

# **CONTRACTOR RESPONSE FORM**

## **PART 1: COMPANY INFORMATION**

Legal Business Name: \_\_\_\_\_

D.B.A. (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

NYS MWBE Certification Number (if applicable): \_\_\_\_\_

## **PART 2: CAPACITY & SERVICES**

Check all trade categories that apply to your company:

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Electrical
<input type="checkbox"/> General Carpentry	<input type="checkbox"/> Plumbing
<input type="checkbox"/> HVAC / Mechanical	<input type="checkbox"/> Roofing
<input type="checkbox"/> Siding / Exterior	<input type="checkbox"/> Masonry
<input type="checkbox"/> Painting / Finishing	<input type="checkbox"/> Flooring
<input type="checkbox"/> Drywall / Plastering	<input type="checkbox"/> Insulation
<input type="checkbox"/> Windows / Doors	<input type="checkbox"/> Demolition
<input type="checkbox"/> Lead-Safe Work (RRP Certified)	<input type="checkbox"/> Asbestos Abatement
<input type="checkbox"/> Concrete / Foundation	<input type="checkbox"/> Landscaping / Site Work

Other (specify): \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

**PART 3: CERTIFICATIONS HELD**

Check all certifications currently held (provide copies):

<input type="checkbox"/> EPA RRP Lead-Safe Certified Renovator (Individual)
<input type="checkbox"/> EPA RRP Lead-Safe Certified Company
<input type="checkbox"/> NYSDOL Asbestos Abatement License
<input type="checkbox"/> NYS Certified Minority Business Enterprise (MBE)
<input type="checkbox"/> NYS Certified Women Business Enterprise (WBE)
<input type="checkbox"/> Service-Disabled Veteran Owned Business (SDVOB)

Other certifications (specify): \_\_\_\_\_

**PART 4: EXPERIENCE AND REFERENCES**

List three (3) residential projects completed in the last five years:

**Reference 1:**

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Value: \$ \_\_\_\_\_

Completion Date: \_\_\_\_\_

Reference Contact Name: \_\_\_\_\_

Reference Phone/Email: \_\_\_\_\_

**Reference 2:**

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Value: \$ \_\_\_\_\_

Completion Date: \_\_\_\_\_

Reference Contact Name: \_\_\_\_\_

Reference Phone/Email: \_\_\_\_\_

**Reference 3:**

Project Description: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Value: \$ \_\_\_\_\_

Completion Date: \_\_\_\_\_

Reference Contact Name: \_\_\_\_\_

Reference Phone/Email: \_\_\_\_\_

List any work completed for non-profit or housing organizations within the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 6: CERTIFICATION AND SIGNATURE**

By signing below, the undersigned certifies that all information provided in this application is true and accurate, and authorizes the Livingston County Land Bank Corporation to verify any information submitted. The undersigned understands that inclusion on the Pre-Qualified Contractor List does not guarantee award of any project.

Contractor / Company Name	Date
Authorized Signature	Printed Name and Title

## **SUBMISSION CHECKLIST**

Please ensure your submission includes the following:

<input type="checkbox"/> Completed Contractor Response Form
<input type="checkbox"/> Certificate of Insurance (with LCLBC, NYS, and HTFC as additional insured)
<input type="checkbox"/> Proof of Workers' Compensation Insurance
<input type="checkbox"/> Three (3) project references
<input type="checkbox"/> EPA RRP Lead-Safe Certification – if applicable
<input type="checkbox"/> NYSDOL Asbestos Abatement License – if applicable

**Submit digital applications to:**

Email: [Natecole@livingstoncountyny.gov](mailto:Natecole@livingstoncountyny.gov)

Questions? Call (585) 243-7550