

## MEMORANDUM

**TO: Contractors**  
**FROM: Chuck Cantrell**  
**Meramec Regional Planning Commission**

Attached you will find a Contractor Application. Please fill out the application and return it to Meramec Regional Planning Commission, attn: Chuck Cantrell, #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. The application form must be signed by an authorized officer of the company as listed on the Secretary of State registration.

If you have any questions, please feel free to contact Chuck Cantrell at 573-265-2993 or by email at, [ccantrell@meramecregion.org](mailto:ccantrell@meramecregion.org).

MISSOURI HOUSING DEVELOPMENT COMMISSION  
HOME Repair Program  
Contractor Application

**SECTION I – General Information**

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Agency

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

**SECTION II - Description of Services Offered—List all Applicable Licenses**


**Have you taken the Lead Based Renovator/Lead Safe Work Practices Course?**

\_\_\_\_\_ No  
\_\_\_\_\_ Yes \_\_\_\_\_ Date of course

**SECTION III - Work History**

List below the company and owner's names, addresses, and years of construction experience of all:

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

Address: \_\_\_\_\_ Years: \_\_\_\_\_

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

Address: \_\_\_\_\_ Years: \_\_\_\_\_

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

Address: \_\_\_\_\_ Years: \_\_\_\_\_

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

Address: \_\_\_\_\_ Years: \_\_\_\_\_

**SECTION IV - References**

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. \_\_\_\_\_  
Description of Work: \_\_\_\_\_
- 2. \_\_\_\_\_  
Description of Work: \_\_\_\_\_
- 3. \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**INSURANCE REQUIREMENT:**

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; and 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.

**SECTION V – 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.*

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date