RFQ APPLICATION FORM

Company Name:_____

Address:_____

Business Phone:_____Cell Phone:_____

Contact Email: _____

NAME(S) AND EXPERIENCE OF PERSONS/ORGANIZATIONS WHO WOULD PERFORM ITEMS IN SCOPE OF SERVICES:

Name	**Experience/Certification**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Information

Federal I.D. #:_____If not incorporated, Social Security #:_____

Privilege Tax#:_____Expiration Date:_____

Contractor Registration #:_____Expiration Date:_____

Are you registered with a minority/women's business enterprise program? ☐ Yes ☐ No
If your answer is "YES", please submit a copy of certification.

When was your firm established? (Month/Year): _____

Has your firm had experience with HUD funded projects or other lead remediation projects?
☐ yes ☐ no

If yes, please attach a list of HUD or other lead remediation projects your firm has worked on.

Signature/Date of Authorized Contractor Official Submitting this RFQ Response and this RFQ Schedule.

_____ _____
Signature Date

REFERENCES

Agency Name requests a minimum of three (3) references:

1. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

_____

_____

_____

Phone:_____ Completion Date: _____

2. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

_____

_____

_____

Phone:_____ Completion Date: _____

3. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

_____

_____

_____

Phone:_____ Completion Date: _____

Contractor Information Form

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

Contractor License Class and bond are current, and the undersigned contractor agrees to maintain in current status all licenses and bonds as required by the contracting agency.

That the work be performed in accordance with the property requirement standards.

That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.

The contractor will abide by the federal regulations pertaining to equal employment opportunity.

That the work will be done in conformance with all appliance codes and zoning regulations.

Contractor's Signature: _____