housing & Urban Development through the Community Development Block Grant & HOME Investment Partnership Programs. This funding is provided to the City of Lorain to support homeowners with repairs to their house.

Please complete the application and attach the required documents and signed receipt of the Contractor Guidelines to participate in these programs.

**\*THIS APPLICATION DOES NOT LICENSE OR REGISTER CONTRACTORS WITH THE CITY OF LORAIN\***

## I. GENERAL INFORMATION:

COMPANY NAME: \_\_\_\_\_

CONTRACTOR LICENSE #: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

TAX ID/EIN #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CITY, STATE, & ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DUNS #: \_\_\_\_\_

When was your company established? \_\_\_\_\_

Are you a general contractor? YES ☐ NO ☐

If no, what type of contractor are you? \_\_\_\_\_

Are you registered/licensed with the City? YES ☐ NO ☐

Are you registered in the federal SAM system? YES ☐ NO ☐

UEI# \_\_\_\_\_

Are you a lead abatement contractor with ODH? YES ☐ NO ☐

Are you a minority-owned business? YES ☐ NO ☐ Are you certified enterprise (MBE) YES ☐ NO ☐

Are you a woman-owned business? YES ☐ NO ☐ Are you certified enterprise (WBE) YES ☐ NO ☐

Are you a veteran-owned business? YES ☐ NO ☐ Are you certified enterprise (VBE/VOSB) YES ☐ NO ☐

**Are you a Section 3 Contractor, as defined by the following?** YES ☐ NO ☐

- ▶ One that is at least 51% owned by a low or moderate income area resident or a Public Housing resident;
- ▶ One where at least 30% of its current, permanent, full-time employees were low or moderate income area residents within the last three years; or
- ▶ One that will subcontract at least 25% of its contract award funds to Section 3 businesses.

## **Additional HOME Rehabilitation Loan program questions and requirements:**

• Does your company have experience with projects of comparable size, complexity, and cost (85%) within last 3 years? ☐ YES ☐ NO

• Has your company received contracts with the City in the last five years? ☐ YES ☐ NO

If yes, please disclose \_\_\_\_\_

• In addition to \$1 Million liability insurance as required by City registration, does the contractor must have a Workers Compensation policy in effect and vehicle liability insurance of \$1 Million? ☐ YES ☐ NO

• The contractor must have certification as EPA Lead Renovator or Abatement Contractor (when working in homes that contain lead).



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**The contractor and its principals must be registered in SAM.gov and not have been debarred or excluded.**

### AREAS OF EXPERTISE:

Please check the type of work you are qualified to do and indicate the year(s) of experience you have in that area.

TYPE OF WORK	✓	YEAR(S) OF EXPERIENCE
GENERAL CARPENTRY	<input type="checkbox"/>	<input type="text"/>
ROOFING/GUTTERS	<input type="checkbox"/>	<input type="text"/>
STRUCTURAL SUPPORT REPAIR	<input type="checkbox"/>	<input type="text"/>
WINDOW REPLACEMENT	<input type="checkbox"/>	<input type="text"/>
DOOR REPLACEMENT	<input type="checkbox"/>	<input type="text"/>
SIDING/SOFFIT	<input type="checkbox"/>	<input type="text"/>
CONCRETE REPAIR	<input type="checkbox"/>	<input type="text"/>
PLUMBING	<input type="checkbox"/>	<input type="text"/>
EXCAVATING	<input type="checkbox"/>	<input type="text"/>

TYPE OF WORK	✓	YEAR(S) OF EXPERIENCE
FLOOR COVERING REPLACEMENT	<input type="checkbox"/>	<input type="text"/>
KITCHEN CABINET REPLACEMENT	<input type="checkbox"/>	<input type="text"/>
FOUNDATION/MASONRY	<input type="checkbox"/>	<input type="text"/>
ATTIC & SIDEWALL INSULATIONS	<input type="checkbox"/>	<input type="text"/>
CHIMNEY REPAIR	<input type="checkbox"/>	<input type="text"/>
HEATING & VENTILATION	<input type="checkbox"/>	<input type="text"/>
ELECTRICAL	<input type="checkbox"/>	<input type="text"/>
LEAD HAZARD REDUCTION	<input type="checkbox"/>	<input type="text"/>
DRYWALL/PAINTING	<input type="checkbox"/>	<input type="text"/>

Are you willing to sign a 1-year warranty for each job awarded? YES ☐ NO ☐

Approximately how many jobs have you completed as a general contractor?

0-25 ☐ 26-75 ☐ 76-125 ☐ 126-175 ☐ 176+ ☐ **HOW MANY EMPLOYEES DO YOU EMPLOY?** \_\_\_\_\_

Have you ever had any violations, litigation, liens, or suspensions initiated against you in the last five years? YES ☐ NO ☐

Do you allow the City of Lorain to include your information on the Preferred Contractor List that will be shared with homeowners and other contractors? YES ☐ NO ☐

Are you a certified Lead Renovator Firm? YES ☐ NO ☐ If yes, License #: \_\_\_\_\_  
Are your workers RRP certified? YES ☐ NO ☐  
Are your workers licensed in lead abatement? YES ☐ NO ☐  
Can you manage more than one \$75,000 job at a time? YES ☐ NO ☐

### PLEASE ENCLOSE WITH APPLICATION A COPY OF:

**1. PROOF OF WORKER'S COMPENSATION.**

- a. IF YOU UTILIZE SUB-CONTRACTORS AND ARE NOT REQUIRED TO CARRY WORKERS COMPENSATION INSURANCE PER OHIO LAW, PLEASE REQUEST A WRITTEN CERTIFICATION FORM.

**2. COMPLETED W-9**

**3. UNIQUE ENTITY IDENTIFICATION (UEI) NUMBER PRINTOUT FROM SAM.GOV**

### PLEASE SUBMIT (as applicable):

1. LEAD SAFE RENOVATOR'S CERTIFICATE
2. EPA FIRM CERTIFICATION
3. ODH LEAD ABATEMENT CONTRATOR LICENSE
4. ODH LEAD WORKER LICENSES



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## LENDER / VENDOR REFERENCES

### Recent customers with whom you have done business:

_____	_____	_____	\$ _____
Name	Address	Phone No.	Amount

_____	_____	_____	\$ _____
Name	Address	Phone No.	Amount

### Firms with which you have established credit:

_____	_____	_____
Name	Address	Phone No.

_____	_____	_____
Name	Address	Phone No.

I authorize the Program Administrators to verify the above information and I certify that the above information is true and complete.

By signing this authorization, I confirm I have read and understand the Contractor Guidelines provided to me with this application:

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
DATE

### **RETURN BY MAIL or DELIVER TO OFFICE:**

Tracy Ellan, Housing Rehab Administrator  
City of Lorain, Building, Housing & Planning 200 West Erie Avenue, 5<sup>th</sup> Floor Lorain, OH 44052

### **Release of Information**

The applicant pledges and agrees that he/she/they will comply with all local, state, and federal laws including, but not limited to, all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review my application and the information received using this form.
3. I have the right to copy information from my application and to request correction of information I believe inaccurate.
4. The information furnished herein is true to the best of my knowledge.
5. I understand that failure to provide requested information or falsification of information provided herein is cause for the rejection of my request to bid on work provided through BHP.

**WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of United States as to any matter within its jurisdiction.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

