

**Contractor****Qualification Form**

for Bidding on  
Housing Rehabilitation  
Projects

Lehigh Valley Community Land Trust (LVCLT)  
1337 E. 5<sup>th</sup> St, Bethlehem, PA 18015

Primary Contact: Paul Bogart  
Phone: (484)387-2801  
Fax: (484)821-2289  
Email: [pbogart@caclv.org](mailto:pbogart@caclv.org)

**To the Contractor:** Thank you very much for your interest in completing work for ACLV and LVCLT! Please provide the following information so we may ensure your firm is properly certified and qualified. If you have any questions regarding this form, please contact Paul Bogart, Property Rehabilitation Specialist, at [pbogart@caclv.org](mailto:pbogart@caclv.org).

### Firm Information

Name of Firm:

Years

in Business:

Business Address:

Former Name(s) You Have Operated Under:

Names and Years Experience of Principal Owners/Officers:

Is your firm:

*(check all that apply)*

a Women-Owned Business Enterprise

a Minority-Owned Business Enterprise

### Licensing Information

Federal I.D. #:

SSN:

PA Home Improvement  
Contractor #:

Please provide any trade license numbers (plumbing, electrical, etc.):

### Insurance Information

Property Damage Liability: \$

Personal Injury Liability: \$

Vehicle Collision Insurance: \$

Vehicle Liability Insurance: \$

Worker's Compensation Insurance *(if firm maintains employees)*: \$

### Lead Abatement/RRP Information

Is your firm a Pennsylvania Certified Lead Abatement Firm?

 Yes No

Is your firm an EPA Lead-Safe Certified Firm?

 Yes No

#### Employees and Lead-related certifications *(check all that apply)*

Name: \_\_\_\_\_

 EPA Renovator Lead Abatement Supervisor

Name: \_\_\_\_\_

 EPA Renovator Lead Abatement Supervisor

Name: \_\_\_\_\_

 EPA Renovator Lead Abatement Supervisor

Name: \_\_\_\_\_

 EPA Renovator Lead Abatement Supervisor

Name: \_\_\_\_\_

 EPA Renovator Lead Abatement Supervisor

Please attach proof of all above indicated certifications.

**Trade Information**

Please check all work your firm completes without sub-contracting:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Carpentry    | <input type="checkbox"/> Exterior Painting     | <input type="checkbox"/> Concrete Work         |
| <input type="checkbox"/> Finish Carpentry     | <input type="checkbox"/> Guttering             | <input type="checkbox"/> Block & Brick Work    |
| <input type="checkbox"/> Roofing              | <input type="checkbox"/> Kitchen Installations | <input type="checkbox"/> Window Installation   |
| <input type="checkbox"/> Siding, all types    | <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Carpet Installation   |
| <input type="checkbox"/> Drywall Installation | <input type="checkbox"/> Heating & Ventilation | <input type="checkbox"/> Hardwood Refinishing  |
| <input type="checkbox"/> Plastering           | <input type="checkbox"/> Air Conditioning      | <input type="checkbox"/> Hardwood Installation |
| <input type="checkbox"/> Interior Painting    | <input type="checkbox"/> Electrical Work       | <input type="checkbox"/> Tile Installation     |

Please check all work your firm accepts and usually sub-contracts out:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Carpentry    | <input type="checkbox"/> Exterior Painting     | <input type="checkbox"/> Concrete Work         |
| <input type="checkbox"/> Finish Carpentry     | <input type="checkbox"/> Guttering             | <input type="checkbox"/> Block & Brick Work    |
| <input type="checkbox"/> Roofing              | <input type="checkbox"/> Kitchen Installations | <input type="checkbox"/> Window Installation   |
| <input type="checkbox"/> Siding, all types    | <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Carpet Installation   |
| <input type="checkbox"/> Drywall Installation | <input type="checkbox"/> Heating & Ventilation | <input type="checkbox"/> Hardwood Refinishing  |
| <input type="checkbox"/> Plastering           | <input type="checkbox"/> Air Conditioning      | <input type="checkbox"/> Hardwood Installation |
| <input type="checkbox"/> Interior Painting    | <input type="checkbox"/> Electrical Work       | <input type="checkbox"/> Tile Installation     |

Please name your specialty, if applicable:

**Financial Information**

Please list the dollar values of your three largest single projects:

(1) \$ \_\_\_\_\_ | (2) \$ \_\_\_\_\_ | (3) \$ \_\_\_\_\_

**References**

Please provide references no more than two (2) years old. You are highly encouraged to provide any references from projects funded by Federal, State, or municipal sources.

May we confirm your references?  Yes  No

<b>Reference 1:</b>	Name:		
Address:		Phone:	
Type of work done:			Amount of work: \$
<b>Reference 2:</b>	Name:		
Address:		Phone:	
Type of work done:			Amount of work: \$
<b>Reference 3:</b>	Name:		
Address:		Phone:	
Type of work done:			Amount of work: \$

<p>Has your firm completed any projects funded by Federal, State, or municipal sources? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please describe:</p>	
<b><i>Past Contractual Difficulties</i></b>	
<p>Has your firm ever defaulted on a contract awarded to you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please list the date and explain the circumstances:</p>	
<p>Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your firm or principals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes," please list:</p>	

**Please ensure the following documentation is attached:**

- A copy of your firm's Pennsylvania Home Improvement Contractor certification, and copies of any trade licenses (i.e. plumbing or electrical) that your firm holds.
- A Certificate of Insurance Coverage.
- Certificate that your firm is an EPA lead-safe certified firm.
- Certificates for all workers proving that they are EPA certified renovators.
- If applicable, A copy of your firm's Pennsylvania Lead Abatement Contractor certification, and/or proof of any employees' certifications in lead-based paint occupations (if applicable).

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I certify that the above provided information is accurate and true.

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Signature

Date

Print Name

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