



**FRANKLIN COUNTY REGIONAL HOUSING &  
REDEVELOPMENT AUTHORITY**

42 Canal Road • Turners Falls, MA 01376  
Telephone: (413) 863-9781 • Facsimile: (413) 863-9643

**ELIGIBLE CONTRACTOR'S APPLICATION  
HOUSING REHAB PROGRAM**

- |  |                                  |
|--|----------------------------------|
| 1.) _____<br>Name of Individual or Company | 2.) _____<br>Owner or Principals |
| _____                                      | 3.) _____<br>Years in Business   |
| Street Address                             | 4.) _____<br>Telephone Number    |
| _____                                      |                                  |
| City or Town, State, Zip Code              |                                  |
- 5.) Trade:
- |                         |                                     |
|-------------------------|-------------------------------------|
| ___ General Contracting | ___ Deleading                       |
| ___ Asbestos Removal    | ___ Well Drilling/Pump Installation |

If you want to be listed as a General Contractor, a copy of your **Massachusetts Construction Supervisor's License** and **Home Improvement Contractor's Registration** must be forwarded to this office.

6.) **Lead Paint Certification:** All work performed on houses built before 1978 requires contractors to be certified as either Moderate Risk Deleaders or High Risk Deleaders by the Massachusetts Department of Public Safety. A contractor will not be eligible to bid on projects that involve lead paint removal/remediation if he or she is not certified. Please list all certifications and licenses in Section 9.

7.) I ( ) do ( ) do not carry insurance in the minimum amounts specified:

**Insurance:** You are required to carry \$100,000/\$300,000 Contractor's Bodily Injury and \$50,000/\$100,000 Property Damage Insurance. You must furnish us with a current **Certificate of Insurance** from your insurance company.

8.) Your Federal Tax ID or Social Security Number: \_\_\_\_\_

9.) **Certificates and Licenses:** List all certificates and licenses applicable to your work which are required by local and state authorities.

<u>Type of License/Certificate</u>	<u>Number</u>	<u>Expiration Date</u>
_____		
_____		
_____		

(Continue on reverse side if necessary)

Rental Assistance • Housing Development • Housing Management • Community Development  
Municipal Assistance • Rehab Financing • Homeownership • Public Infrastructure

10.) References: List a minimum of 3 projects most recently completed.

- A.
1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_ Date Completed: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_ Date Completed: \_\_\_\_\_
  3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_ Date Completed: \_\_\_\_\_

B. List all projects presently under construction:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_  
Expected Date of Completion: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_  
Expected Date of Completion: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Total Cost of Job: \_\_\_\_\_  
Expected Date of Completion: \_\_\_\_\_

C. Primary Suppliers:

<u>Name of Company</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 11.) Have you held federal contracts subject to labor provisions such as the Davis-Bacon Act, Contract Work Hours and Safety Standards Act, Copeland Act, Equal Opportunity, etc. ( ) Yes ( ) No

If yes, please give most recent contract and agency.

\_\_\_\_\_

Contract

\_\_\_\_\_

Agency

- 12.) Names of purchasing or trade associations to which you belong:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 13.) Financial Data:

Are there any outstanding judgements against your business or its principals or has your business or any of its principals been subject to bankruptcy?

( ) Yes ( ) No

If yes, please give details on the reverse side of this page or attach additional information.

- 14.) Certifications:

The undersigned hereby certifies that all information set forth in this application given for the purpose of determining qualifications by the Franklin County Regional Housing and Redevelopment Authority (HRA) and its Housing Rehabilitation Program as to the responsibility of the applicant for government contracts, is true and complete to the best of my knowledge and belief. It is understood that verification of information and references provided in this application may be obtained by HRA.

**THE UNDERSIGNED FURTHER AGREES:**

- A.) That if Federal/State/Local codes, laws, rules, or regulations require licensing, he/she is in compliance with respective regulations and will continue to comply.
- B.) That work will be performed in accordance with all Federal /State/Local applicable codes, zoning regulations, and/or bylaws.
- C.) That if work performed by the Contractor is found to be unsatisfactory by the Franklin County Regional Housing and Redevelopment Authority (HRA) or if contract relations between the Contractor, homeowner, or other parties are found to be unsatisfactory, at the sole discretion of the HRA, a contractor may be determined ineligible to participate in all present and future

rehabilitation projects administered by HRA. In this event, the contractor will be notified in writing by certified mail. Any and all decisions rendered by HRA shall be final and binding.

- D.) That adequate insurance and Workmen's Compensation will be provided.
- E.) That the contractor will abide by U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.

15.) **(Optional)** For statistical purposes only. Data will *not* be considered by any local, State, or Federal official in determining contractor's eligibility.

CONTRACTOR

LIST NUMBER OF  
INDIVIDUALS BELOW

- A. White (Non Hispanic).....\_\_\_\_\_
- B. African American.....\_\_\_\_\_
- C. American Indian.....\_\_\_\_\_
- D. Hispanic.....\_\_\_\_\_
- E. Asian/Pacific Islander.....\_\_\_\_\_
- F. Other.(please specify).....\_\_\_\_\_

EMPLOYEES

- A. White (Non Hispanic).....\_\_\_\_\_
- B. African American.....\_\_\_\_\_
- C. American Indian.....\_\_\_\_\_
- D. Hispanic.....\_\_\_\_\_
- E. Asian/Pacific Islander.....\_\_\_\_\_
- F. Other.(please specify).....\_\_\_\_\_

SUBCONTRACTORS

- A. White (Non Hispanic).....\_\_\_\_\_
- B. African American.....\_\_\_\_\_
- C. American Indian.....\_\_\_\_\_
- D. Hispanic.....\_\_\_\_\_
- E. Asian/Pacific Islander.....\_\_\_\_\_
- F. Other.(please specify).....\_\_\_\_\_

APPLICANT'S CERTIFICATION:

The applicant certifies that all information in this application, and all information furnished in support of this application is given for the purpose of qualifying to participate in rehabilitation projects administered by the franklin county regional housing and redevelopment authority, and is true and complete to the best of my knowledge and belief. Verification may be obtained from any source named herein. **Signed under pains and penalties of perjury.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Owner or Principals

