



WILLIAM PILLSBURY, JR., DIRECTOR  
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**CITY OF HAVERHILL  
COMMUNITY DEVELOPMENT**

CITY HALL, ROOM 309  
FOUR SUMMER STREET  
HAVERHILL, MA 01830-5843

**REQUEST FOR CONTRACTOR  
QUALIFICATIONS FOR HOUSING  
REHABILITATION**

**HOUSING REHABILITATION & CODE CORRECTION PROGRAM**

The City of Haverhill Community Development Department is seeking qualified contractors to be placed on file as pre-approved contractors for bidding on Housing Rehabilitation & Code Correction Program (HRCCP) projects.

The HRCCP provides technical and financial assistance to low and moderate income Haverhill residents to make necessary code/energy efficiency improvements to their homes. Projects shall be overseen by the City of Haverhill Community Development Department in accordance with the regulations and objectives of the Community Development Block Grant program, utilizing funds from the United States Department of Housing and Urban Development (HUD).

Interested contractors must be Massachusetts licensed, insured, and have a valid RRP Certified Renovator Certificate. If you are interested in being placed on the HRCCP eligible contractor list, please complete the attached Contractor Certification Application and return it to the Community Development Department, City Hall, Room 309, 4 Summer Street, Haverhill, MA, 01830. There is no deadline. Applications will be reviewed upon receipt to confirm qualifications.

Bidding information for each HRCCP project shall be posted on the City's website <http://ci.haverhill.ma.us> (See Business section – Current Bids). **All HRCCP eligible contractors will automatically receive email notification (with Quote documents attached) when HRCCP projects go out to bid.**

If you have any questions, please contact the HRCCP Rehab Specialist at (978) 374-2344.



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**HOUSING REHABILITATION & CODE CORRECTION PROGRAM  
CONTRACTOR REQUIREMENTS**

Contractors who participate in the Housing Rehabilitation & Code Correction Program (HRCCP) must comply with the following in order to receive approval:

1. General Liability Insurance: \$1,000,000 - Provide a copy of your insurance policy.
2. Worker's Compensation Insurance (if you have employees): \$500,000 - Provide a copy of your insurance policy.
3. Provide your current:
  - ◆ MA Construction Supervisor License
  - ◆ MA Home Improvement Contractor License
  - ◆ EPA Remodeling, Renovations, and Painting (RRP) Certified Renovator Certificate

Contractors in the HRCCP are not subject to the CDBG Labor Standards since rehab work is restricted to one (1) - four (4) units. Labor standards apply to projects of eight (8) or more units<sup>1</sup>.

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<sup>1</sup> "CDBG Admin. Regulation 570.603 these requirements apply to the rehabilitation of residential property only if such property is designed for residential use of eight or more families".



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## CONTRACTOR CERTIFICATION APPLICATION

### CONTRACTOR'S DATA SHEET

Business Name \_\_\_\_\_ Street \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Tax ID No. (If Applicable) \_\_\_\_\_ Tax Exempt No. (If Applicable) \_\_\_\_\_ MA License No. \_\_\_\_\_

Contact Person/Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Privately Owned  Partnership  Corporation  No. of Years in Business \_\_\_\_\_ Average Annual Revenue \$ \_\_\_\_\_

Please list the names of owner(s) (if private), partners (if partnership), or corporation officers (if corporation)

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_

The following is for informational purposes only:

Owned (51% or more) by City of Haverhill residents:  Yes  No

Owned (51% or more) by members of a minority group:  Yes  No

Woman Owned Business:  Yes  No

Current No. of Employees \_\_\_\_\_  Yes  No Insurance Company: \_\_\_\_\_  
Worker's Compensation Insurance (If yes, please list Insurance Company) \_\_\_\_\_

Indicate construction experience / work provided (check all that apply):

- |  |                                     |                                     |  |
|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Building Construction | <input type="checkbox"/> Electrical | <input type="checkbox"/> Masonry    | <input type="checkbox"/> Other: (please specify below) |
| <input type="checkbox"/> General Construction  | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> De-leading | _____  |
| <input type="checkbox"/> Roofing               | <input type="checkbox"/> Gas        | <input type="checkbox"/> Demolition | _____  |
| <input type="checkbox"/> Windows               | <input type="checkbox"/> HVAC       | <input type="checkbox"/> Painting   | _____  |

Business Name \_\_\_\_\_

Other cities in which your business has operated \_\_\_\_\_

Insurance Agency \_\_\_\_\_ Insurance Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\$ \_\_\_\_\_  
General Liability Insurance Coverage (\$500,000 minimum)

Additional Information you wish to provide about your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business references (include local banks and material suppliers):

Name	Address	Phone No.	Established Credit
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Recent customers with whom you have conducted business:

Name	Address	Phone No.	\$ Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Have you ever filed for bankruptcy?  Yes  No

\_\_\_\_\_  
Business Name

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further agrees:

1. That the Commonwealth of Massachusetts contracts license class \_\_\_\_\_ and bond therefore are current, and that the undersigned contractor agrees to maintain current status of all licenses and bonds as required by the Commonwealth of Massachusetts.
2. That the contractor will perform the work in accordance with the description of work, general specifications and all applicable codes and zoning regulations and be subject to a final inspection by the City of Haverhill Health and Inspection Services Department.
3. That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the City of Haverhill may remove his/her name from the list of selected contractors.
4. That any required insurance, workman's compensation, and any additional licenses/certifications will be provided by the contractor upon request.
5. That she/he will abide by all applicable equal employment opportunity regulations.

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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**Office use only – Do not write below this line**

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Policy on file:  Yes  No

Worker's Compensation Policy on file:  Yes  No  N/A

De-leader License:  Yes  No

Construction Supervisor License:  Restricted  Unrestricted

Home Improvement Contractor License:  Yes  No

Remodeling, Renovations, and Painting Certification, EPA:  Yes  No

Comments: