

**TOWN OF COVENTRY
HOUSING REHABILITATION PROGRAM**

The Town of Coventry, through a Housing Rehabilitation Grant funded by the Small Cities Community Development Block Program, is seeking applications from qualified contractors wishing to bid on General, One & Two Family Rehabilitation Work. Jobs range between \$5,000 and \$25,000 and include all aspects of rehabilitation and environmental health.

Projects may include but are not limited to, septic system repairs, public sewer connections, roofing & siding, structural deficiencies, replacement windows, plumbing, electrical, and heating systems. Contractors and their employees in addition to all sub-contractors wishing to work on houses built prior to 1978 are required to have successfully completed the EPA's Lead-Based Paint Renovation, Repair and Painting Program (RRP) and be aware of the new Lead-Based Paint Regulations.

Contractors must submit the attached Contractor's Application and include a copy of your current insurance certificate (showing Workman's Comp and Liability if you have employees); a copy of your Contractor's License; copies of all workers EPA Lead-Based Paint Renovation, Repair and Painting Program (RRP) Certificates; and copies of licenses, insurance certificates and RRP Certificates for all subcontractors.

Return all documents to: Coventry Housing Rehab Program
1712 Main Street
Coventry, CT 06238

The Town of Coventry is an Affirmative Action/Equal Opportunity Employers. Small, Minority, Women owned and Section 3 businesses are encouraged to apply.

**TOWN OF COVENTRY
HOUSING REHABILITATION PROGRAM
CONTRACTOR'S APPLICATION**

Please include a copy of your current insurance certificate (showing Workman's Comp and Liability if you have employees), a copy of your Contractor's License, copies of EPA's Lead-Based Paint Renovation, Repair and Painting Program (RRP) Certificate for all workers; and copies of licenses, insurance certificates and RRP Certificates for all subcontractors.

Incomplete applications will not be accepted

Return all documentation to: *Coventry Housing Rehab Program
1712 Main Street
Coventry, CT 06238*

Contractor Information

Name of Company: _____

Owner's Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

CT State License # _____ IRS# _____ SS# _____

How long have you been a licensed contractor? _____

of employees _____ Are you currently involved in any litigation? Yes _____ No _____

Do you comply with a nondiscrimination policy concerning employees & subcontractors? Yes _____

No _____ If no, state why _____

Insurance Information (copy of current Insurance certificate must be attached)

Insurance Company: _____

Phone: _____ Fax: _____

Address: _____

Subcontractor Information

(copies of current insurance certificates and licenses for all subcontractors must be attached)

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Subcontractor Name: _____ ID Number (Tax or SSN) _____

Address: _____

Ownership Information Please check where applicable and attach certificate:

_____ Female owned company 51% or more _____ Minority owned company 51% or more
_____ Section 3 Company _____ Small Business Enterprise

Supplier Information

List suppliers name and address from whom you purchase most of your supplies:

Supplier Name: _____

Address: _____

Supplier Name: _____

Address: _____

Supplier Name: _____

Address: _____

References

Experience with Small Cities Programs:

Contact Person: _____ Phone: _____

Program Name: _____

Contact Person: _____ Phone: _____

Program Name: _____

Contact Person: _____ Phone: _____

Program Name: _____

List three most recent jobs completed:

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

Homeowner Name: _____ Phone: _____

Address: _____

Work completed: _____

I certify that the above information is true and complete.

Signature

Date

Printed Name

