

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 28**

CONTRACTOR QUALIFICATION

The following information must be completed in order to be considered a qualified bidder.

**I
Bidder Information**

Legal Company Name _____

D/B/A _____

Address _____ City _____ State _____ Zip Code _____ Telephone _____

**II
Company Structure**

Corporation Partnership Individual Other

If Other, explain: _____

State of Incorporation or Registration _____

Number _____

Number of Years in Business _____

**III
Principals**

List the name, address, telephone number and position of each principal of the company. (Attach additional pages if necessary.) "Principal" means each officer and director of the bidder and each shareholder, partner and co-venturer who either controls or owns, directly or indirectly, a ten percent or greater interest in the bidder or who will actively participate in the performance by the bidder of the proposed contract.

| Name | Address | Phone # | Position |
|------|---------|---------|----------|
| | | () | |
| | | () | |
| | | () | |
| | | () | |

Which licenses does your company hold?

Plumbing # _____ Issued by: _____ Date: _____

Electrical # _____ Issued by: _____ Date: _____

Other # _____ Issued by: _____ Date: _____

If none, please explain: _____

IV
Bank Reference

Bank _____

Address _____ City _____ State _____ Zip Code _____ Telephone _____

Account Name _____ Account #: _____ Contact Person: _____

V
Woman/Minority-Owned Business

Is this a woman or minority-owned business? Yes No

If **%es**,+is it qualified as such with the State of New York? Yes No Certification #: _____

VI
Disqualification

Has this business, its individuals, partners, officers and/or shareholders . . .

(a) been disbarred or otherwise disqualified from participation in city, state or federally funded work projects? Yes No

If **%es**,+please give details: _____

VII
Affiliation

List all other businesses in which the majority owners, partners, officers and shareholders have held an affiliation or interest in the past five years.

(Attach additional pages if necessary.)

| Name of Business | Address | Work/Service Performed | Contact Person | Phone # |
|------------------|---------|------------------------|----------------|---------|
| | | | | () |
| | | | | () |
| | | | | () |

VIII
WAP History

List all Weatherization Assistance Program (WAP) subgrantees for which you completed major heating system work during the past three years: (Attach additional pages if necessary.)

| Subgrantee Name | Subgrantee Name |
|-----------------|-----------------|
| | |
| | |
| | |

IX
Insurance

Insurance Company _____

Address _____ City _____ State _____ Zip Code _____

Type of Coverage: _____ \$ Amount: _____ Contact Person: _____ Telephone: _____

Are there any claims pending against your auto/general contractor liability coverage? Yes No

If Yes, +amount of claim(s) \$ _____ \$ _____ \$ _____ \$ _____

Bonding Company _____

Address _____ City _____ State _____ Zip Code _____

Contact Person: _____ Telephone: _____

X

Project History

Complete the following information for each of the last five heating replacement projects of 25+ units completed by your organization:

| | | |
|--|-----------------------------------|-----------------|
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor | Description of Subcontracted Work | |

| | | |
|--|-----------------------------------|-----------------|
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor | Description of Subcontracted Work | |

| | | |
|--|-----------------------------------|-----------------|
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor | Description of Subcontracted Work | |

| | | |
|--|-----------------------------------|-----------------|
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor | Description of Subcontracted Work | |

| | | |
|--|-----------------------------------|-----------------|
| Owner/Project Name | | |
| Address | | |
| Contact Person | Phone # | Cost of Project |
| Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If so, approximately how much of the work did you subcontract? | | |
| Name of Subcontractor | Description of Subcontracted Work | |

XI

Affirmation

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms, under penalties of law, that the statements made in this application for inclusion to the Qualified Bidders List have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City and New York State unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information given herein. The applicant understands that this application for inclusion on the Qualified Bidders List does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion.

(Signature)

(Print Name)

(Title)

STATE OF NEW YORK)
COUNTY OF) ss:

_____, being duly sworn, deposes and says: I am the person signing on behalf of the applicant described herein and who executed the foregoing application, and the several matters therein stated are in all respects true.

Subscribed and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

