

MEMO TO: Contractor
FROM: Bishop Sheen Housing
SUBJECT: Contractor Application
DATE:

Please complete and return the enclosed "Contractor Application."

Also include:

1. Proof of Comprehensive Liability Insurance; and
2. Evidence of Workman's Compensation Insurance for employees.
3. If you are Lead Certified - send a copy of any certificates.
4. If you are Certified for Mobile Home Repair - send a copy of any certificates.

If you are not Lead Certified please contact one of the following agencies for upcoming lead certification sessions - all contractors working for Bishop Sheen Ecumenical Housing Foundation must be lead certified.

1. Email: TAUnit@dhcr.state.ny.us
2. Google: DHCR.State.NY.US - look under "Training/Seminars" on the right hand column.
3. The Training Network, Inc.
877-476-2299
www.leadsafetraining.org
4. <http://leadconnections.org/TrainingEnrollmentForm.php>
5. Call Cornell University Cooperative at: (716) 852-4191.

MOBILE HOME CERTIFICATION: If you are interested in being certified to do "structural changes" to Mobile Homes please contact: Timothy King, Jack Peacock, or Bill Sherman at: (518) 474-4073 at the Manufactured Housing Program division of the State of New York Education Services. Just leave your name and county.

Your name may be referred to clients who cannot get an estimate.

If you have any questions, please call Joe Ganley at 585-657-4114, x 106.

Date Submitted: _____

APPLICATION FOR APPROVED CONTRACTOR STATUS

Business Name: _____

Business Address: _____

[Street/PO Box]

[City/State/ Zip]

Phone Number: _____ FAX Number: _____

[Include Area Codes for all phone numbers]

Mobile Number: _____ Email: _____

Website: _____

Type of Company: Sole Owner: _____ Corporate Partnership: _____

Principal Owner: _____

Number of Years in Business: _____ Number of Employees: _____

Employer Identification Number: _____ OR Social Security Number ____ - ____ - _____

Please check if applicable: MBE: _____ WBE: _____ Registration #: _____

Please check for Lead Certification: _____ Number of Persons/Employees Certified: _____

Please check for Mobile Home Certification: _____ Number of Persons/Employees Certified: _____

If you need to, will you take a class to become lead certified: YES: _____ NO: _____

Sheen Housing's service area includes 13 counties. Check counties you are willing to work in:

Allegany _____ Cayuga _____ Chemung _____ Livingston _____ Monroe _____

Ontario _____ Schuyler _____ Seneca _____ Steuben _____ Tioga _____

Tompkins _____ Wayne _____ Yates _____

As a Contractor would you prefer to bid as a General Contractor bidding the complete job?

YES: _____ NO: _____

As a Contractor would you prefer to bid all specifications with the exception of:

Roofs, Septic, Wells? YES: _____ NO: _____

As a contractor would you bid **only** on: [Please check any that apply:]

Roof: _____ Septics _____ Wells _____

As a contractor would you bid on jobs less than \$5,000.00 YES: _____ NO: _____

TYPE OF WORK YOU DO

Please check all work that you do:

Carpentry _____ Roofing _____ Siding _____ Windows _____ Masonry _____
Plumbing _____ Heating _____ Drywall _____ Flooring _____ Electric _____
Insulation _____ Excavating _____ Wells _____ Septic Systems _____
Water Connections _____ Water Purification _____ Mobile Homes _____
Exterior Painting _____ Interior Painting _____ Other: _____

BUSINESS REFERENCES

Bank: _____ Account Number: _____

Address: _____
Street/PO Box City State Zip

Phone Number: _____
[Area Code and Number]

Vendor/Supplier: _____ Account Number: _____

Address: _____
Street/PO Box City State Zip

Phone Number: _____
[Area Code and Number]

Vendor/Supplier: _____ Account Number: _____

Address: _____
Street/PO Box City State Zip

Phone Number: _____
[Area Code and Number]

WORK REFERENCES

List work references within the past 12 months with dates completed. If sub-contractor, include General Contractors name and phone number. **Minimum of 3 work references** (attach additional sheets if necessary).

1. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]
2. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]
3. Name: _____
Address: _____
[Street/PO Box]

[City/State/Zip]
Phone #: _____ Contract Amount: _____
[Area Code and number]

I give permission to Sheen Housing to check with references listed above. YES: _____ NO: _____

BANKRUPTCY & LIENS

1. Have you ever filed **bankruptcy** personal or business in the past 12 months, or have a pending bankruptcy?
YES: _____ NO: _____ If YES, give date ____ / ____ / ____
2. Have you had any type of **liens**, or judgments in the past 12 months?
YES: _____ NO: _____ If YES, give date ____ / ____ / ____

SUB-CONTRACTORS

1. Do you use Sub-Contractors: YES: _____ NO: _____
If YES, what type of work do you sub-contract out? Please list:
 1. _____
 2. _____

AGREEMENTS

I agree to work toward equal opportunity employment in my choice of sub-contractors and suppliers.

I agree to sign an Affirmative Action Agreement when FEDERAL FUNDS are used.

I agree not to charge more than 10% profit when using NYS AFFORDABLE HOUSING CORPORATION FUNDS.

I agree to provide Bishop Sheen Ecumenical Housing Foundation, Inc., proof of:

- a. Comprehensive liability insurance protecting the owner for not less than **\$500,000** in the event of bodily injury. This includes death and property damage arising out of work performance by my employees of any sub-contractor hired by me, or my company.
- b. Workman's compensation insurance for persons hired by me or my company as my employees.

I understand that as of January 1998, Workers' Compensation is required if I have employees completing work under a Bishop Sheen Housing Contract.

I agree that I will supply a Workmans' Compensation Insurance Policy showing who is covered under the policy.

I agree that I or a minimum of one employee working on the job will be lead certified.

I agree that I or my employee will be the **only** person working on lead paint repairs.

I HEREBY AGREE TO THE ABOVE PROGRAM REQUIREMENTS, AND I GRANT BISHOP SHEEN ECUMENICAL HOUSING FOUNDATION, INC. TO RESEARCH THE ABOVE INFORMATION.

BUSINESS NAME: _____

OWNER'S WRITTEN SIGNATURE: _____

OWNER'S PRINTED SIGNATURE: _____

DATE: ____ / ____ / ____