

HOME PROGRAM QUALIFICATIONS OF THE GENERAL CONTRACTOR
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Name of Construction Firm: _____ Date: _____

Business Address: _____

Email Address: _____

Office Phone _____ Fax. _____ Cell _____

EIN # _____ or Social Security No. _____

Legal Status of Organization (check one)

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

If not individual, firm was organized on _____ under the laws of the State of _____.

If out-of-state organization, is contractor authorized to do business in Tennessee?

Yes No

Tennessee Contractor's License Number (if applicable): _____

Years in business. _____ List construction experience in the last three years:

List Subcontractors you use or materials suppliers on attached form: Yes _____ No _____

Business references (local banks, etc.). Include address and phone number:

1. _____
2. _____
3. _____

Name, address and phone number of the last three (3) clients for whom you have performed construction work in the last two years:

1. _____
2. _____
3. _____

Workman's Compensation Policy # _____ by Company: _____

General Liability Policy # _____ by Company: _____

CONTRACTOR CERTIFICATION:

The undersigned hereby certifies that the information set forth in this certificate and in any attachments in support thereof, is true, correct and complete to the best of his/her knowledge and belief. The undersigned acknowledges that the Grantee will rely upon the information contained herein on a continual basis and agrees to notify the Grantee promptly in the event of any material change in that information. The undersigned also agrees to clarify this information and to confirm or update this qualification form upon request by the Grantee.

IN WITNESS WHEREOF, the General Contractor has caused this Certificate to be duly executed in its name on the ____ day of _____, 20 ____

Name of Firm

Name

Title

State of _____

County of _____

Signed and sworn to before me this ____ day of _____, 20 ____

Notary Public

My commission expires _____

1. Company or Individual Name: _____

2. Are you licensed? _____ License Number: _____

NOTE: In accordance with Tennessee Contractors Licensing Act of 1976 [Acts 1976, Chapter 822.1; T.C.A., 62-6011], only licensed contractors can be awarded a single contract which equals or exceeds \$25,000.

3. The Contractor shall carry Worker's Compensation Insurance for himself and all his employees and shall require the same of his subcontractors engaged in work at the site, which in certain situations may exceed the specifications in accordance with Tennessee State Worker's Compensation Laws. The Municipality shall be added to said policy as an additional insured and furnished with a certificate of insurance before any contract is awarded to the Contractor.

The Contractor shall carry Manufacturer's and Contractor's Public Liability Insurance, in an amount not less than \$100,000 for injuries including accidental death to any one person and for one accident, and to protect the contractor and his subcontractors against claims for injury to or death of one or more than one person because of accidents which may occur or result from operations under the contract. The Municipality shall be added to such policy as an additional insured and furnished with a certificate of insurance prior to awarding any contract to the Contractor. Such insurance shall cover the use of all equipment including but not limited to excavating machinery, trenching machines, cranes, hoists, rollers, concrete mixers, and motor vehicles in the construction of the rehabilitation embraced in their contract. The contractor shall carry during the life of the contract Property Damage Insurance in the amount of not less than \$50,000 to protect him and his subcontractors from claims for property damage which might arise from operations under their contract.

Your firm shall provide evidence of the above insurance requirements.

**FOR OFFICE USE ONLY
APPLICATION STATUS**

Approved Date _____

Conditional Approval _____
Reasons for Conditional Approval:

Disapproval Date _____
Reasons for Disapproval:

Removal from Approved Contractors List: _____
Reasons for Removal:

Date

Grant Administrator

Please mail completed application to: NORTHWEST TENNESSEE DEVELOPMENT DISTRICT
124 WELDON DRIVE
MARTIN, TENNESSEE 38237
ATTN: TIM BELTON

*Contractor Application
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LISTING OF SUBCONTRACTORS YOU TYPICALLY USE:

(TRADE)
ELECTRICAL: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Pager/Cell #) _____

PLUMBING: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Pager/Cell #) _____

FLOORING: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Pager/Cell #) _____

ROOFING: (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Cell #) _____

HVAC : (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Cell #) _____

list any other trades, or additional subcontractors for above listed trades:

_____ : (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Cell #) _____

_____ : (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Cell #) _____

_____ : (Name) _____
(Address) _____
(City, State, Zip) _____
(Phone#) _____ Email _____
(Cell #) _____

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This certification is required pursuant to 24 CFR Section 24.510(b). It shall be completed, signed and submitted as part of the bid proposal.

The prospective bidder certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Firm: _____

BY: _____
(Name Typed or Printed)

Contractor's Signature

Date