

CONTRACTOR'S APPLICATION

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

DBA \_\_\_\_\_

Name of Owner (s) \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please include copies of the following licenses and/or certificates:

General Contractor's License Number(s) \_\_\_\_\_

Bullhead City Business License Receipt Number \_\_\_\_\_

City License number \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Insurance Companies:

\*Contractor's Public Liability & Property Damage \_\_\_\_\_  
(Insurance Company) (Amount of Coverage)

\*Comprehensive Automobile Liability \_\_\_\_\_  
(Insurance Company) (Amount of Coverage)

Banks:

\_\_\_\_\_  
(Institution-s Name) (Checking Account#) (Savings Account#)

\_\_\_\_\_  
(Institution-s Name) (Checking Account#) (Savings Account #)

Previous Jobs:

\_\_\_\_\_  
(Location/Address) (Commercial) (Residential)

\_\_\_\_\_  
(Location/Address) (Commercial) (Residential)

\_\_\_\_\_  
(Location/Address) (Commercial) (Residential)

References:

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

Signature of contractor or person authorized to sign a contract for the above-referenced company:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature) (Date)

## CONTRACTOR'S APPLICATION

The following information is required for statistical information in the Rehabilitation Funding Program. Please check all that apply:

Race/Ethnicity:

Alaskan/Native or American Indian       Black Non-Hispanic

Asian or Pacific Islander       Hispanic

White Non-Hispanic

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Gender:

Male       Female

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Minority owned Business

Yes       No



In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor* <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## [Applying for a DUNS number:](#)

Dun & Bradstreet (D&B) is pleased to announce that a new authentication security protocol, to further safeguard your business identity, has been added to the D-U-N-S Number request process for entities doing business with the US Federal Government.

The updated website:

- Establishes an association between you and the business(es) you select
- Authenticates you "are who you say you are" by asking you to answer a few individual based challenge questions
- Still requires that you be a principal, owner, officer or responsible manager of the entity for which you are:
  - Viewing an existing D-U-N-S
  - Requesting a new D-U-N-S
  - Requesting changes to an existing D-U-N-S

Authentication is a one-time process and once completed, you are given an ID and PW so you may easily re-enter the system when needed. If you should have any additional questions, please review the FAQ's or send an email to [govt@dnb.com](mailto:govt@dnb.com). Click [Continue to Government iUpdate](#) to begin.

Grantee: \_\_\_\_\_ Contract # \_\_\_\_\_

### Housing Rehabilitation Contractor/Subcontractor Certification

I, the undersigned, am submitting a bid in conjunction with a housing rehabilitation project funded from the above cited CDBG/HOME contract

Prime Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

I hereby certify that:

1. a. Neither I nor any firm, partnership or association in which I have a substantial interest is, to the best of my knowledge, designated as an ineligible contractor by the Comptroller General of the United States pursuant to Section 5.6(b) of the Regulations of the Secretary of Labor, Part 5 (29 CFR, Part 5) or pursuant to Section 3(a) of the Davis-Bacon Act as amended (40 U.S.C. 276a-2(a)).  
  
b. No part of the aforementioned contract is or will be subcontracted to any subcontractor, if such subcontractor or firm, corporation, partnership or association in which such subcontractor has a substantial interest is to the best of my knowledge, designated as an ineligible contractor pursuant to any of the aforementioned regulatory or statutory provisions.
2. I agree to obtain and forward to the aforementioned grantee, a Certification executed by each and every subcontractor, preferably prior to the execution of any subcontract, including those executed by his/her subcontractors and any lower tier subcontractors or where circumstances do not allow, to obtain and forward such to the grantee within ten (10) days of execution.
3. I hereby acknowledge that I am aware that should I sign a subcontract with a subcontractor or should that subcontractor sign a contract with a lower tiered subcontractor who is found to be ineligible to receive federal funds, I shall subtract such costs from the amount I will bill the grantee or homeowner.
4. Further, I certify that
  - a. The legal name and the business address of the undersigned are:

LEGAL NAME

BUSINESS ADDRESS  
(include city, state & zip code)

TAX I.D.No.

b. The undersigned is:

- a single proprietorship;
- a partnership;
- a corporation organized in the State of \_\_\_\_\_ ;or
- another organization (describe), \_\_\_\_\_



c. The name, title and address of the owners, partners or officers of the undersigned are:  
NAME TITLE ADDRESS

d. The names and addresses of all other persons, both natural and corporate, having a substantial interest in the undersigned, and the nature of the interest, are: (Indicate if None)  
NAME ADDRESS NATURE OF INTEREST

e. The names, addresses and trade classifications of all other building construction contractors in which the undersigned has a substantial interest are: (Indicate if None)  
NAME ADDRESS TRADE CLASSIFICATION

6. I hereby certify that I have the legal authority to complete and submit this document on behalf of:

a. Name of Contractor: \_\_\_\_\_

b. Signature (in ink): \_\_\_\_\_

c. Typed or Printed Name: \_\_\_\_\_

d. Title: \_\_\_\_\_

e. Date: \_\_\_\_\_

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part "Whoever..makes, passes, utters or publishes any statement, knowing the same to be false..shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

Approval Use Only	
The contractor is eligible to participate in the CDBG funded construction project:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: _____	
Person making this determination (typed or printed name): _____	
Signature _____	Date _____
Date grantee or CDBG Program notified of determination: _____	
Grantee or CDBG Program notified by: Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> e-mail <input type="checkbox"/>	

**CITY OF BULLHEAD CITY  
REHABILITATION PROGRAM**

**CONTRACTOR PROCEDURES**

A procurement involving construction services not exceeding thirty-five thousand dollars (**\$35,000.00**) may be made pursuant to rules adopted by the Bullhead City Procurement Policy.

1. The Housing Inspector shall maintain a list of qualified contractors, properly licensed with the Arizona Registrar of Contractors, that have expressed an interest in performing work for the City and have provided evidence of their professional qualifications for such work. The list may be categorized to reflect the person or firm's primary field of expertise. Persons or firms desiring to be included on the pre-qualified list may notify the Housing Inspector or may register in person with the Housing Division at 2355 Trane Rd. Bullhead City, AZ.
2. The Housing Inspector will notify each person or firm listed on the register annually of their status and invite updating of their professional qualifications. In addition, a public advertisement may be placed in a newspaper of general circulation inviting firms to apply for inclusion on the City's list of pre-qualified contractors.
3. Firms who have failed to provide satisfactory evidence of qualifications or have performed unsatisfactorily during the past twelve (12) months may be removed from the active contractors list.
4. All contracts entered into under this section shall be executed in accordance with the Bullhead City Procurement Policy or if above \$35,000 in accordance with the requirements of A.R.S. Title 34.

It is the intent of the City of Bullhead to award individual projects under this program to perform residential repairs in single owner/occupied dwellings to include, but not limited to, the following types of work:

- Miscellaneous Roofing
- Miscellaneous Cabinetry
- Miscellaneous Plumbing
- Miscellaneous Drywall
- Miscellaneous Floor
- Miscellaneous Tile Work
- Miscellaneous Electrical
- Miscellaneous Concrete
- Glaziers Flooring
- Septic Systems
- HVAC Systems
- ADA Accommodations

**PROJECT FUNDING / COMPLETION TIME**

Bullhead City's Housing Rehabilitation Projects are Federally funded and shall require the successful contractor to complete each project(s) within sixty (60) consecutive calendar days upon receipt of the required permits or Notice to Proceed (NTP) from the Housing Inspector.

**REMOVAL FROM LIST OF ELIGIBLE CONTRACTORS**

Either party may request removal of a firm upon sixty (60) days prior written notice to the other stating the reason for the removal request. Removal of a contractor while performing an awarded project may be pursued by Bullhead City upon ten (10) days of written notice with cause resulting from any of the following:

1. Non-compliance of successful contractor to maintain required insurance required by City Risk Management.
2. Non-compliance of successful contractor to complete the project(s) within sixty (60) consecutive calendar days from date of issuance of Notice to Proceed.
3. Non-compliance of successful contractor to furnish and maintain required equipment.
4. Upon breach by the successful contractor and failure to remedy the breach upon ten (10) consecutive calendar days written notice from the Housing Inspector.
5. Upon declaration of bankruptcy by the successful contractor.

Removal of a contractor from the active bidders list may result from any of the following:

1. The contractor is not licensed or has had his license suspended.
2. The contractor has failed to complete past projects in a timely or workman-like manner or has failed to respond appropriately to requests for warranty services.
3. The contractor has failed to provide lien waivers as required or has had mechanic's liens filed by suppliers or subcontractors on past projects.

**NOTE:** The City of Bullhead City reserves the right to make such additional investigations as it deems necessary to establish the competency and financial stability of any firm.

**SERVICES PERFORMED**

The services performed, as well as materials and equipment provided shall be in full compliance with all applicable statutes, ordinances, codes, regulations and laws (collectively "laws"), and in actual conformance with the following described Scope of Work, services, materials and equipment, and all activities associated therewith. Unless expressly stated to the contrary, all materials and equipment shall be new. The successful contractor is responsible to provide for and warrants providing and assuring as applicable, the structural, functional, and aesthetic integrity of the structures, products, materials and/or equipment. All warranties and owner manuals for all equipment installed shall be given to the owner.

**SITE VISITS**

Contractor(s) are advised to inspect the project sites where services are to be performed and to satisfy themselves regarding all general and local conditions that may affect the cost of contract performance. In no event shall failure of the contractor to inspect the site constitute grounds for a claim after contract award.

**CLEAN-UP RESPONSIBILITIES**

The contractor shall at all times keep the project area, including storage areas, free from accumulation of waste materials. Prior to completing the work, the contractor shall remove from the work area and premises any rubbish, tools, scaffolding, equipment, and materials that are not the property of the property owner. Upon completion of the work, the contractor shall leave the work area in a clean, neat, and orderly condition satisfactory to the Housing Inspector.

**PERMITS AND PROJECT SAFETY**

The contractor shall, be responsible for obtaining any necessary licenses and permits, and for compliance with applicable Federal, State, and Local laws, codes, and regulations applicable to the

**APPENDIX A**

performance of the work. The contractor shall be responsible for work site safety and all damages to persons or property that occur as a result of the contractor's negligence. The contractor shall also be responsible for all work performed until final completion and acceptance of the project, except for any completed unit of work, which may have been accepted under the contract.

**CONTRACT AWARD / CONTRACT ADMINISTRATION**

The award shall be made to the lowest, responsible and responsive contractor meeting specifications and requirements. Within three (3) business days following the bid open of a project, the successful contractor shall be contacted by:

Housing Inspector  
(928) 763-9400 Ext. 419  
(928) 763-2467 Fax

At the time of final award, the successful contractor shall be issued a Notice to Proceed by the Housing Inspector.

**RISK OF LOSS**

The successful contractor agrees to bear all risk of loss, injury, or destruction of goods and materials ordered as a result of any Informal Bid Request (IBR), which occurs prior to delivery to the project site; and such loss, injury, or destruction shall not release successful contractor from any obligation hereunder.

**FINANCIAL CONSIDERATIONS / PAYMENT TERMS**

The contractor shall be paid following the submission of itemized invoice(s) for the services rendered. No payment shall be issued prior to receipt of material or service and a correct itemized invoice. All requests for payment shall follow a format to be approved by the Bullhead City's Representative. Invoices shall be submitted on a project-by-project basis.

The retention formulas shall apply in accordance with A.R.S. 34-607 as a guarantee of the contractor's full performance of all work called for under this Contract. All invoices should be sent to Housing Inspector, Housing Division, 2355 Trane Rd., Bullhead City, AZ 86442. Additional invoicing instructions may be set forth as required. All invoices shall include at a minimum: the Informal Bid Request (IBR) number, if applicable; description of services rendered; date of invoice; contractor's name, address and telephone number; billing address; and the amounts requested.

**SALES TAX / USE TAX**

City of Bullhead City is not exempt from applicable Arizona State or City sales tax or use tax. Taxes applied to Housing Rehabilitation Projects shall be for materials only.

**CHANGE ORDERS**

Change orders may be issued to individual projects for the addition and/or deletion of requirements. Change Orders amending the specific terms, conditions, or provisions of a project shall be authorized by the Housing Inspector.

**SPECIAL TERMS & CONDITIONS**

The contractor agrees to indemnify, defend and save harmless the City, and their agents, officials, employees and insurance carriers, individually and collectively, from all loses, claims, suites, demands, expenses, subrogation's attorney's fees or actions of any kind and nature resulting from personal injury to any person, including employees of the contractor (including bodily injury, sickness, disease or death) or damages to any property, arising or alleged to have arisen out of the work to be performed hereunder, except any such injury or damages arising out of sole negligence of the City, its officers or employees. It is understood and agreed that this indemnification applies regardless of whether or not any such claim, damage, loss or expense is caused in part by a party indemnified hereunder. The amount and type of insurance coverage requirements set forth below will in no way be construed as limiting the scope of indemnity in this subsection.

**The Contractor agrees to:**

1. Obtain insurance coverage of the types and amounts required in this subsection and keep such insurance coverage in force throughout the life of the Contract. The contractor will provide satisfactory certificates of the required coverage to the Contracting Officer before beginning the work. All policies will contain an endorsement providing that written notice be given to the City at least ten (10) calendar days prior to termination, cancellation or reduction in coverage in any policy.
2. Include the City as an additional insured on the General Liability Insurance and Automobile Liability Insurance policies with respect to liability arising out of the performance of the work. The Contractor agrees that the insurance required hereunder will be primary and that any carried by the City will be excess and not contributing.
3. Provide and maintain minimum insurance coverage as follows:

<u>Coverage Afforded</u>	<u>Limits of Liability</u>
Workers' Compensation	State Statute
Commercial General Liability Insurance including: (a) Products & Completed Operations (b) Blanket Contractual (c) Explosion, Collapse & Underground Hazard	\$1,000,000 Bodily Injury and property damage Combined Single Limit
Automobile Liability Insurance including: (a) Non-owned (b) Leased (c) Hired Vehicles (d) In the event any of the work is subcontracted, the contractor shall require the Subcontractor to provide Workers' Compensation insurance for all of the Subcontractor's employees engaged in the Workers' Compensation insurance. In case any class of employees engaged in hazardous work under the Contract is not protected under the Workers' Compensation statute, the contractor shall provide, and shall cause each subcontractor to provide, adequate employer's general liability insurance for the protection of such of their employees as are not otherwise protected.	\$1,000,000, Bodily Injury and property damage Combined Single Limit

CONTRACTOR INFORMATION PAGE

For clarification, contact:

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City                      State                      Zip

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Authorized to Sign

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

ARIZONA R.O.C. LICENSE(S) #: \_\_\_\_\_

Federal ID # \_\_\_\_\_

DUNS# \_\_\_\_\_

Cage# \_\_\_\_\_