



CHIP Contractor Application Procedure Housing and Energy Department

Great Lakes Community Action Partnership (GLCAP) requires all contractor/sub-contractors be qualified prior to bidding on projects. In order to qualify, the contractor/sub-contractor must submit all items bulleted below.

In order to qualify, the contractor/sub-contractor must:

- Submit signed and completed application to GLCAP for review
- Submit Certificate of Insurance listing GLCAP as additionally insured
- Submit a completed W-9 Tax Form
- Submit copy of Worker's Compensation Certificate (if company has employees)
- Submit EPA/RRP Lead Certificates
- Submit Lead Abatement Equipment License
- Submit EPC

GLCAP reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

If you have questions about the requirements listed on this form, please call our office at 419.333.6049 or smevans@glcap.org

Thank you in advance for your cooperation.



CHIP CONTRACTOR APPLICATION
Housing and Energy Department

1) GENERAL INFORMATION

Company Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 Contact Person: _____ Phone: _____ Fax: _____

2) ORGANIZATION:

- DUNS number _____
- Sole Proprietorship/Owner's Name _____
- Partnership/Partner's Name _____
- Corporation/Company Name _____
- Other/Specify _____

Business Classifications (<i>Check all that apply</i>)	Please provide demographic information of the ownership of your company (<i>Check all that apply</i>)	
	Male Owned	Female Owned
<input type="checkbox"/> DBE (Disadvantaged Business Enterprise)		
<input type="checkbox"/> MBE (Minority Business Enterprise)	White American <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WBE (Women-Owned Business Enterprise)	African American <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Classification (Please list)	Hispanic/Latino <input type="checkbox"/>	<input type="checkbox"/>
	Native American <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	Asian American <input type="checkbox"/>	<input type="checkbox"/>
	Other: <input type="checkbox"/>	<input type="checkbox"/>

How many years doing business under present company name? _____

Have you contracted under any other name(s)? Yes _____ No _____
 If yes, what was name _____ Explanation why changed? _____

Have you ever failed to complete work awarded to you? Yes _____ No _____
 If yes, explain _____

Have you ever defaulted on a contract? Yes _____ No _____
 If yes, explain _____

Are you currently listed on any federal or State of Ohio contracting debarment list? Yes _____ No _____
 If yes, explain _____

Are you currently listed as an ineligible contractor in any other community? Yes _____ No _____
 If yes, explain _____

Has any kind of judgment been rendered against you or your company in the last ten years? Yes _____ No _____
 If yes, explain _____

4) AREAS OF SPECIALIZATION

- Electrical Plumbing General Contracting HVAC
- Roofing Masonry Excavation/Grading Lead Abatement
- Concrete Siding/Windows Water, Sewer Installs Foundation Repair

OTHER: _____

5) CONTRACTOR SERVICE AREA (Approximate project dollar amount available in each county)

- Allen (\$300,000) Crawford (\$460,000) Erie (\$915,000) Hancock (\$265,000)
- Huron (\$825,000) Lorain (\$640,000) Lucas (\$465,000) Ottawa (\$655,000)
- Putnam (\$160,000) Sandusky (\$935,000) Seneca (\$865,000) Wood (\$370,000)

6) INSURANCE: (Certification of Insurance must be provided by agent)

- ✓ Commercial General Liability minimum coverage of \$1,000,000 per person
- ✓ Bodily Injury minimum coverage of \$300,000
- ✓ Property Damage minimum coverage of \$50,000
- ✓ List **Great Lakes Community Action Partnership (GLCAP), 127 S. Front St, Fremont, OH, 43420** as the certificate holder

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Address: _____

Liability Insurance Policy Number: _____ Expiration Date: _____

7) PROJECT EXPERIENCE – Provide the following information on your largest project (attach additional pages if necessary)

Type of project: _____

Contract amount: _____

Location of project: _____

References: Please provide three business references where contract performance has taken place within the last 12 months.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

8) SUB-CONTRACTOR INFORMATION

Please list all Sub-Contractors that you intend to use for any future projects.

Contractors are to be listed on this form for all individual contracts for the project.

Sub - Contractor #1	Company Name: _____
	Owner: _____
	Company Address: _____
	City: _____ State: Ohio Zip Code: _____
	Phone: _____ Cell Phone: _____ Fax: _____
	Email Address: _____

Sub - Contractor #2	Company Name: _____
	Owner: _____
	Company Address: _____
	City: _____ State: Ohio Zip Code: _____
	Phone: _____ Cell Phone: _____ Fax: _____
	Email Address: _____

Sub - Contractor #3	Company Name: _____
	Owner: _____
	Company Address: _____
	City: _____ State: Ohio Zip Code: _____
	Phone: _____ Cell Phone: _____ Fax: _____
	Email Address: _____

Release of Information

The applicant pledges 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.

PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant gives permission to the GLCAP to check his/her credit, order a lien search and/or verify other 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 GLCAP Housing and Energy Programs.

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.
5. I understand that failure to provide requested information or falsification of information provided herein is cause for the rejection of my request to bid on work provided through the GLCAP.

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.

Print Name

Signature

Date

<p>Please Return Completed Application to: Great Lakes Community Action Partnership Attn: Housing & Energy PO Box 590 Fremont, OH 43420</p>
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Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.