

# **Town of Weymouth**

## **Housing Rehabilitation Program**

Weymouth Planning and Community Development Department

75 Middle St., 3<sup>rd</sup> Floor • Weymouth, MA 02189

Telephone (781) 682-3639

[jkudcey@weymouth.ma.us](mailto:jkudcey@weymouth.ma.us)

## **CONTRACTOR APPLICATION FORM**

The Weymouth Planning and Community Development Department (PCD) oversees the Housing Rehabilitation Program funded through Community Development Block Grants (CDBG) to make repairs on single and multi-family homes to bring them into code compliance. The PCD will maintain a list of qualified contractors to bid and work on these projects.

### **General Information:**

#### **All Contractors are required to maintain the following insurances:**

1. Property damage liability – minimum of \$1,000,000
2. Bodily injury liability – minimum of \$300,000
3. Workman's Compensation (if employees)

Your insurance agent must forward a Certificate of Insurance to the PCD.

#### **All contractors are required to furnish applicable copies of the following:**

1. Certificate of Insurance
2. Trade Licenses
3. Construction Supervisor's license
4. Home Improvement Contractor Registration
5. Lead Safe Renovation Contractor Certificate
6. W-9 Form

#### **Bidding Process:**

1. A Scope of Work will be completed by the Housing Rehab Specialist and reviewed by contractors prior to bidding.
2. A walk through will be set up at the property with the Housing Rehab Specialist.
3. Contractor bids will be sent to the PCD office by US Mail or e-mail by specified date and time.
4. The PCD will notify the contractor of the project award.
5. The Contractor will sign a contract with the Homeowner.

(Note: In case of emergencies such as heat and electricity repair, this process may be bypassed. The Housing Coordinator may directly contact contractors to obtain quotes).

#### **Quote Preparation:**

1. All quotes should show costs for individual items as detailed in the Scope of Work
2. Quotes should be only for work shown on the Scope of Work

#### **Project Payment:**

Payment to contractor for work under the Housing Rehab Program will be made directly to the Contractor by the Town of Weymouth upon satisfactory completion of work. Partial payments on larger projects upon proof of delivery of material or partial completion of project. All work will be inspected by the Rehab Specialist and Town Building Dept. before payment.

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Housing Rehabilitation Program**

**CONTRACTOR APPLICATION**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

BUS TELEPHONE # \_\_\_\_\_

CELL # \_\_\_\_\_

FAX # \_\_\_\_\_

EMAIL: \_\_\_\_\_

CORPORATION EIN TAX # (Or Social Security #) \_\_\_\_\_

**Names and addresses of all owner/partner/officers of corporation:**

NAME	ADDRESS	PHONE
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Additional personnel who can sign contracts:

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**LICENSE INFORMATION** (please attach copies of all current and valid licenses)

General Contractors License # \_\_\_\_\_

Home Improvement License # \_\_\_\_\_

MA Deleaders License # \_\_\_\_\_

MA Moderate Risk/ lead Safe Renovators License#\_\_ - \_\_\_\_\_  
([www.mass.gov/lwd/labor-standards/deleading-and-lead-safety/](http://www.mass.gov/lwd/labor-standards/deleading-and-lead-safety/))

Federal Work Safe Practices Certification #\* \_\_\_\_\_

Licensed Sub Contractor (type) \_\_\_\_\_

Other: \_\_\_\_\_

1. CHECK THE TYPE OF CONSTRUCTION YOU PERFORM:

\_\_\_\_ General Contracting/Home Remodeling/Building  
\_\_\_\_ Roofing                      \_\_\_\_ Siding/Insulation                      \_\_\_\_ Windows  
\_\_\_\_ Lead Abatement                      \_\_\_\_ Asbestos Removal                      \_\_\_\_ Masonry  
\_\_\_\_ HVAC                      \_\_\_\_ Plumbing                      \_\_\_\_ Electrical  
\_\_\_\_ Other \_\_\_\_\_

2. NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

3. NUMBER OF EMPLOYEES \_\_\_\_\_ (If number fluctuates, give average)

4. ARE YOU A MEMBER OF A TRADE OR CIVIC ASSOCIATION? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, WHICH ONE(S):  
\_\_\_\_\_  
\_\_\_\_\_

5. HAVE YOU WORKED FOR CDBG PROGRAMS IN OTHER TOWNS? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, WHICH ONE(S):  
\_\_\_\_\_  
\_\_\_\_\_

6. IS THIS A REGISTERED SECTION 3 BUSINESS? \_\_\_\_ YES \_\_\_\_ NO

7. IS THIS A SOMWBA FIRM (State Office of Minority and Women Business Assistance)? \_\_\_\_ YES \_\_\_\_ NO

**Note: Minority group data is obtained for statistical purposes only. Data will be not be considered by any local or federal official in determining borrowers eligibility.**

\_\_\_\_ Male                      \_\_\_\_ Female

\_\_\_\_ White \_\_\_\_ Black / African American \_\_\_\_ Black/Afr. Amer. & White \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Asian & White  
\_\_\_\_ American Indian/ Alaskan Native \_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_ Amer. Indian or Alaskan Native &  
Black or Afr. Amer. \_\_\_\_ Amer. Indian or Alaska Native & White \_\_\_\_ Other Multi Racial

8. TYPES AND LIMITS OF INSURANCE:

INSURANCE TYPE	POLICY #	LIMITS	CARRIER
PROPERTY DAMAGE			
LIABILITY			
WORKER'S COMP			

9. CREDIT REFERENCES:

SUPPLIER	TYPE OF MATERIALS	TELEPHONE #	CONTACT

10. CLIENT REFERENCES: List three housing rehabilitation clients from other CDBG rehabilitation programs for whom you have completed work during the past two years.

\_\_\_\_\_  
(NAME: Reference #1)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE #)

\_\_\_\_\_  
(NAME: Reference #2)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE #)

\_\_\_\_\_  
(NAME: Reference #3)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(TELEPHONE #)

I CERTIFY THAT ALL INFORMATION IN THIS STATEMENT, AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS STATEMENT, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please return the completed form and attachments to:

Town of Weymouth  
Housing Rehabilitation Program  
75 Middle Street  
Weymouth, MA 02189