

**Community Action Opportunities**  
**25 Gaston Street, Asheville, NC 28801**  
**Phone: 828-252-2495**

**Contractors Information/Application Form**

**Please Note:** If applicable, copies of your Registrar of Contractor's License and local tax licenses must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

*Please Print or Type*

DATE: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Representative: \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Number Street City Zip Code*

Mailing Address: \_\_\_\_\_  
*Number Street City Zip Code*

Area Code/Phone Numbers: \_\_\_\_\_  
*Office Fax Mobile*

Federal I.D. #: \_\_\_\_\_

If not incorporated, Social Security #: \_\_\_\_\_

Privilege Tax #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registrar of Contractors #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Classification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a General Contractor's License in this area? Yes No

Are you registered with a minority/women's business enterprise program or LSA? Yes No

*If your answer is "YES," please submit a copy of certification.*

Please check the type(s) of construction you have performed in the last year:

Home Remodeling       Home Building       Major Construction –Specify: \_\_\_\_\_

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Please list all education and training that you have had specific to Building Science and Weatherization.

Training

Date

_____	_____
_____	_____
_____	_____
_____	_____

Please list all Certifications that you have obtained related to Building Science or Weatherization

_____	_____
_____	_____
_____	_____
_____	_____

List two major suppliers from whom you purchase most of your supplies:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List two financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been in the contracting business? \_\_\_\_\_  
Years Months

List the names and addresses of the last three clients for whom you have completed construction:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approximately how many jobs have you completed as a general contractor? \_\_\_\_\_

What is the smallest/value job you have done? \_\_\_\_\_

What is the largest/value job you have done? \_\_\_\_\_

How many employees do you employ full-time? \_\_\_\_\_

Have you ever worked for the Department of Housing and Urban Development (HUD)?

*Circle One:*                      Yes                      No

If Yes, when and where? \_\_\_\_\_

What type of job? \_\_\_\_\_

Please complete the following ethnic information, gathered by HUD for statistical purposes only:

- Please check one:*
- \_\_\_\_\_ White
  - \_\_\_\_\_ Black
  - \_\_\_\_\_ American Indian/ Alaskan Native
  - \_\_\_\_\_ Hispanic
  - \_\_\_\_\_ Asian/ Pacific Islander

**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 applicable codes and zoning regulations.
- Upon acceptance of proposal, Contractor will execute a Vendor Agreement with Community Action Opportunities (agreement will be furnished by the agency) and will provide a current Certificate of Insurance and Worker's Compensation Certificate to Community Action Opportunities.

Contractor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

CONTRACTOR

CONTRACTOR'S NAME: \_\_\_\_\_

**Certification Regarding  
Debarment, Suspension, and Other Responsibility Matters  
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(Before Signing Certification, Read Attached Instruction)**

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
  
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date