

Contractor Application

All questions should be answered in a clear and comprehensive fashion. Please feel free to submit additional information that could prove helpful in assessing your qualifications. If you have any questions regarding the completion of this application form, contact the Land Bank Coordinator at 419-334-6252.

General Information

Company Name: _____

Owner: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____

Federal Tax ID Number or SSN: _____

(If you do not use a Federal Tax ID number, list the owner's Social Security Number)

How long have you been in business? _____

List all Communities you are currently licensed and bonded to perform work in:

Yes No Has the company ever failed to complete work awarded to it? If "Yes", please attach a brief explanation including when, where, and why

Yes No Has the company ever defaulted on a contract? ? If "Yes", please attach a brief explanation including when, where, and why

Yes No Has the company ever had to have a bond revoked? If "Yes", please attach a brief explanation including when, where, and why

What size of a contract can you manage? Less than \$15,000 \$10,000 - \$15,000 \$15,000+

Are you a member of any of these organizations? BBB NAHRI

Licenses that you hold:

State: _____

County: _____

City: _____

Please list all training related to the field of work:

Drug Free Workplace and Equal Employment Opportunity

Please submit a copy of your Company's policies regarding a Drug Free Workplace and Equal Employment Opportunity.

Insurance Information

Commercial General Liability: Such policy shall include the minimum coverage of \$1,000,000 per person, \$300,000 for each occurrence of bodily injury and not less than \$50,000 for damages to property.

Insurance Company: _____

Insurance Agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Owner Information

1) Owner Name: (Last, First, Middle Initial) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

2) Owner Name: (Last, First, Middle Initial) _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

Subcontractor Information

Please list any Subcontractors that you intend to use for any work with SCLRC. This is for the purposes of registering them and expediting any future bid awards.

1. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

2. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

3. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

4. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

5. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

6. Company Name: _____
Owner: _____
Company Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

Reference

Please list three of the most recent jobs that you have completed or are in the process of completing.

1. Homeowner/Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Dollar amount of the job: \$_____ Date job completed: _____
Work completed: _____

Owner's Phone: _____

2. Homeowner/Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Dollar amount of the job: \$_____ Date job completed: _____
Work completed: _____

Owner's Phone: _____

3. Homeowner/Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Dollar amount of the job: \$_____ Date job completed: _____
Work completed: _____

Owner's Phone: _____

Your completed application must include copies of the following:

- Current certificate of liability insurance showing the **Sandusky County Land Reutilization Corporation** as an additional insured
- Current Worker's Compensation Certificate
- Current registration/licenses from areas of service where applicable
- Company Policy regarding a Drug Free Workplace and Equal Employment Opportunity

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state, and federal laws including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

The Applicant(s) agrees that he/she/they has read and understands the Ohio Ethics and Conflict of Interest Laws available for review at: <https://ethics.ohio.gov/education/factsheets/ethicslaw.pdf>. The Applicant(s) covenants and agrees that he/she/they will comply with said laws.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of United States as to any matter within its jurisdiction.

PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION REVELANT TO THIS APPLICATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant gives permission to the SCLRC to check his/her credit, order a lien search and/or verify other information used to determine eligibility and as outlined an initialed below. He/She understands that this information is used to determine if he/she/they qualify to participate as a contractor with the **SCLRC Program(s)**.

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review my application and the information received using this form.
3. I have the right to copy information from my application and to request correction of information I believe inaccurate.
4. The information furnished herein is true to the best of my knowledge.
5. I understand that failure to provide requested information or falsification of information provided herein is cause for the rejection of my request to bid on work provided through the SCLRC Program(s).

Signature

Date

Signature

Date

Indemnification, Hold Harmless and Insurance Agreement

A. INDEMNIFICATION AND HOLD HARMLESS

To the extent permitted by law, _____ (“Contractor”) agrees to defend, indemnify and hold harmless The Sandusky County Land Reutilization Corporation (SCLRC), its/their officers, directors, agents and employees from and against any and all claims, suits, liens, judgements, damages, losses and expenses including reasonable legal fees and costs arising in whole or in part and in any manner from acts, omissions, breach or default of the Contractor, in connection with performance of any work by the Contractor, its officers, directors, agents, employees and subcontractors.

B. INSURANCE

- a. Contractor hereby agrees that it will obtain and keep in force insurance policy/policies to cover its liability hereunder in the minimum amounts of \$1,000,000 per occurrence and will defend and hold harmless SCLRC for personal injury, bodily injury and property damage.
- b. Said liability policies shall name Sandusky County Land Reutilization Corporation as additional insured and shall be primary to any other insurance policies.
- c. Contractor will obtain and keep in force Workers Compensation insurance including Employees Liability to the full statutory limits.
- d. Contractor shall furnish SCLRC Certificates of Insurance evidencing that the foresaid insurance coverage is in full force.

Contractor Name: _____

Company Name: _____

Company Address: _____

Signature: _____ Date: _____

CONTRACTOR'S NAME: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(Before signing Certification, Read Attached Instruction)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from coverage transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public