



**Contractor Application Form**

This form must be completed by each contractor who intends to bid for work associated with Greater Greenville Housing and Revitalization Association, Inc. Satisfactory completion of this form puts you, as a contractor, on the list of "Available Contractors" that our staff will utilize when considering applicants. **Copies of a current State of Mississippi Contractor's Licenses and proof of insurance must be attached to this form.**

**I. General Information**

Name of Firm: \_\_\_\_\_ Contractor License Number: \_\_\_\_\_

Firm Owner: \_\_\_\_\_ Firm Street Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Office Hours: \_\_\_\_\_ Name of Person Bidding \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Preferred Calling Hours: \_\_\_\_\_

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

Are you familiar with the Davis-Bacon Act? Yes  No

In which towns and areas 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

**• Contractors must attach evidence of licenses that are required by the State of Mississippi. 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 Workers' 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 Experience	Type of Work	Years of Experience
General Carpentry	_____	Floor Covering Replacement	_____
Roofing	_____	Kitchen Cabinet Replacement	_____
Structural Support Repair	_____	Foundation Repair	_____
Window Replacement	_____	Attic and Sidewall Insulation	_____
Door Replacement	_____	Chimney Repair	_____
Siding	_____	HVAC	_____
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*