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CITY OF HAVERHILL
COMMUNITY DEVELOPMENT

CITY HALL, ROOM 309
FOUR SUMMER STREET
HAVERHILL, MA 01830-584

REQUEST FOR CONTRACTOR QUALIFICATIONS FOR LEAD ABATEMENT AND HOUSING REHABILITATION

The City of Haverhill Community Development Department is seeking qualified contractors to be placed on file as pre-approved bidders for projects under the Lead Hazard Reduction Capacity Building Program (LHRCBP) and the Housing Rehabilitation & Code Correction Program (HRCCP).

Interested contractors must be Massachusetts licensed, insured, and have a valid Lead-Safe Renovator License. If you are interested in being placed on the LHRCBP and 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 LHRCBP and HRCCP project shall be posted on the City's website <https://www.haverhillma.gov/> (See Bid Opportunities section). **All eligible contractors will automatically receive email notification (with Quote documents attached) when projects go out to bid.**

If you have any questions, please contact our office at (978) 374-2344.

CONTRACTOR REQUIREMENTS

Contractors 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
 - ◆ MA Lead-Safe Renovation Contractor License
 - ◆ MA Deleader Contractor License, if applicable
 - ◆ SAM Listing/Organization Name

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.¹

¹ "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."

CONTRACTOR CERTIFICATION APPLICATION

Business Name _____ Street _____ City and State _____ Zip Code _____

Business Tax ID No. (If Applicable) _____ UEI No. _____ SAM Listing/Organization Name _____

MA Construction Supervisor License No. _____ MA Home Improvement Contractor License No. _____ MA Lead-Safe Renovation Contractor License No. _____

MA Deleader Contractor License No. (If Applicable) _____

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 _____ Phone No. _____

Name _____ Title _____ Phone No. _____

Have you ever worked for a government agency? Yes No

If yes, please specify the agency and date _____ Phone: _____

Have you or your company ever been suspended or prohibited from participation in any local, state, or federal program? Yes No

If yes, please specify the program and date _____ Phone: _____

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) _____

Insurance Agency _____ Insurance Agent _____ Address _____ Phone No. _____

General Liability Insurance Coverage (\$1,000,000 minimum)

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) _____ |
| <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 | |

Additional Information you wish to provide about your business:

Material Suppliers:

_____ Name	_____ Address	_____ Phone No.
_____ Name	_____ Address	_____ Phone No.

Sub-Contractors:

_____ Name	_____ Address	_____ Phone No.
_____ Name	_____ Address	_____ Phone No.
_____ Name	_____ Address	_____ Phone No.

References:

Name _____ Address _____

Phone No. _____ Amount of Contract \$ _____

Type of Work Performed _____

Name _____ Address _____

Phone No. _____ Amount of Contract \$ _____

Type of Work Performed _____

Name _____ Address _____

Phone No. _____ Amount of Contract \$ _____

Type of Work Performed _____

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 contractor license(s) 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: _____

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

Lead-Safe Renovator License: Yes No

SAM: Yes No

Comments: