



MEMORANDUM

TO: Contractors
FROM: Lisa Warnke
Meramec Regional Planning Commission
Planning and Development Secretary

Attached you will find a Contractor Application. Please fill out the application and return it to Meramec Regional Planning Commission, attn: Lisa Warnke, #4 Industrial Drive, St. James, MO 65559. Please include your Tax Identification Number or Social Security Number in the space provided on the application. Please include your email address (if you have one) at the bottom of the second page.

The requirements for contractors to be able to work on any rehabilitation project administered by MRPC are as follows:

1. Your company must be registered with the Secretary of State's Office located at <http://www.sos.mo.gov/> (We will require a proof of registration for our records if you are awarded a bid)
2. For certain projects, you and your employees may need to be trained in lead safe work practices. (We will require a copy of the certificate for our records.)
3. Your company must carry contractor general liability, Worker's Compensation insurance and auto insurance at the time of any contract signing, and carry it through out the completion of the job. (We will require proof of insurance for our records if you are awarded a bid.)
4. Your company must turn in a completed and signed IRS W-9 Form if you are awarded a bid.
5. Your company must fill out an e-Verify form and sign electronically. e-Verify is located at www.uscis.gov. Click on e-verify homepage located on the right side of the website page, then click on enroll in e-verify. If you have problems with filing with e-verify please contact Lisa Warnke at 573-265-2993 or by email at lwarnke@meramecregion.org for assistance. (If you are awarded a bid we need a copy of this report for our records.)
6. The application form must be signed by an authorized officer of the company as listed on the Secretary of State registration.

All contractor applications are sent to Missouri Housing Development Commission for final approval.

If you have any questions, please feel free to contact Lisa Warnke at 573-265-2993 or by email at lwarnke@meramecregion.org.

Chairman: Russell Scheulen
Presiding Commissioner, Osage County

Secretary: T.R. Dudley
Mayor, City of Potosi

Vice Chairman: Gary Brown
Mayor, City of Salem

Treasurer: Mary Heywood
At-Large Representative, Unemployed

Executive Director: Richard Cavender

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Contractor Application

1. General Information

Name of Company: _____

Owner(s) Name(s): _____

Years Owned: _____ Number of Employees: _____ (of those, how many are family members? _____)

Former Company Names: _____

Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Tax I.D. # or Owner's Social: _____

Agency Applying Through: _____

2. Description of Services Offered ***List & attach all applicable licenses**

Have you taken the Lead Based Renovator/Lead Safe Work Practices Course? No Yes _____ Date of course
*Required for any lead risk reductions projects.

Are you Lead Abatement Certified (attach certificate if yes)? No Yes _____ Date of course

3. References (To be verified by agency.)

List the name of three (3) references where work has recently been completed by your firm. Please list the address and telephone number of each. Give a brief description of the work completed.

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
	<i>Description of Work:</i> _____		
2.	_____	_____	_____
	<i>Description of Work:</i> _____		
3.	_____	_____	_____
	<i>Description of Work:</i> _____		

4. Insurance Requirements:

Please furnish this office with a current, in-force certificate of your insurance with the following minimum coverages:

- General Commercial Liability in the amount of \$150,000 or more
(Claims Made Policy is acceptable)
- Worker's Compensation Missouri Statutory Limits
- Vehicle Liability Insurance

In addition, appropriate licenses to perform certain kinds of work such as electrical, plumbing, and heating; copy of a certificate that you or representatives from your firm has attended the Lead-Smart Renovator course from a HUD certified trainer (a U.S. Department of Housing and Urban Development requirement for all contractors who potentially could disturb lead-based paint in the course of their work).

The contractor, shall at all times, during the life of the contract, comply with the Worker's Compensation laws of the State of Missouri. Insurance must remain current while participating.

5. Credit History

Please list the name(s) address(es) and phone number(s) of your present supplier(s). Also provide the number of years you have done business, your highest credit limit and your present status with the supplier(s).

	SUPPLIER #1	SUPPLIER #2
Name of Supplier		
Address		
Phone Number		
# Years of Credit w/ Supplier		
Highest Credit Limit		
Present Status-Outstanding, Good, Poor		

I/We hereby certify that the foregoing figures and the statements contained herein, submitted to obtain approval for the MHDC HOME Repair Program under the State Housing Act of Missouri, Chapter 215 R.S. Mo. 1994, are true and correct to the best of my/our knowledge and belief.

I/We have provided the above information, and certified that it is true, and have fully authorized MHDC to verify said information through credit reports, deposit verifications, reference checks and through any other means they determine necessary.

I understand that approval does not guarantee work availability from the agency. Updated insurance documentation must be supplied to the agency upon approval on an annual basis. I also understand that the agency reserves the right to terminate approval based on documented poor performance, failure to pay suppliers, or failure to supply adequate insurance documentation or other applicable licenses.

Signature of Company Representative

Date