

Contractor Qualifications

Please keep in mind that prior to the signing of any contract, each contractor must provide:

1. A Certificate of Insurance showing evidence of current Contractor's Comprehensive General Liability insurance for \$1,000,000 or more
2. Proof of worker's compensation insurance
3. Federal Employee Identification number
4. A statement that the firm has never been debarred by the U.S. Department of Housing and Urban Renewal
5. Proof of a City of Paducah/neighboring city business license
6. The completed 'Contractor Application'

**MIDTOWN ALLIANCE OF NEIGHBORS
CONTRACTOR APPLICATION**

DATE: _____, 20__

The information contained in this application will be kept in the organization's files and will be strictly confidential. Midtown Alliance of Neighbors will use such information only to verify the qualifications of contractors participating in the organization's programs.

(Please Print or Type)

I. LEGAL NAME OF FIRM: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: (_____) _____

1. Owner's Name _____

Address _____

Position _____ **Experience (Yrs.)** _____ **Phone** _____

2. Owner's Name _____

Address _____

Position _____ **Experience (Yrs.)** _____ **Phone** _____

II. SPECIFY THE TYPES OF CONSTRUCTION YOU PERFORM: (List areas of construction experience and number of years of experience for each area. Indicate if experienced in new construction, rehabilitation, and/or historic renovation)

_____ **Experience** _____

_____ **Experience** _____

_____ **Experience** _____

_____ **Experience** _____

_____ **Experience** _____

II. REFERENCES:

Name, address and phone number of the last three (3) customers with whom you have done business:

1. _____

2. _____

3. _____

IV. SUPPLIERS: List two (2) major suppliers from whom you purchase most of your supplies:

Name	Address	City	Phone
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1. _____

2. _____

V. INSURANCE: List the insurance company/companies with whom you carry your liability/ workman's compensation insurance:

Name	Address	City	Phone
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1. _____

2. _____

VI. GENERAL INFORMATION:

1. If a general contractor, approx. how many jobs have you completed as a general contractor? _____

2. How many crews/employees do you employ full time? _____

3. Have you ever worked on a H.U.D. assisted project? Yes _____ No _____

4. Do you employ/retain a bookkeeper? Yes _____ No _____

Do you employ/retain an attorney? Yes _____ No _____

5. Have you ever filed for bankruptcy? Yes _____ No _____

6. Have you ever failed to complete any work awarded to you? Yes _____ No _____
If so, note when, where, and why:

7. Have you personally or as a contractor been sued for non-completion or unacceptable work?
Yes _____ No _____ If so, note when, where, and why:

VII. CONSIDERATION:

The undersigned contracting firm agrees that in consideration for being placed upon the "Acceptable Contractors" Register, he or she will comply with the following conditions on all construction work performed on properties as designated by Midtown Alliance of Neighbors.

1. That work will be performed in accordance with the *Building Officials and Code Administrators (BOCA) International Property Maintenance Code and the enhanced property maintenance standards as set forth by the Fountain Avenue Revitalization Plan* and is subject to such inspections as deemed necessary by the City of Paducah and the Midtown Alliance of Neighbors.
2. That if work performed by the contractor is found to be unsatisfactory by the organization, or if contract relations between the contractor, homeowner, or other parties is found to be unsatisfactory, Midtown Alliance of Neighbors may remove the contractor's name from the "Acceptable Contractors" Register.
3. That adequate Contractor's Public Liability, Property Damage Insurance, and Workman's Compensation will be provided.
4. That bids received by Midtown Alliance of Neighbors will be evaluated on the basis of certain "High" and "Low" parameters of the organization's estimate of the work, and other conditions that are in the best interest of the organization's client and Midtown Alliance of Neighbors .
5. That the contractor shall not enter into any contract, verbal or written, with any owner during the period in which Midtown Alliance of Neighbors has a programmatic relationship with that owner, without the expressed, written approval of Midtown Alliance of Neighbors and subject to the organization's conditions.
6. That the contractor assures Midtown Alliance of Neighbors that all statements contained in the application are true and correct to the best of his/her knowledge and that any false statements made in this application can be used as grounds for removal from the organization's "Acceptable Contractors" Register.
7. That the contractor will abide by all regulations pertaining to equal employment opportunity.
8. It is hereby acknowledges that priority will be given to small, local, minority, and female owned businesses.

DATED THIS, THE _____ DAY OF _____, 20____.

LEGAL NAME OF FIRM: _____

TAX ID NUMBER OR SOCIAL SECURITY NUMBER: _____

BY: _____ TITLE _____

**Permission for Inclusion on Midtown Alliance of Neighbors
Resource/Recommendation List**

We are frequently asked for contractor recommendations by residents of Fountain Avenue Neighborhood and the City of Paducah. Please indicate IF you would also like to be included on a resource list to be distributed to residents. You will not be included or formally recommended by the organization without your expressed, written permission to do so.

_____ **YES**, I would like to be included on the Midtown Alliance of Neighbors' Resource/Recommendation List and give permission for the Midtown Alliance of Neighbors to include my name and/or business on resource lists to be distributed to residents through mailings and the organization's website.

_____ **NO**, I would not like to be included on the Midtown Alliance of Neighbors' Resource/Recommendation List and do not give the Midtown Alliance permission to list my name and/or business on resource lists to be distributed to residents through mailings and the organization's website.

Signed: _____ **Title:** _____

Date: _____

Legal name of business: _____

Statement of Preferred Method of Communication

Midtown Alliance of Neighbors frequently utilizes email to communicate with contractors and send updates for each project. Providing your email address will ensure faster and more efficient communication with the organization. Please state your preferred method of communication below and provide a working email address if applicable.

To reach Midtown Alliance of Neighbors by email, contact kymidtownalliance@gmail.com

_____ **YES**, I have a working email address and would like to be contacted by email to ensure faster, more efficient communication with Midtown Alliance of Neighbors.

Email Address: _____

Secondary Email Address: _____

_____ **NO**, I do not have or use an email address for communication. I would prefer to always be contacted by the phone number or address provided in my contractor application.

Signed: _____ **Title:** _____

Date: _____

Legal name of business: _____