CONTRACTORS WANTED
City of Fitchburg
Department of Community Development
Division of Housing and Development

Are you a Construction Contractor with a Massachusetts Deleader’s License?

The City of Fitchburg’s Department of Community Development is seeking qualified contractors for upcoming projects involving lead paint hazard control and homeowner rehabilitation in the greater Fitchburg area.

Interested contractors will be required to complete an application and provide:

- A valid license for the appropriate trade,
- Evidence of sufficient liability insurance and workers compensation insurance, if applicable.
- Job references will be requested from a minimum of the last three completed contracts.
- Bonding is NOT required.

All contracts will be standard two-party agreements between the property owner and the contractor. The City acts as funding source, provides construction counseling to the property owner throughout the process and coordinates construction payments to the contractors.

The City was recently awarded a significant grant from HUD to assist property owners in addressing lead paint hazards in Fitchburg and surrounding communities. The Department of Community Development expects to administer over one million dollars in lead abatement work/home rehabilitation over the coming year and anticipates a high demand for contractors.

Minority and women-owned contracting firms and Section 3 businesses (Employing 30% or more low/very low income persons or owned 51% or more by low/very low income persons) are strongly encouraged to apply.

Applications are available at:
Department of Community Development–Division of Housing & Development
Fitchburg Public Library, 610 Main Street (library opens at 10:00 AM)
Mail to: 166 Boulder Drive
Fitchburg MA. 01420
(978)829-1890
www.fitchburgma.gov

Funding is provided by:
U.S. Department of Housing and Urban Development’s HOME Program, Community Development Block Grant Program, Lead Hazard Control and Healthy Homes Program
CITY OF FITCHBURG
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF HOUSING & DEVELOPMENT

HOUSING IMPROVEMENT PROGRAMS
CONTRACTOR APPLICATION FORM

NAME OF COMPANY __________________________________ FED. I.D. # ____________________
OWNER’S NAME ______________________ SOC. SEC. # ____________ D.O.B. ______________
ADDRESS (STREET) _________________________________________________________________
(CITY, STATE, ZIP CODE) __________________________________________________________
PHONE: OFFICE ___________________ FAX _____________ HOME _____________________
OFFICE HOURS: ______________ TO ________________
MAY WE CALL YOU AT HOME? YES_____ NO ______
ARE YOU A GENERAL CONTRACTOR? (ALL PHASES OF WORK)  YES_____ NO ______
HOW LONG HAVE YOU BEEN SELF-EMPLOYED? _______ YEARS OF EXPERIENCE________
DO YOU HAVE A SPECIALTY? ______________________________________________________
HOW MANY EMPLOYEES DO YOU EMPLOY? ________________________________

LIST BUILDERS LICENSE AND NUMBERS WHICH YOU HOLD:
Construction Supervisors License # ________________________________
Home Improvement Certification # ________________________________
Deleaders License # ________________________________
Other License____________________________________________________________________
Other License____________________________________________________________________
Other License____________________________________________________________________

DO YOU CARRY BODILY INJURY AND PROPERTY DAMAGE INSURANCE?
YES__ NO ___AMOUNT $________________
DO YOU CARRY WORKMEN’S COMPENSATION INSURANCE?
YES__ NO ___AMOUNT $________________
NAME OF INSURANCE CO._______________________________________________________

ATTACH A CERTIFICATE OF INSURANCE TO THIS APPLICATION
HOW LONG A PERIOD DO YOU GUARANTEE YOUR WORK? _______________________________

DO YOU COMPLY WITH A NONDISCRIMINATION POLICY CONCERNING EMPLOYEES AND
SUBCONTRACTORS? YES _____ NO _____

IF NO, STATE WHY ____________________________________________________________

ARE YOU A MINORITY/WOMAN OWNED COMPANY? YES____NO_____ NOT SURE_____

ARE YOU A SECTION 3 BUSINESS? YES____NO____ NOT SURE____

CIRCLE YEARLY GROSS VOLUME OF CONTRACTED WORK

$0 - $25,000  $25,000 - $50,000  $50,000 – 1000,00  OVER $100,000

LIST SUPPLIERS: STARTING WITH THE LARGEST VOLUME CREDIT ACCOUNT

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>IS THIS ACCOUNT CREDIT OR CASH?</th>
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<tbody>
<tr>
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<td>3.</td>
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LIST THREE (3) MOST RECENT JOBS COMPLETED: (ATTACH A SEPERATE SHEET IF NECESSARY)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>TYPE OF WORK</th>
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By signing this application you hereby agree and authorize the City of Fitchburg, Department of Community Development, Division of Housing & Development to obtain a credit report/s in connection with this application in your name and/or your company name.

In addition as applicant, you hereby certify and attest under penalty of perjury that all statements made within this application are true and complete.

The City of Fitchburg is authorized to obtain and verify any information contained herein, and this application and subsequent information obtained will remain the property of the City of Fitchburg, Department of Community Development, Division of Housing & Development.

________________________________________________________  ________________________
AUTHORIZED SIGNATURE                                                                 DATE

Rev 9/15