ECONOMIC GROWTH CORPORATION

APPROVED CONTRACTOR APPLICATION
ROCK ISLAND ECONOMIC GROWTH CORPORATION

CONTRACTOR APPLICATION

371 3rd Street W
Milan, IL 61264
309.794.6711
info@growthcorp.org
www.economicgrowthcorporation.com

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EQUAL HOUSING OPPORTUNITY

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AVAILABLE OPPORTUNITIES

Thank you for your interest in participating in the construction and rehabilitation programs of Rock Island Economic Growth Corporation (GROWTH). GROWTH operates a variety of programs that involve the construction trades including:

* Small Repairs
* Single Family Rehabilitation
* Emergency Repair Program
* Demolition
* New Infill Construction
* Multi-family Rehabilitation

BASIC REQUIREMENTS

Contractors and Subcontractors must meet the qualifications below, as applicable, and include copies of certifications with the application.

- Registered with the City of Rock Island for work to be done in the city. Contractor must be registered with the city/town for work to be done in, other municipalities that has an established registration process

- In good standing with the U.S. Department of Housing and Urban Development & State of Illinois

- Carry adequate workers compensation coverage that has no exemptions.

- Carry adequate insurance requirements
    a. Liability insurance in the amounts of $1,000,000 for each occurrence and $2,000,000 in the aggregate for rehabilitation of single-family scattered site properties.
    b. Workmen's Compensations and Employee's Liability: Workmen's compensation of not less than the statutory amount and employer's liability of not less than $500,000 per person.
    c. Auto Insurance – a minimum combined single limit of not less than $500,000 for injuries, including accidental death, or damages caused by the contractor's vehicles on the site.
    d. Such other insurance in form and amounts required by the Owner and HUD, based on specific program requirements.
    f. Rock Island Economic Growth and Illinois Housing Development Authority must be listed as a Certificate Holder

- Certification from US EPA Lead Renovation, Repair and Painting (RRP) Program (if conducting residential rehab impacting any component of lead based paint). For more information, see: http://www2.epa.gov/lead/renovation-repair-and-painting-program

- Lead License from the State of Illinois (Supervisor, Worker) or arrangement with such licensed entities to perform any rehabilitation activity related to remediation or interim control of lead paint hazards. For larger projects, an Illinois lead abatement contractor license may be required. Further information may be obtained from the Illinois Dept. of Public Health: http://app.idph.state.il.us/Envhealth/Lead/LeadProfessionalListing.asp

- Demonstrate experience and quality workmanship. New contractors must provide references from past projects, preferably for jobs where GROWTH may be able to visit on-site.

- Demonstrate financial capacity to undertake a rehab or construction project – in the form of available funds or credit, or a combination of both:
    - For HOME/SFR projects, generally a single payout draw is made upon completion of the project. New contractors may be required to show proof of ability to financially cover the entire cost of the project.
    - For NSP or other larger projects that allow for progress payouts prior to completion, new contractors may be required to show proof of ability to cover at least one-third of the total cost of the project.

Thank you for your interest in participating as an approved General Contractor or Subcontractor with Rock Island Economic Growth. Please complete the application in full and return it to:

Rock Island Economic Growth
Attn: Andrew Fisher
371 3rd Street W
Milan, IL 61264

Your application will undergo an initial review for completeness. Please include all attachments required. Failure to provide a complete application will delay processing. Once applications are complete, GROWTH's Construction Team will review your references. If you have any questions about the basic requirements of this application, please contact us at 309-794-6711.

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Date: _____ Application Type: _____General Contractor

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_____Subcontractor

Firm Name: _____

Address: _____

Contact Person: _____ **Email:** _____

Bus. Phone: _____ **Cell:** _____

Email: _____ **Fax:** _____

DUNS* #: _____ **FEIN #** _____

** If you do not have a number, it is generally free of charge and can be obtained within 72 hours. To obtain a DUNS Number, please visit the following website and have the information below prepared: http://fedgov.dnb.com/webform?rfid=fedrep*

National Origin of Company Owner(s)*
(This information is not required, but is helpful for State and Federal reporting purposes only)

____Alaskan Native or American Indian
____Asian or Pacific Islander
___Hispanic
___Black – Non Hispanic
___White / Non-Hispanic
___Other

_____Women Owned Business Enterprise

OWNERSHIP STRUCTURE

_____**Sole Proprietorship**
List Sole Owner: _____

_____**Partnership**
List All Partners: _____
_____
_____
_____

_____**Corporation**
List All Principals and Titles: _____
_____
_____
_____

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BUSINESS REFERENCES (PREFERABLY CURRENT SUPPLIERS)

Name 1:_____ Phone: _____

Address: _____ Zip: _____

Name 2:_____ Phone: _____

Address: _____ Zip: _____

Name 3:_____ Phone: _____

Address: _____ Zip: _____

WORK REFERENCES (Identify location and names of two rehab/construction projects completed in last year)

Reference 1:_____ Phone: _____

Address: _____ Approx contract amt: _____

Describe work completed: _____

_____

Reference 2:_____ Phone: _____

Address: _____ Approx contract amt: _____

Describe work completed: _____

_____

CURRENT MUNICIPAL REGISTRATIONS

Please list cities and towns where your firm is registered: _____

_____

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PROPOSED SUBCONTRACTORS

You must identify, at a minimum who will perform the following, even if it is yourself:

Carpentry: _____ Phone: _____

Address: _____ Zip: _____

Heating and Cooling: _____ Phone: _____

Address: _____ Zip: _____

Plumbing: _____ Phone: _____

Address: _____ Zip: _____

Electrical: _____ Phone: _____

Address: _____ Zip: _____

Roofing: _____ Phone: _____

Address: _____ Zip: _____

Roofing work covered under the Roofing Industry Licensing Act. Contractors subcontracting roofing work covered under the Illinois Roofing Industry Licensing Act must include: name, address, and phone number of subcontractor. Also, the contractor must attach a copy of the subcontractor's roofing license.

Other: _____

_____

_____

_____

_____

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ATTACHMENTS

Please attach the following documents with your application. If unable to provide, please indicate reason.

- Signed Debarment Certification (below)
- Evidence of Workers Compensation Coverage
- Evidence of Liability Insurance Coverage
- Evidence of Auto Insurance
- Copy of Driver License
- USEPA Certified Renovation Firm Certificate
- State of Illinois Lead License (if applicable)

SIGNATURE AND CERTIFICATION

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.

_____
Company Name

_____
Name and Title (Printed)

_____
Signature

_____
Date