



GREENE COUNTY  
DEVELOPMENT

# Greene County Department of Development CHIP Program

## CONTRACTOR APPLICATION

DATE SUBMITTED: \_\_\_\_\_

### GENERAL INFORMATION:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Company Federal ID Number: \_\_\_\_\_

Company DUNS Number: \_\_\_\_\_

Company Type:	General Contractor:	Yes _____	No _____
	Sole Proprietor:	Yes _____	No _____
	Partnership:	Yes _____	No _____
	Corporation:	Yes _____	No _____

### SPECIALTIES:

Electric: _____	Roofing: _____
Plumbing: _____	General: _____
Heating: _____	Lead: _____

### COMPANY OWNERSHIP:

Caucasian: _____	Male: _____
African-American: _____	Female: _____
Other: _____	

### SECTION 3 BUSINESS INFORMATION:

A Section 3 Business is defined as a business:

- That is at least 51% or more owned by Section 3 Residents;
- Whose permanent, full-time employees included persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or
- That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts awarded to a Section 3 business concern.

Section 3 Residents are defined as:

- Public Housing Residents;
- Persons who live in the metropolitan area or non-metropolitan county where a HUD-assisted project for housing or community development is located and whose annual household income is less than 80% of the Area Median Income.

Are you a Section 3 Business? Yes: \_\_\_\_\_ No: \_\_\_\_\_



**ADDITIONAL COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**COMPANY BACKGROUND:**

Month/Year Established as Independent Contractor: \_\_\_\_\_

Number of Tradesman employed with Company: \_\_\_\_\_

Can you handle more than one (1) Housing Rehabilitation (\$15,000 - \$35,000) contract at a time? YES: \_\_\_\_ NO: \_\_\_\_ (If yes, how many? \_\_\_\_ )

Can you handle more than one (1) Home Repair at a time? YES: \_\_\_\_ NO: \_\_\_\_  
(If yes, how many? \_\_\_\_ )

**SUPPLIERS LIST: BEGINNING WITH LARGEST VOLUME CREDIT ACCOUNT:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Use additional sheets if necessary)

**LIST THREE MOST RECENTLY COMPLETED JOBS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of job: \_\_\_\_\_ Total Contract Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of job: \_\_\_\_\_ Total Contract Amount: \_\_\_\_\_



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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of job: \_\_\_\_\_

Total Contract Amount: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION:** (NOTE: Contractors undertaking Electrical, Plumbing, Heating and Lead Hazard Reduction work must have sound qualifications in these specialty areas. Please provide licenses and certifications and the following information if you wish to qualify for electrical, plumbing, heating or lead hazard reduction work)

Name of Plumber: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Plumber: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Electrical Contractor: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Electrical Contractor: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Name of HVAC Contractor: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of HVAC Contractor: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LEAD HAZARD REDUCTION:** (Renovation and Remodeling Certifications or Lead Licenses must be submitted for all eligible employees – Use additional sheets if necessary)

Name of Employee: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Employee: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Employee: \_\_\_\_\_

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**INSURANCE:**

Does your Company have at least the following amounts of Insurance Coverage:

Public Liability - \$50,000 each person and \$200,000 each occurrence: YES: \_\_\_\_ NO: \_\_\_\_

Property Damage, \$100,000 for Life of Contract: YES: \_\_\_\_ NO: \_\_\_\_

Worker's Compensation Coverage: YES: \_\_\_\_ NO: \_\_\_\_

**(Proof of above coverage must be provided with this application)**

Does your Company have an Equal Employment Opportunity Policy which complies with Federal Regulations? YES: \_\_\_\_ NO: \_\_\_\_

Circle Yearly Gross Volume of Contracted Work:

\$0 to	More than	More than	More than	More than
\$50,000	\$50,000	\$100,000	\$250,000	\$500,000

**EXECUTIVE ORDER 2010-09S**

(Banning the Expenditure of Public Funds on Offshore Services)

No services required to implement any work associated with the Community Housing Improvement Program shall be performed outside of the United States of America. All Contractors are required to be eligible under Executive Order 2010-09S. The full Executive Order is located at [www.governor.ohio.gov/Default.aspx?tabid=1945](http://www.governor.ohio.gov/Default.aspx?tabid=1945).

List of Company Owners:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



**LEGAL ACTION**

Are you or your Company currently involved in, or have been involved in (within the past five years) a lawsuit for failure to pay a sub-contractor or supplier, or for failure to meet contractual obligations? YES: \_\_\_ NO: \_\_\_

If yes, please provide explanation including date of action and jurisdiction of action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AUTHORIZE THE HOUSING REHABILITATION PROGRAM TO VERIFY ALL INFORMATION SUPPLIED ON THE APPLICATION AND TO OBTAIN A CREDIT REPORT AND ANY OTHER INFORMATION DEEMED NECESSARY FOR REVIEW PURPOSES. WILLFUL FAILURE TO PROVIDE ACCURATE INFORMATION WILL RESULT IN THE REMOVAL FROM CONSIDERATION FOR THE PROGRAM.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**NOTE:** This form must be completed by the Contractor and returned to the CHIP Program Coordinator. Please include all requested information, including all insurance, Worker's Compensation and licensure/certification information.

**FOR OFFICE USE ONLY**

**VERIFICATION OF CONTRACTOR REFERENCES AND INSURANCE:**

Suppliers Contacted:

Company: \_\_\_\_\_

Credit Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Credit Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



Job References Contacted:

Name: \_\_\_\_\_ Reference Comments: \_\_\_\_\_  
 Type of Job: \_\_\_\_\_  
 Cost: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name: \_\_\_\_\_ Reference Comments: \_\_\_\_\_  
 Type of Job: \_\_\_\_\_  
 Cost: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name: \_\_\_\_\_ Reference Comments: \_\_\_\_\_  
 Type of Job: \_\_\_\_\_  
 Cost: \_\_\_\_\_  
 Date: \_\_\_\_\_

Insurance Review:

Public Liability: YES: \_\_\_\_ NO: \_\_\_\_ Valid Through: \_\_\_\_\_  
 (\$50,000 for each person and \$200,000 for each occurrence)

Property Damage: YES: \_\_\_\_ NO: \_\_\_\_ Valid Through: \_\_\_\_\_  
 (\$100,000 for life of contract)

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Worker's Compensation: YES: \_\_\_\_ NO: \_\_\_\_ Valid Through: \_\_\_\_\_

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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**VERIFICATION COMMENTS:**

Information Verified by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED:            YES: \_\_\_\_ NO: \_\_\_\_

Approval Conditions: \_\_\_\_\_

\_\_\_\_\_