

APPLICATION FOR APPROVED GENERAL CONTRACTOR LIST

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

Company Name: _____

Company Address: _____

PA Attorney General Contractors Number: _____ Expiration Date: _____ **-Provide Copy**

Is your company registered with the EPA as a Certified LBP Renovation firm? _____ **Y** _____ **N**

EPA Company Certification #: _____ Expiration Date: _____ **-Provide Copy**

EPA Renovator Certificate #: _____ Expiration Date: _____ **-Provide Copy**

Telephone: () _____ Fax: () _____ E-Mail: _____

Federal ID or SSN #: _____ Liability insurance carrier: _____

Company is a _____ Corporation _____ Partnership _____ Sole Proprietorship

Name of Principal(s): _____

Number of years in business: _____ Number of employees (average): _____

Have you and/or any of your workers taken the HUD approved lead-based paint Safe Work Practices training?
_____ **Y** _____ **N** If yes, how many are trained? _____ **(Provide copies of all Certificates)**

Have you and/or any of your workers taken the EPA Renovate, Repair and Painting Training (RRP)?
_____ **Y** _____ **N** If yes, how many are trained? _____ **(List names and Provide copies of all Certificates)** Use additional sheets if necessary.

List name, address, and telephone number of four references that you have done work for over the last two years.

1. _____
2. _____
3. _____
4. _____



It is a requirement of the Owner-Occupied Housing Rehabilitation Program that all contractors maintain and furnish evidence of Comprehensive Liability Insurance and Workers Compensation Insurance (if you have employees) while performing work funded in full or part by the various municipalities/counties that your company is approved to provide rehabilitation services. Please provide a Certificate of Insurance with your application.

Check the communities/counties below that you are interested in providing rehabilitation of owner-occupied homes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Borough of Berwick | <input type="checkbox"/> Milton Borough | <input type="checkbox"/> Snyder County |
| <input type="checkbox"/> Town of Bloomsburg | <input type="checkbox"/> Montour County | <input type="checkbox"/> Borough of South Williamsport |
| <input type="checkbox"/> Borough of Jersey Shore | <input type="checkbox"/> Borough of Mt. Carmel | <input type="checkbox"/> City of Sunbury |
| <input type="checkbox"/> Juniata County | <input type="checkbox"/> Mt. Carmel Township | <input type="checkbox"/> Sullivan County |
| <input type="checkbox"/> City of Lock Haven | <input type="checkbox"/> Borough of Selinsgrove | <input type="checkbox"/> City of Shamokin |

Before being awarded a contract, you must provide a copy of a Certificate of Insurance for the specific municipality(ies)/county(ies) **and** SEDA-Council of Governments named as Certificate Holders and as Additional Insured. Providing no less than 10-days' notice of cancellation. **All certificates should be made out to the specific local government and SEDA-Council of Governments and mailed to C/O SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837.**

I, on behalf of and as an authorized representative of _____, hereby apply for inclusion on the Owner-Occupied Housing Rehabilitation Programs for the communities indicated pre-approved contractor list. I understand that inclusion on this list requires a Certificate of Insurance as Additional Insured, with a no less than **ten- (10)** day notice of modification or cancellation for both the **Communities applied for and SEDA-Council of Governments must** be named as "Additional Insured" once awarded a project, these are to be mailed to **c/o SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837** by my insurance carrier, and I agree to instruct my carrier to provide and maintain said certificate. Inclusion on the pre-approved contractor list does not imply any assurance that my bids will be successful.

Signature

Date

SEDA-Council of Governments
Housing Rehabilitation Program
201 Furnace Road
Lewisburg, PA 17837
570-524-4491

GENERAL CONTRACTOR

Rehabilitation Program Requirements

SEDA-Council of Governments administers or participates in a number of rehabilitation programs, spread across an 11-county area in Central Pennsylvania. These programs work year around until all available funds have been expended. The work encompasses general carpentry, electrical, plumbing, heating, masonry, and roofing. Our general contractors **must** be able to fulfill all of these trade requirements, either through the parent company, or via sub-contractors.

In order to apply for and be approved as a general contractor to participate within these programs certain requirement must be met. They are as follows:

- Must complete the Contractor Application and provide four (4) references. These references **will** be contacted. The references shall be on projects where the overall cost of the project was between \$20,000 and \$50,000.
- Certain Certifications are required for lead-based projects*. The company must be certified with the EPA to do lead-based paint related work and provide a copy of your company's EPA Lead-Safe Certification.
*Note: This requirement is not mandatory for non-lead-based projects.
- The company must have a Certified Renovator on staff and provide a copy of all employees' Certified Renovator Certificates.
- The company must be registered with the Pennsylvania Attorney General's Office as a Home Improvement Contractor and provide a copy of their Certificate of Registration.
- Must own a HEPA vacuum, approved for lead-based paint work, which meets the EPA's specifications.
- Presently carry, or be able to obtain, a minimum of \$1,000,000 in Liability Insurance. This insurance must be in place prior to the work commencing and remain in place until the completion of the project.
- A current Certificate of Insurance (COI) must be on file with SEDA-Council of Governments and each community you are awarded a contract in. NOTE: You must provide a current Certificate of Insurance (COI) for each community/county you are awarded a contract in and SEDA-Council of Governments listing each as additionally insured, providing no less than 10-days' notice of cancellation, and **mailed to each community/county and SEDA-Council of Governments to c/o SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837.**
- Carry Workman's Compensation Insurance if the company has employees and provide a Certificate of Insurance.

