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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 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>		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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owned (51% or more) by members of a minority group: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Woman Owned Business: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current No. of Employees		<input type="checkbox"/> Yes <input type="checkbox"/> 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)L 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: