



PO BOX 189 | MILFORD, NY 13807 | 607-286-7244

www.otsegoruralhousing.org

Otsego Rural Housing Assistance Qualified Contractor List Application

Background: Otsego Rural Housing Assistance, Inc. (ORHA) is a non-profit organization that administers a variety of home repair and rehabilitation grant programs in Otsego County. ORHA is always seeking contractors for these grant-funded projects, which can range from small repairs to larger, moderate rehabilitation projects.

Contractors approved by ORHA will be included in project-specific bidding opportunities for ORHA programs that use competitive bidding processes and in other opportunities, such as Requests for Proposals for program-specific rotating contractor lists.

All qualified contractors who serve all or a part of Otsego County are welcome to apply. We **strongly encourage** certified M/WBE, SDVOB, and Section 3 contractors to apply.

Qualifications:

- Valid worker's compensation insurance. We cannot make exceptions for sole proprietorships.
- General liability insurance coverage in a minimum of \$1,000,000 per occurrence, \$2,000,000 aggregate.
 - If awarded a bid, ORHA must also be listed as an additional insured prior to contract execution.
- Necessary licensure or certification, as applicable based on trade and jurisdiction.
- Proven track record of quality work on prior renovation projects

Submission instructions: Submit responses by email to Bid@OtsegoRuralHousing.org or by mail to PO Box 189 Milford, NY 13807.

Responses must include the following materials:

- Completed Qualified Contractor List Application (enclosed)
- Certificate of Insurance for liability insurance
- Proof of Worker's Compensation insurance
- Completed W-9 form
- Copies of all relevant licenses or certifications



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**Otsego Rural Housing Assistance, Inc.
Qualified Contractor List Application**

All questions must be answered. Please type or clearly print your responses. You may attach any additional information you feel is relevant to your application.

Company Name:			
Physical Address:			
Mailing Address:			
Owner Name(s):			
Business Phone:		Cell Phone:	
Email Address:			
Years of Performing Work Under the Present Name/Company:			
Service Area:	<input type="checkbox"/> All of Otsego County <input type="checkbox"/> Other (specify):		
Current Number of Permanent Employees:			
Is this a minority- or women-owned business?			
Describe your general field of work:			
Company & Employee Certifications			
Do you hold any of the following certifications? (Check all that apply.)			
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> Section 3			
Does your <u>company</u> hold any of the following certifications? (Check all that apply.)			
<input type="checkbox"/> EPA Lead-Safe Certified Firm <input type="checkbox"/> EPA Certified Lead Abatement Firm			
If yes, list all employees with individual certifications (and type of certification) below:			
Are you or any of your employees licensed to do electrical or plumbing work in the City of Oneonta? If yes, list names and licenses below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other certifications your company and/or employees have below:			
Attach copies of all certifications/licenses you have mentioned in this section to your response.			

References

Please list at least 3 references you have recently performed work for. You may attach details about additional references if you wish.

Name:		Address:	
Phone:		Email:	
Value of Project:		Completion Date (MM/YY):	
Work Performed:			
Name:		Address:	
Phone:		Email:	
Value of Project:		Completion Date (MM/YY):	
Work Performed:			
Name:		Address:	
Phone:		Email:	
Value of Project:		Completion Date (MM/YY):	
Work Performed:			

Conflict of Interest

Are you, any of your family members, or any of your business associates currently employed by ORHA or a member of ORHA’s board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, any of your family members, or any of your business associates an elected official within Otsego County?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to either of these questions, or if you believe another potential conflict exists, provide details here:

Bidding Information

Please provide the following information, if it is different from your general company information. ORHA will use this information when notifying your company of bidding opportunities, if you are approved.

Primary Contact Name for Bidding	
Email Address(es) to Send Bidding Opportunities	
Primary Bidding Contact Phone Number(s)	

The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by Otsego Rural Housing Assistance, Inc., in verification of the recitals comprising this Statement of Bidder’s Qualifications.

Company Name		Date	
Print Name		Title	
Signature			