Becket Housing Rehabilitation Program
Berkshire Regional Planning Commission
1 Fenn Street, Suite 201
Pittsfield, MA 01201
(413) 442-1521 ext. 27 and ext. 17
www.berkshireplanning.org/

CONTRACTOR APPLICATION

Name of Applicant: ___________________________________________________________

Name of Business: __________________________________________________________

Phone: __________________ Fax: __________________ E-mail: _______________________

Business Address: __________________________________________________________

No. of Years in Business: _____ No. of Employees: _____ Social Security # / FID #: __________

List and attach photocopies of all trade licenses carried: ________________________________

List Registration # and attach copy of Contractor's Registration under the Home Improvement
Contractor Law: __________________________________________________________________

List two (2) business references (such as local banks with whom you do or have done business, and also
those who finance your work):

1.________________________________________________________

2.________________________________________________________

List names and contact information of three (3) recent customers who have had some improvement
work done by your firm:

1.________________________________________________________

2.________________________________________________________

3.________________________________________________________

Check the type of work your business is qualified for:

Chimney Building & Repair ____ Plumbing ____ Asbestos Removal ____ Painting ____

Electrical Service & Repair ____ Masonry ____ Lead Paint Removal ____ Siding ____

Gas & Oil Burner Service ____ Roofing ____ Lead Paint Inspection ____ Glass ____

Floor Sanding & Refinishing ____ Insulation ____ Foundation ____

General Carpentry ____ Iron & Ornamental Work ____

Other: ______________________________________________________________________
Becket Housing Rehabilitation Program

Minimum insurance requirements are $300,000 coverage for General Liability and at least $100,000 coverage for Workmen’s Compensation. Certificate of proof of such insurance shall be filed with the Program prior to or at the time the contract is awarded by an owner.

Insurance (amount which you carry):

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<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Agent and Address</th>
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<tbody>
<tr>
<td>General Liability</td>
<td>$_______________________________</td>
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<tr>
<td>Local Agent</td>
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<tr>
<td>Workmen’s Compensation</td>
<td>$_______________________________</td>
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<td>Local Agent</td>
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<td>Other</td>
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<td>Local Agent</td>
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THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

1. That the administering agency, the Berkshire Regional Planning Commission, reserves the right to remove the contractor’s name from the pre-qualified list of contractors if said contractor has been debarred, suspended, and/or has been determined ineligible by the U.S. Department of Housing & Urban Development (HUD) according to their Central Register.

2. That the contractor will abide by HUD regulations pertaining to equal employment opportunity-affirmative action guidelines, and

3. That the work will be done in conformance with all applicable codes and zoning regulations, according to the Towns of Sheffield and Great Barrington, and the Commonwealth of Massachusetts laws, ordinances, and their regulations.

_________________________________________ __________________________
Signature Date

Title

FOR HRP USE ONLY

1. Date received: ________________________
2. Contractor listed on HUD/state/local ineligible suspended debarred list: ___ Yes ___ No
3. Business references checked and approved: ___ Yes ___ No
4. Customer references checked and approved: ___ Yes ___ No
5. Application signed: ___ Yes ___ No
6. All material complete: ___ Yes ___ No
7. Date applicant notified of status on HRP prequalified contractor list: _______________

_________________________________________ __________________________
HRP Staff Signature Date

Funding for the Housing Rehabilitation Program is provided by a Massachusetts Community Development Block Grant. The Berkshire Regional Planning Commission (BRPC) is the administrator of the Housing Rehabilitation Program. BRPC is an equal opportunity employer.
CDBG CONTRACTOR AFFIRMATIVE ACTION STATEMENT

The CONTRACTOR named below shall comply with Executive Order 11246 of September 24, 1965, and the rules and regulations, and relevant orders of the Secretary of Labor, with the provisions of the Governor’s “Executive Order #74” dated July 20, 1970, entitled “The Governor’s Code of Fair Practices”, as amended by the Governor’s “Executive Order #116”, dated May 1, 1975; with Chapter 151B of the General Laws of Massachusetts Commission Against Discrimination, as in force at the date hereof; and with all other Municipal, State and Federal laws and regulations regarding equal employment opportunity.

The CONTRACTOR named below will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination, rates or pay or other forms of compensation; and selection for training, including apprenticeship. We agree to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

The CONTRACTOR named below will, in all solicitation or advertisements for employees placed by or on behalf of us, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin.

_________________________________________  ______________________________________
Contractor                                                   Signature

_________________________________________  _________________________
Address                                                  Date