



Northeast Michigan Affordable Housing, Inc.
123 N. Second Ave, Ste #4
Alpena, MI 49707
989-356-9090

CONTRACTOR QUALIFICATION CHECKLIST

1. Contractor has completed application form and filed with program.
2. Contractor has furnished copies of certificate(s) of insurance and license.
3. Program staff has reviewed documentation.
4. Program staff verified following information:
 - a. Creditor/business information
 - State License and Regulation
 - Suppliers interviewed
 - Subcontractors reviewed and interviewed
 - b. Review of contractor's previous work
 - On-site visit(s) conducted
 - Telephone interview with past customer(s) completed
 - c. Better Business Bureau contacted
 - d. Consumer Protection Office contacted
5. Program staff has reviewed contractor's file and decision was made for inclusion or rejection of contractor on Bidder's Probationary List.
6. If awarded a contract, the Program staff reviewed first job.
7. Program staff decides to recommend to the Board to accept or reject contractor from Permanent Bid List.

CONTRACTOR/TRADESMAN REGISTRATION FORM

A. COMPANY/BUSINESS NAME: _____

REPRESENTATIVE'S NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____

B. Are you related to any member of the Housing Commission staff or County Board of Commissioners? _____ (If yes, please explain) _____

C. Please indicate which of the following licenses your company is working under:

1. Boiler Installer - License # _____

2. Electrical Contractor - License # _____

3. Master Plumber - License # _____

4. Mechanical Contractor - License # _____

5. Pump Installation (Wells) - License # _____

6. Residential Builder - License # _____

7. Residential Maintenance and Alteration - License # _____

Applicable Codes: _____

8. Salesperson - License # _____

9. Well Drilling Contractor - Registration # _____

10. Other: _____ License # _____

11. "Lead Paint Safe Work Practices" certification date **(copy required)** _____

D. Minority group data needed for statistical purposes only. Please check any category below that would reflect the status of the business owner.

_____ White _____ Black _____ Asian or Pacific Islander

_____ Hispanic _____ Female _____ Age 65 or older

_____ Handicapped _____ American Indian or Alaskan Native

E. I have full understanding of the policy and procedure followed by the Northeast Michigan Affordable Housing in their Home Rehabilitation Program, and wish to be a participating contractor/tradesman.

Date: _____

Signature: _____

Printed Name: _____

CONTRACTOR'S ACCEPTANCE

The undersigned contracting firm agrees that in consideration for being placed upon the "Acceptable Contractor's Registry," he/she will comply with the following conditions on all rehabilitation work performed on properties located within the designated areas regardless of whether federal financing is or is not used by the owners:

1. That if work performed by the contractor is found to be unsatisfactory by NEMAH, or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that NEMAH may remove the contractor's name from the registry.
2. That work shall be performed in accordance with the current State Of Michigan construction codes and any local applicable codes, subject to such inspections as deemed necessary by NEMAH.
3. That minimum liability insurance will be provided.
4. Workmen's Compensation, where required, will be provided.
5. That the contractor will abide by Equal Opportunity provisions of the Civil Rights Act.

HOLD HARMLESS

Contractor will defend, indemnify, and hold harmless NEMAH, its officers, and employees from liability and claim for damages because of bodily injury, death, property damage, sickness, disease, or loss and expense arising from operations under the contract

PERMITS AND CODES

Contractor will secure at this own expense all necessary permits and licenses required to do the work and to comply with all building and code regulations and ordinances whether or not covered by the specifications and drawings for the work.

CHANGES IN WORK

No modifications of this contract shall be made except by written amendment, signed by the Contractor and approved by NEMAH.

Cont....

LIEN WAIVERS

Contractor shall protect, defend, and indemnify NEMAH from any claims for unpaid work, labor, or materials. Final 10% of payment shall not be due until Contractor has signed a release of liens form provide by NEMAH, releasing all liens arising out of this contract.

HAZARDOUS WASTE

The Contractor shall be responsible for disposal of all refuse from the rehabilitation process. Examples: leftover paint, paint cleanup chemicals, asbestos waste, roof shingles, etc. All waste must be disposed of in a licensed landfill.

Firm Name

Authorized Signature

Printed Name

Title

Date

REFERENCES:

WORK IN PROGRESS:

LIST THE NAMES AND TELEPHONE NUMBERS FOR THE THREE MOST RECENT JOBS COMPLETED OR IN PROGRESS:

NAME	TELEPHONE NUMBER
_____	_____
_____	_____
_____	_____

PAST WORK:

LIST THE NAME, TELEPHONE NUMBER, AND COMPLETION DATE OF AT LEAST THREE ADDITIONAL CONTRACTS:

NAME	TELEPHONE NUMBER	COMPLETION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLIES:

LIST TWO (2) MAJOR SUPPLIERS FROM WHOM YOU PURCHASE CONSTRUCTION MATERIALS, LIST NAME AND TELEPHONE NUMBER:

NAME	TELEPHONE NUMBER
_____	_____
_____	_____

PROVIDE A CURRENT LIST OF SUBCONTRACTORS WITH WHOM YOUR COMPANY HAS DONE BUSINESS. LIST NAME OF COMPANY, TELEPHONE NUMBER (S), AND CONTACT PERSON FOR EACH SUBCONTRACTOR:

SUBCONTRACTOR	CONTACT PERSON	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE SEND WITH THE APPLICATION A COPY OF THE FOLLOWING:

1. CURRENT LICENSE OF SUBCONTRACTOR
2. CURRENT LICENSE (FOR AS MANY TRADES AS YOU ARE CURRENTLY LICENSED)
3. CURRENT LIABILITY INSURANCE CERTIFICATE
4. CURRENT WORKMEN'S COMPENSATION CERTIFICATE
5. COPY OF LEAD PAINT SAFE WORK PRACTICES CERTIFICATION

LIST ANY JOBS IN WHICH YOUR COMPANY HAS BEEN FOUND NEGLIGENT:

TO THE BEST OF MY ABILITY, I, THE UNDERSIGNED, ASSURE THAT THE INFORMATION LISTED ON THE APPLICATION IS TRUE AND CORRECT. I FURTHER AUTHORIZE THE OGEMAW COUNTY HOUSING COMMISSION TO VERIFY THE INFORMATION SUPPLIED.

SIGNATURE OF OWNER

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER OR

FEDERAL I. D. NUMBER