

Swift County Housing & Redevelopment Authority

CONTRACTOR APPLICATION FORM

This form must be completed by each contractor who intends to bid for work that is assisted with Small Cities Development Program Funds. Satisfactory completion of this form puts you, as a contractor, on the list of "Available Contractors" that our staff will distribute to successful applications who are ready to invited bidders. Copies of a current State of Minnesota Contractor's License and proof of insurance must be attached to this form.

I. General Information

Name of Firm	Contractor License Number
Firm Owner	Social Security Number
Street Address	Office Phone number
City, State, Zip Code	Cell Phone Number
Name of person writing the bids	Home Phone Number
Preferred cell phone calling hours	Preferred home calling hours
Email address	

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

When was your firm established? _____

Are you a licensed lead supervisor? Yes No If yes, license number: _____

Are your workers trained on lead safe work practices? Yes No

Are you a woman-owned minority-owned business? Yes No

Are you a Section 3* contractor? Yes No

*A section 3 business is defined as either:

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

In which town(s) and area(s) would you be willing to work? _____

How many contractors are part of your firm (other than subcontractors)? _____

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

Over

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

- A. Comprehensive General Liability Insurance
 - a. Bodily injury \$300,000 each person; \$300,000 each occurrence
 - b. Property Damage \$100,000 each occurrence
- B. Comprehensive Automobile Liability
 - a. Bodily injury \$300,000 each person and each accident
 - b. Property Damage \$50,000 property damage
- C. Do you Carry Worker's Compensation Insurance? ____ Yes ____ No
 *Note: Self-Employed workers and Partnerships may be exempt.

II. Areas of Expertise

Please check the type of work you are qualified to do and indicate the years of experience you have in that area.

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

List your three most recent jobs completed:

Name	Phone	Type of work

Do you guarantee your work for one year? ____ Yes ____ No

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

Signature

Date