



A Council of Local Governments
Serving the Meramec Area

MERAMEC REGIONAL PLANNING COMMISSION

4 Industrial Drive
St James, MO 65559-1689
(573) 265-2993
FAX (573) 265-3550

MEMORANDUM

TO: Contractors

FROM: Chuck Cantrell,
Community Development Specialist
Housing Rehab Inspector

Attached you will find a Contractor Application. Please fill out the application and return it to me. You will also need to provide your company Tax I.D. Number or Social Security Number.

The Requirements for contractors to be able to work on any State funded rehab project through MRPC are as follows:

1. Your company must be registered with the Secretary of State Office.
2. You and your employees must be trained in lead safe work practices.
3. Your company must carry contractor liability and workers compensation insurance at the time of any contract signing, and carry it through the completion of the job.

If you have any questions please feel free to contact me by phone at 573-265-2993 or by email at ccantrell@meramecregion.org.

Chairman: Robert "Bob" Reed
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Vice Chairman: Laura Antolak
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Executive Director: Richard Cavender

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Presiding Commissioner, Osage County

Treasurer: Gary Brown
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MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Contractor Application

SECTION I – General Information

Name of Company: _____

Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Tax I.D. #: _____

Agency

Name: _____

SECTION II - Description of Services Offered—List all Applicable Licenses

Have you taken the Lead Based Renovator/Lead Safe Work Practices Course?

_____ No
_____ Yes _____ Date of course

SECTION III - Work History

List below the company and owner's names, addresses, and years of construction experience of all:

Name: _____ Title: _____

Address: _____ Years: _____

Name: _____ Title: _____

Address: _____ Years: _____

Name: _____ Title: _____

Address: _____ Years: _____

Name: _____ Title: _____

Address: _____ Years: _____

SECTION IV - References

List the name of three (3) references where work has recently been completed by your firm. Please list the address and telephone number of each. Give a brief description of the work completed.

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
	<i>Description of Work:</i> _____		
2.	_____	_____	_____
	<i>Description of Work:</i> _____		
3.	_____	_____	_____
	<i>Description of Work:</i> _____		

INSURANCE REQUIREMENT:

Please furnish this office with a current, in-force certificate of your insurance with the following minimum coverages: General Commercial Liability in the amount of \$150,000 or more (Claims Made Policy is acceptable); Worker’s Compensation Missouri Statutory Limits; and Vehicle Liability Insurance. In addition, appropriate licenses to perform certain kinds of work such as electrical, plumbing, and heating; copy of a certificate that you or representatives from your firm has attended the Lead-Smart Renovator course from a HUD certified trainer (a U.S. Department of Housing and Urban Development requirement for all contractors who potentially could disturb lead-based paint in the course of their work).

The contractor, shall at all times, during the life of the contract, comply with the Worker’s Compensation laws of the State of Missouri.

SECTION V – Credit History

Please list the name(s) address(es) and phone number(s) of your present supplier(s). Also provide the number of years you have done business, your highest credit limit and your present status with the supplier(s).

	SUPPLIER #1	SUPPLIER #2
Name of Supplier		
Address		
Phone Number		
# Years of Credit w/ Supplier		
Highest Credit Limit		
Present Status- Outstanding, Good, Poor		

I/We hereby certify that the foregoing figures and the statements contained herein, submitted to obtain approval for the MHDC HOME Repair Program under the State Housing Act of Missouri, Chapter 215 R.S. Mo. 1994, are true and correct to the best of my/our knowledge and belief. I/We have provided the above information, and certified that it is true, and have fully authorized MHDC to verify said information through credit reports, deposit verifications, reference checks and through any other means they determine necessary.

Signature of Company Representative

Date