|  |  |
| --- | --- |
| MPLogo | VILLAGE OF MOUNT PROSPECT |
| **CDBG SINGLE-FAMILY REHABILITATION PROGRAM** |
| CONTRACTOR INFORMATION FORM |

Company Name (Print)            [ ]  Corporation

Address       [ ]  Sole Proprietorship

City       State       Zip       [ ]  Partnership

Telephone (      )       -      Fax (      )       -      Tax ID #

Type of Contractor

## **Principals of Firm:**

1. Name       Title

Home Address       Years Construction Experience

City       State       Zip       Telephone (     )

1. Name       Title

Home Address       Years Construction Experience

City       State       Zip       Telephone (     )

1. Name       Title

Home Address       Years Construction Experience

City       State       Zip       Telephone (     )

**Ownership Information:**

**Woman-Owned Firm:**       (Yes or No)

 **Section 3 Contractor:**       (Yes or No) Check Yes if: your company, to the GREATEST EXTENT possible, offers feasible opportunities for training and employment to lower-income residents of the project area and purchases/contracts for work in connection with the project area are awarded to small businesses which are located in, or owned in substantial part by the persons residing in the area of the project.

**Racial/Ethnic Code of Owner:**

 [ ]  White American

 [ ]  Black or African American

 [ ]  Native American

 [ ]  Hispanic American

 [ ]  Asian/Pacific American

 [ ]  Hasidic Jew

**History of Company:**

Number of Years in Business       Average Number of Employees: Office       Trades

Contractor's or H.I. License Number       Where Licensed

Have you ever had your Contractor's or Home Improvement License revoked? [ ]  Yes [ ]  No If yes, give details:

Has any member of the firm been sued within the past 18 months by subcontractors, suppliers or customers? If so, give details:

**Types and Limits of Insurance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE** | **POLICY NO.** | **LIMITS OF LIABILITY** | **COMPANY** |
| Property Damage |       |       |       |
| Liability |       |       |       |
| Workers Compensation |       |       |       |

Please submit copies of each policy.

**Banking Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BANK** | **ADDRESS** | **LAST 4 # OF ACCT.** | **TYPE OF ACCT.** | **CONTACT PERSON** |
|  |  |  |  |  |
|  |  |  |  |  |

**Supplier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF SUPPLIER** | **TYPE OF MATERIALS** | **PHONE NO.** | **CONTACT PERSON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Sub-Contractor Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF SUB-CONTR.** | **TRADE** | **PHONE NO.** | **CONTACT PERSON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Customer References:**

Name       Address       Phone (     )     -

City       State       Zip       Contract Price       Date Completed

Type of Job

Name       Address       Phone (     )     -

City       State       Zip       Contract Price       Date Completed

Type of Job

Name       Address       Phone (     )     -

City       State       Zip       Contract Price       Date Completed

Type of Job

**Please be sure to submit a certificate of insurance.**

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of the undersigned's knowledge and belief.

Signature Title Date

Signature Title Date

Signature Title Date

Please send completed form to: Antonia Lalagos

 Village of Mount Prospect, Planning Division

 50 South Emerson Street

 Mount Prospect, IL 60056

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