



Neighborhood and Business Development
City Hall Room 028B, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Dear Contractor:

Thank you for your interest in participating in the City of Rochester Housing Rehabilitation Programs.

Enclosed you will find the Contractor Application and Permission to Conduct a Credit Check. These documents must be filled and returned to this office with the following documents:

1. Must provide a copy of your Business Certificate/DBA, and if the business is incorporated, you must submit copies of incorporation documents. Any changes must be noted.
2. Must provide a copy of your W9.
3. Must, at all times, be current on all property taxes for properties owned in the City of Rochester.
4. Must provide at least four (4) references and have a proven track record of quality performances on prior Lead Abatement/Risk-Reduction and/or Renovation projects.
5. Must obtain a Duns/Cage by registering in the System for Award Management (SAM) at <https://www.sam.gov/portal/SAM/#1>.
6. Must carry General Liability Insurance with 30-day notice of cancellation rider and additional insured endorsement (\$2,000,000 General Aggregate & \$1,000,000 each Occurrence as minimum coverage), Worker's Compensation Insurance, Disability Insurance and Occurrence-based Insurance and description of operations must read "General Contractor". The City of Rochester, 30 Church Street, Rochester, New York 14614 must be named as additional insured. All policies must be kept current and updated. All new certification must be mailed to the City of Rochester Rehab Program as needed.
7. Must submit Lead Training Certificates and Lead Licenses for the firm, and all individuals including owner, project managers, supervisors, foremen, and all workers. They all must be EPA-trained, certified and licensed by and according to EPA 40 CFR 745. They all must remain current with all new Federal and State Guidelines concerning Lead-Based Paint Abatement, especially concerning Certification and Training of employees. All training certificates and licenses must remain current at all times.

Failure to provide any will result in your application not being accepted and/or the removal of your company from the list.

Upon completion of your application and review, we will contact you in writing with the outcome of the evaluation.

If you have any questions, you may contact Contract Services at (585) 428-6963.



Contractor Application

Please Print or Type

Company Name: _____

Company Address: _____

***Post Office Box is not acceptable**

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Cell Phone: _____

Owner Name(s): _____

Social Security or Federal Tax I.D.: _____

D.B.A or if company is incorporated, date of incorporation: _____

Number of years engaged in remodeling under your present company _____

Current number of permanent employees: _____

Are you a member of the Better Contractors Bureau? yes no

Are you a member of the Better Business Bureau? yes no

Are you or any members of your immediate family currently employed by the City of Rochester? yes
 no

Name and address of any relative doing business with the City of Rochester: _____

Name and address of current affiliated companies: _____

Are you a minority contractor? yes no

Ethnicity: Black Hispanic Asian other _____ Woman

What certifications does your company have? _____

1. Please list all property owned solely or jointly by you within the City of Rochester:

2. Please list at least three properties on which you have completed renovation work:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

3. Are you or any of your employees licensed to do electrical, heating or plumbing work in the City of Rochester? _yes _no ***Please provide a copy of the license**

Name: _____ License _____

Name: _____ License _____

References

Name: _____

Address: _____

City, State and Zip Code: _____

Contact: _____

Phone: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Contact: _____

Phone: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Contact: _____

Phone: _____

The undersigned hereby authorizes and request any person, firm, or corporation to furnish any information requested by the City of Rochester in verification of the recitals comprising this Contractor's State of Qualifications.

Dated: _____

Print Name of Firm

Print Name

Title

Signature

Notary Public