



TOWN OF RIVERHEAD

Community Development Department

4 WEST SECOND STREET, RIVERHEAD, NEW YORK 11901

(631) 727-3200, Ext. 287 Fax (631) 727-5772 TDD (631) 727-4500

Dawn Thomas, Director

Dear Interested Contractor:

The Town of Riverhead Community Development Department bids out numerous contracts throughout the year for various home improvement projects for Manufactured / Mobile and single-family homes owned by low- and moderate-income residents. As part of this Home Improvement Program, the Community Development Department maintains a list of home improvement contractors (general contractors, plumbers, electricians, heating, etc.) interested in bidding on home repair projects in the range of \$500 to \$100,000.

If you would like to qualify to receive bids and potentially obtain contracts under this program, please complete the enclosed application and return it to the Community Development Department at the above address. Please also submit a copy of your current license(s) and proof of current insurance coverage.

If you have any questions, please contact (631)727-3200 ext. 237.

Thank you.

Town of Riverhead Community Development Department

The Town of Riverhead is an equal opportunity provider and employer. Discrimination is prohibited by Federal Law. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact our office at one of the numbers listed above.

CONTRACTORS APPLICATION

Project Title: *Home Improvement Program*

Location: *Town of Riverhead (Wading River to Laurel)*

Company Name _____ **Phone Number:** _____

Owner/Contact Person: _____

Mailing Address: _____ (If P.O. Box, please include a street address)

Town: _____ **State:** _____ **Zip:** _____

If you are a CORPORATION, please answer the following (If not, leave blank and continue on to the next section):

Date of Incorporation: _____

Federal Tax ID #: _____

In what State: _____

President of Company: _____

Vice-President of Co.: _____

Secretary: _____

Treasurer: _____

Telephone: _____ Cell#: _____ Fax #: _____

If you are a PARTNERSHIP or SOLE PROPRIETORSHIP, please answer the following:

Social Security # ('s) of contractor (s): _____

Federal Tax ID # ('s): _____

Year Organization started: _____

If a **PARTNERSHIP**, state whether you are general, limited or an association: _____

Name(s) and Address(es) of Partner(s):

Telephone #: _____ Cell #: _____ Fax #: _____

How many years has your current organization been in the construction business: _____

Please list any other name(s) that your business has used other than the current name:

Current License number: _____ (Please attach a copy of your certificate with application)

Current General Liability Insurance: Yes _____ No _____ (Please attach a copy of your current insurance policy with the application)

As Applicable by Law, Worker's Compensation Insurance: Yes _____ No _____

If No, please explain:

Note: If subletting any part of your work, sub-contractors are to have insurances in place according to law. Please have copies of their current insurance certificates.

PERSONNEL (please indicate full/part time and how many in each category)

| | Current Payroll | For Previous 3 Fiscal Years |
|----------------------------------|-----------------|-----------------------------|
| A. Clerical | _____ | _____ |
| B. Engineers & Architects | _____ | _____ |
| C. Supervisors & Foremen | _____ | _____ |
| D. Skilled Employees | _____ | _____ |
| E. Unskilled Employees | _____ | _____ |
| F. Job Estimates | _____ | _____ |
| G. Total Number of F/T Personnel | _____ | _____ |

Please answer the following:

1. Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding, or been refused pre-qualifications? _____ If so, please describe

2. Within the previous five fiscal years, has your organization (or predecessor organizations) ever failed to complete a project? _____ If so, please explain and list current status _____

3. Within the previous three fiscal years, has your organization been involved in any litigation with New York State? _____ If so, please explain and list current status _____

What is the *Construction Experience* of the Employees and Supervisory Personnel of your organization that will be assigned to the project being bid?

Employees Name: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Employees Name: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Employees Name: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Supervisory Personnel: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Supervisory Personnel: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Supervisory Personnel: _____ **Title:** _____
Years of Construction Experience _____ in What Capacity and with Whom _____

Please list the most recent jobs (or Town contracts) completed by your organization in the previous three fiscal years (list at least 3 or more jobs completed).

Name (Project or Client) _____
Address/ Location _____
Description of Job _____
Type of Work Done _____
Contact Person (client) and Tel. # _____
Contract Price \$ _____ Original \$ _____ Final \$ _____
Completion Dates: Original Date _____ Revised Date _____

Actual Job Completion Time (days/weeks) _____

Name (Project or Client) _____
Address/ Location _____
Description of Job _____
Type of Work Done _____
Contact Person (client) and Tel. # _____
Contract Price \$ _____ Original \$ _____ Final \$ _____
Completion Dates: Original Date _____ Revised Date _____

Actual Job Completion Time (days/weeks) _____

Name (Project or Client) _____
Address/ Location _____
Description of Job _____
Type of Work Done _____
Contact Person (client) and Tel. # _____
Contract Price \$ _____ Original \$ _____ Final \$ _____
Completion Dates: Original Date _____ Revised Date _____

Actual Job Completion Time (days/weeks) _____

* If you would like to provide more job listings (that you have recently completed), please attach them to the application.

ALONG WITH YOUR *COMPLETED APPLICATION*, PLEASE SEND A COPY OF YOUR *CURRENT LICENSE(S)* (HOME IMPROVEMENT, ELECTRICAL, PLUMBING, ETC....) AND A COPY OF YOUR *CURRENT INSURANCE* TO:

**COMMUNITY DEVELOPMENT DEPARTMENT
C/O RIVERHEAD TOWN HALL
4 WEST SECOND STREET
RIVERHEAD, NY 11901**

I hereby certify that all information provided herein is true and accurate to the best of my knowledge and authorize the Town of Riverhead to verify my credit of worthiness at its discretion.

Signature of Owner
Date: _____

Signature of Owner
Date: _____