

GLCAP Senior Helping Hands CONTRACTOR APPLICATION

All questions should be answered in a clear and comprehensive fashion. Please feel free to submit additional information that could prove helpful in assessing your qualifications. If you have any questions regarding the completion of this application form, contact: Bryan Adams at 419-332-8499.

GENERAL INFORMATION

Company Name: _____

Owner: _____

Company Address: _____

City: _____ **State:** Ohio **Zip Code:** _____

Phone: _____ **Cell Phone:** _____ **Fax:** _____

Email Address: _____

Federal Tax ID Number or SSN: _____

(If you do not use a federal tax ID number, list the owner's social security number.)

How long have you been in business? _____

Type of work that you perform: (Check all that apply)

- General Electrical HVAC Plumbing
 Gutters/Downspouts
 Other (please list)

Has the company ever failed to complete work awarded to it? Yes No

If "Yes" please attach a brief explanation including when, where, and why.

Has the company ever defaulted on a contract? Yes No

If "Yes" please attach a brief explanation including when, where, and why.

Licenses that you hold: State - _____

County - _____

City - _____

Please list all training related to the field of work you are interested in:

INSURANCE

Commercial General Liability: Such policy shall include the minimum coverage of \$1,000,000 per person, \$300,000 for each occurrence of bodily injury and not less than \$50,000 for damages to property.

Insurance Company: _____

Insurance Agent: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

OWNER INFORMATION

1) Owner Name: (Last, First, Middle Initial) _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

2) Owner Name: (Last, First, Middle Initial) _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Your completed application must include copies of the following:

- **Completed W9 Form**
- **Current Worker's Compensation Certificate; and**
- **Current registration/licenses from areas of service where applicable.**

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state, and federal laws including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of United States as to any matter within its jurisdiction.

PERMISSION TO VERIFY INFORMATION RELEVANT TO THIS APPLICATION: The applicant gives permission to the Great Lakes Community Action Partnerships, Inc. to verify information used to determine eligibility and as outlined and initialed below. He/she understands that this information is used to determine if he/she/they qualify to participate as a contractor with the Senior Helping Hands Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review my application and the information received using this form.
3. I have the right to copy information from my application and to request correction of information I believe inaccurate.
4. The information furnished herein is true to the best of my knowledge.

Signature

Date