

**Crawford County Housing Commission**  
**200 W. Michigan Avenue, Grayling, MI 49738**  
**Phone: (989)344-3261 Fax: (989)344-3222**

**Contractor Application**

This form must be completed for each contractor that intends to bid for work that is assisted with CDBG funds. Satisfactory completion of this form puts you, as a contractor, on the list of "Active Contractors" that our staff will distribute to successful applicants who are ready to invite bidders. Copies of a current State of Michigan Contractor's License and Proof of Insurance must be attached.

**Business Information**

Name of Firm:		Federal ID#	
Address of Firm (Street, City, Zip Code):			
Office Hours:	Office Phone #:	Fax Number:	
Name of Person Writing Bids:			
Are you a general contractor?	YES NO	Do you handle all phases of work?	YES NO
If no what is your business' specialty:			
In which towns and areas are you willing to work?			
How many employees work for you?	# of Minority	# of Female	
Can you handle more than one \$5,000.00 job at a time?			YES NO
Do you carry worker's compensation insurance? <small>*Note: Self-employed workers and partnerships may be exempt.</small>			YES NO
Do you guarantee your work for at least eighteen months?			YES NO

**Owner Information**

Name (First, Middle Initial, Last):		Female Owned?	
Home Address (Street, City, Zip):			
Home Phone:	When can we call you at home?		
Cell Phone:	Federal ID # or SSN #:        -        -		
License #	Expiration Date:		
E-mail address:			
Describe any lead training you have received:		Please Circle One:	
		<u>Race</u> 1. White 2. Black 3. American Indian or Native Alaskan 4. Asian or Pacific Islander 5. Hispanic	

• Race & Gender information is gathered for statistical purposes only.

### Areas of Expertise

Please check the type of work you are qualified to do and indicate the years of experience you have in the area.

TYPE OF WORK	YEARS	TYPE OF WORK	YEARS
General Carpentry		Landscaping	
Roofing		Floor Covering Replacement	
Structural Support Repair		Kitchen Cabinet Replacement	
Window Replacement		Foundation Wall Repair	
Door Replacement		Attic & Sidewall Insulations	
Siding		Chimney Repair	
Concrete Repair		Heating and Ventilation	
Plumbing		Electrical	

### List your suppliers starting with the largest volume credit account

Name	Address	Phone

### List Your three most recent jobs completed

Name	Type of Work	Phone

**I authorize the CDBG program administrator/housing inspector to verify the above information and I certify that the above information is true and complete:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### MINIMUM LIABILITY INSURANCE AND LICENSING

1. Contractor must attach evidence of licenses that are required by the State of Michigan.
2. Contractor will furnish evidence of Comprehensive Public Liability Insurance (\$150,000) protecting the Homeowner in the event of bodily injury, including death, and (\$50,000) in the event of property damage arising out of the work performed by the Contractor and any Sub-contractors.
3. Contractor will furnish evidence of Worker's Compensation Insurance and any other coverage required by Michigan Statutes, or as required by the County.



Equal Housing Opportunity

