



# CONTRACTOR APPLICATION



**City of Canton Housing Rehabilitation Programs are federally funded by Community Development Block Grant & HOME Investment Partnerships Program**

The City of Canton welcomes you as a potential contractor for the Department of Community Development (CD). Please complete the application and attach required licensing, certifications, insurance, and signed receipt of the Contractor Guidelines.

## **I. GENERAL INFORMATION:**

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NAME OF FIRM: \_\_\_\_\_ CONTRACTOR LICENSE #: \_\_\_\_\_

FIRM OWNER: \_\_\_\_\_ TAX ID #: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

CITY, STATE, & ZIP CODE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BUSINESS HOURS: \_\_\_\_\_

DUNS #: \_\_\_\_\_ CITY OF CANTON LICENSE# \_\_\_\_\_

Are you a General Contractor? Yes  No

If not, what type of Contractor are you: \_\_\_\_\_

**General Contractors are required to have EPA’s Lead Renovation, Repair and Painting Rule certification for the City to remain in compliance with Federal regulations.**

Are you a Lead Abatement CONTRACTOR? Yes  No

Are you a licensed Lead Supervisor? Yes  No  If yes, License #: \_\_\_\_\_

Are your workers trained in lead safe work practices? Yes  No

Are you a Minority Business Enterprise (MBE)? Yes  No

Are you a 51% owned Woman Business Enterprise (WBE)? Yes  No

When was your Firm established? \_\_\_\_\_

Are you a Section 3 Contractor, as defined by the following: YES  NO

- ▶ One that is at least 51% owned by a low-to-moderate income area resident or a Public Housing resident;
- ▶ One that had/has at least 30% of its current, permanent, full-time employees that are low-to-moderate income area residents within the last three years; or
- ▶ One that will subcontract at least 25% of its contract award funds to Section 3 businesses.

Can you handle more than one \$10,000 job at a time? YES  NO

Contractors **MUST** attach evidence of licenses that are required by the State of Ohio. Our program also requires contractors to carry the following insurance coverage:

- ▶ Comprehensive General Liability Insurance
  - ▶ Comprehensive Automobile
  - ▶ Do you carry Workers' Compensation Insurance? YES  NO
- NOTE: Self-employed workers and Partnerships may be exempt.*

**II. AREAS OF EXPERTISE:**

Please check the type of work you are qualified to do and indicate the year(s) of experience you have in that area.

TYPE OF WORK	YEAR(S) OF EXPERIENCE
General Carpentry	
Roofing	
Structural Support Repair	
Window Replacement	
Door Replacement	
Siding	
Concrete Repair	
Plumbing	
Landscaping	

TYPE OF WORK	YEAR(S) OF EXPERIENCE
Floor Covering Replacement	
Kitchen Cabinet Replacement	
Foundation Wall Repair	
Attic & Sidewall Insulations	
Chimney Repair	
Heating & Ventilation	
Electrical	
Lead Hazard Reduction	
Lead Abatement	

We require our Contractors to guarantee work for one year. Are you willing to sign a **1-year warranty** for each job awarded? YES  NO

Approximately how many jobs have you completed as a General Contractor?  
0-25   26-75   76-125   126-175   176+

Please list the names and addresses of the last three clients for whom you have completed work:

NAME	PHONE#	ADDRESS	CITY	STATE	ZIP

Please list the names of other Cities in which you have recently completed work:

CITY NAME	CITY CONTACT	CONTACT PH#	PROJECT ADDRESS

How many employees do you employ? \_\_\_\_\_

Please complete the following ethnic information in relation to the owner of the firm for HUD statistical purposes only:

WHITE    BLACK    AMERICAN INDIAN/  
ALASKAN NATIVE    HISPANIC    ASIAN/PACIFIC ISLANDER

**PLEASE ENCLOSE WITH APPLICATION A COPY OF:**

- 1. CITY OF CANTON CONTRACTOR'S LICENSE**
- 2. LEAD ABATEMENT LICENSE AND WORKER LICENSES (IF APPLICABLE)**
- 3. PROOF OF WORKER'S COMPENSATION**
- 4. BOND – LIABILITY INSURANCE**
- 5. LEAD SAFE RENOVATOR'S CERTIFICATE FOR EACH EMPLOYEE**
- 6. EPA FIRM CERTIFICATION (IF YOU DON'T HAVE, PLEASE OBTAIN)**
- 7. COMPLETED W-9**
- 8. PHOTO OF DRIVER'S LICENSE**

I authorize the Program Administrators to verify the above information and I certify that the above information is true and complete:

<hr/> <i>CONTRACTOR'S SIGNATURE</i>	<hr/> <i>DATE</i>
<hr/> <i>CONTRACTOR'S NAME (PLEASE PRINT)</i>	<hr/> <i>DATE</i>

**RETURN BY MAIL OR  
DELIVER TO OFFICE:**      **CITY OF CANTON DEPARTMENT OF COMMUNITY DEVELOPMENT  
ATTN: LOAN/GRANT PROCESSOR  
218 CLEVELAND AVE SW, 5<sup>TH</sup> FLOOR  
CANTON, OH 44702  
(330) 489-3040**

**OR EMAIL TO:**              **COMMUNITYDEVELOPMENT@CANTONOHIO.GOV**

