

**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/](http://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: \_\_\_\_\_

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**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):

General Liability                    \$ \_\_\_\_\_

Local Agent and Address            \_\_\_\_\_

Workmen's Compensation        \$ \_\_\_\_\_

Local Agent and Address            \_\_\_\_\_

Other                                    \$ \_\_\_\_\_

Local Agent and Address            \_\_\_\_\_

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.*

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### **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