Contractor Application

Energy & Air Quality Programs
Administered by
Mid-Ohio Regional Planning Commission

Check the programs that you wish to be considered for:

☐ Housing Repair Programs
☐ Residential Energy Programs

Due to the nature of these programs,
please note that all Contractors must be
Renovation, Repair and Paint (RRP) Certified
to be considered for the program.
This is an EPA requirement effective April 22, 2010.
For more info on this rule, view the EPA website –
http://www.epa.gov/lead/pubs/renovation.htm

MORPC does not discriminate on the basis of age, race, color, national origin, gender, sexual orientation, familial status, religion or disability in programs, services or in employment. Information on non-discrimination and related MORPC policies and procedures is available at www.morpc.org under Popular Links.

morpc
Mid-Ohio Regional
Planning Commission

111 Liberty Street, Suite 100
Columbus, OH 43215-5613
(614) 233-4171

GENERAL INFORMATION

Business Name

Primary Contact | Business Phone | Cell | Fax

Street Address | City | State/Zip

Email Address

Federal Tax ID/Social Security # | # of Tradesmen Employed | Initial Date of Operation

BUSINESS TYPE (check all that apply)

- ☐ Corporation
- ☐ Partnership
- ☐ Individual
- ☐ Minority-owned Contractor
- ☐ Woman-owned Contractor
- ☐ Section 3 (see attached form)
- ☐ Small Business

LIST OF ALL BUSINESS OWNERS

Name	Street	City	ST	ZIP	Phone

IF BUSINESS HAS BEEN PREVIOUSLY REGISTERED, PLEASE INDICATE FORMER NAME(S), ADDRESS AND APPLICABLE DATES:

Name	Street	City	ST	ZIP	Dates

TYPE OF CONTRACTOR: ☐ General ☐ Specialty

WORK YOUR COMPANY CAN COMPLETE (Check all that apply)

☐ Asbestos	☐ Carpentry	☐ Concrete	☐ Demolition	☐ Electrical	☐ Excavation
☐ Gas Repair	☐ Heating / Cooling	☐ Insulation	☐ Lead	☐ Masonry	☐ Mold
☐ Pest Control	☐ Plumbing	☐ Roofing	☐ Septic	☐ Siding	☐ Windows

☐ Other _____ ☐ Other _____

CONTRACTOR STATUS (check all that apply and provide explanation as applicable)

- ☐ Contractor's license current _____
- ☐ RRP Certified _____
- ☐ Defaulted on any contract _____
- ☐ Judgments filed for any reason _____
- ☐ Federal and/or State debarment _____

SUPPLIER REFERENCES

1. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

2. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

3. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

SUBCONTRACTOR REFERENCES (Please indicate one for each trade)

1. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Trade | RRP Certification

2. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Trade | RRP Certification

3. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Trade | RRP Certification

4. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Trade | RRP Certification

RECENT JOB REFERENCES (Please indicate projects that exceed $5,000 and were completed within last 12 months)

1. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Date Completed | Type of Project

2. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Date Completed | Type of Project

3. _____ _____ _____ ____ _____ _____
Company Name & Contact Person | Street | City | ST | ZIP | Phone

_____ _____
Date Completed | Type of Project

NON-PROFIT/GOVERNMENT REFERENCES: (Other Related Work References. If you have worked with similar types of programs please provide references.)

1. _____ _____ _____ ___ _____ _____
Agency Name & Contact Person | Street | City | ST | ZIP | Phone

2. _____ _____ _____ ___ _____ _____
Agency Name & Contact Person | Street | City | ST | ZIP | Phone

3. _____ _____ _____ ___ _____ _____
Agency Name & Contact Person | Street | City | ST | ZIP | Phone

FINANCIAL REFERENCES

1. _____ _____ _____ ___ _____ _____
Bank Name & Contact Person | Street | City | ST | ZIP | Phone

Credit Amount Available $ _____

2. _____ _____ _____ ___ _____ _____
Supplier Name & Contact Person | Street | City | ST | ZIP | Phone

Credit Amount Available $ _____

3. _____ _____ _____ ___ _____ _____
Supplier Name & Contact Person | Street | City | ST | ZIP | Phone

Credit Amount Available $ _____

4. _____ _____ _____ ___ _____ _____
Supplier Name & Contact Person | Street | City | ST | ZIP | Phone

Credit Amount Available $ _____

INSURANCE INFORMATION

Insurance requirements for the MORPC Rehabilitation Program are $1,000,000 for each occurrence and not less than $2,000,000 aggregate for bodily injury and property damage. A copy of the business "Certificate of Insurance" must be submitted with the application. If your application is approved, MORPC must be named as an additional insured on the Certificate of Insurance and a copy must be provided to MORPC prior to receiving any bids. MORPC also requires that all contractors have Bureau of Workman's Compensation Insurance as evidenced by a "Certificate of Premium Payment" and a copy must be submitted with the application.

CHECK ALL THAT APPLY AND INDICATE COVERAGE DATES:

☐ Certificate of Insurance Dates of coverage: From: _____ To: _____
☐ BWC Certificate Dates of coverage: From: _____ To: _____

PAYMENT INFORMATION

Due to the nature of the rehabilitation programs administered by MORPC, payment for completed work may take approximately 30 to 45 days following acceptance of the contractor's invoice and is ultimately subject to the payment processes of the various program funders. For jobs over $10,000, draws may be processed following completion of 30% of the project but payment will still follow the schedule above. Contractors must be able to support their business expenses in the interim. If your business can not support more than 45 days of "out of pocket" expenses while waiting for payment, please re-consider your application to the MORPC program.

AUTHORIZED REPRESENTATIVES

The following representatives from the business are authorized to sign rehabilitation contracts, project documents, change orders and/or for payment:

1. _____ _____ _____
   Name Title Phone

2. _____ _____ _____
   Name Title Phone

3. _____ _____ _____
   Name Title Phone

4. _____ _____ _____
   Name Title Phone

APPLICATION DOCUMENTS

These items must be submitted with the application. An application will not be reviewed until all of the documents indicated below have been provided and verified as current.

- ☐ Completed MORPC Contractor Application
- ☐ W-9 form
- ☐ Contractor's License(s) (copy of all held by business)
- ☐ Workman's Compensation certificate
- ☐ RRP certificate for business
- ☐ RRP certificate for employee(s)
- ☐ Liability Insurance certificate
- ☐ Section 3 Form

BUSINESS OWNER(S) CERTIFICATION

By signing this document, I/We hereby certify that the above information is true and complete and further understand the requirements indicated within and that are part of this application. I/We have read the attached Contractor Qualification Policy. I/We hereby authorize MORPC to verify all information provided in this application by contacting any and all of the above referenced parties.

_____ _____ _____
Owner Signature Title Date

_____ _____ _____
Owner Signature Title Date

MORPC APPROVAL

_____ _____
Rehab Supervisor Date

NOTES: _____

_____

PLEASE NOTE: New Contractors will be awarded no more than one job, which must be completed satisfactorily. Following approval, contractors may be awarded multiple jobs.

Section 3
Business Certification Form

HUD's Section 3 regulations (24 CFR Part 135) define a Section 3 Business Concern as a business:

(1) that is 51 percent or more owned by Section 3 residents; OR

(2) whose permanent, full-time employees include persons, at least 30 percent of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; OR

(3) that provides evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications set forth in paragraphs (1) or (2) in this definition of "Section 3 business concern."

Projects funded with more than $200,000 in covered HUD funds are "Section 3 covered projects". General contractors on these projects, and any sub-contractors with which they contract for more than $100,000 on these projects, are required to report on all contracts they make both with Section 3 business concerns and with businesses that are not Section 3 business concerns. (There is no dollar threshold on these contracts)

This form is a tool to determine and document the Section 3 status of the businesses under contract to work on this project; documentation of the status of Section 3 Businesses should be retained in the project files.

Section 3 Business Certification

To be completed by the business claiming Section 3 Business Concern status

---

Business being certified

Owner: _____ Title: _____

Company Name: _____

Address: _____

_____

Section 3 Determination

INCOME LIMITS								
FAMILY SIZE	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
COLUMBUS, OHIO MSA (Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway)	$ 0 – 39,800	$ 0 – 45,450	$ 0 – 51,150	$ 0 – 56,800	$ 0 – 61,350	$ 0 – 65,900	$ 0 – 70,450	$ 0 – 75,000
Union County	$ 0 – 45,750	$ 0 – 52,300	$ 0 – 58,850	$ 0 – 65,350	$ 0 – 70,600	$ 0 – 75,850	$ 0 – 81,050	$ 0 – 86,300
EFFECTIVE 03-06-2015								

1. Is your business owned (51% or more) by individuals whose household incomes are NO GREATER THAN 80% of Area Median Income (AMI)? See chart above: ☐ **Yes** ☐ **No**

2. Do 30% (or more) of your full time, permanent employees have household incomes that are NO GREATER THAN 80% of Area Median Income (AMI)? (See chart) ☐ **Yes** ☐ **No**

3. Will you subcontract more than 25% of this contract with any business that is either 51% owned by Section 3 residents or 30% or more of its employees are Section 3 residents? ☐ **Yes** ☐ **No**

If any of the questions above are marked "yes", the business qualifies as a Section 3 business.

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature: _____

Print Name: _____**Date:** _____

Form should be retained in general contractor project file. Copy submitted with semi-annual report.