



CARBONDALE
All Ways Open

City of Carbondale
Development Management
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-3248
Fax (618) 457-3289
Explorecarbondale.com

APPLICATION FOR HOUSING REHABILITATION CONTRACTORS QUALIFICATION

Name		Phone	
Address			
Name of Business		Phone	
Address			
Type of Business			
Persons to Contact	Officer	Field Supervisor	
FEIN No.		IL. Emp. No.	
SSN of Pricipal Owner			
Does your firm or employees hold a current license for any of the following (check all that apply)			
Plumbing	Electrical	Roofing	Lead Abatement (IDPH Preferred)
Name of Insurance Carrier		Policy Number	
Are you Bondable?	Yes	No	
BANK REFERENCES			
<i>Name, Address, Phone of Institution</i>		<i>Account Number</i>	<i>Type</i>
<i>Reference (Credit Manager)</i>			
I am more interested in (check one)		General Contracting	Subcontracting
If you checked general contracting, submit a list of qualified subcontractors with your application. If you checked subcontracting, your name will be sent to qualified general contractors.			

SUPPLIER REFERENCES			
Business Name		Phone	
Address		Type of Charge & Account No.	
Maximum Amount	Credit Status (fair, good,excellent)		Credit Manager
Business Name		Phone	
Address		Type of Charge & Account No.	
Maximum Amount	Credit Status (fair, good, excellent)		Credit Manager
Business Name		Phone	
Address		Type of Charge & Account No.	
Maximum Amount	Credit Status (fair,good, excellent)		Credit Manager
Business Name		Phone	
Address		Type of Charge & Account No.	
Maximum Amount	Credit Status (fair, good excellent)		Credit Manager
WORK REFERENCES			
Name		Phone	
Address		Project Completion Date	
Type of Work			
May we contact the individual?	Yes	No	
May we do a site visit?	Yes	No	
<p>I hereby certify that the information contained in this Prequalification Application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.</p> <p>In consideration of the City of Carbondale, Illinois processing my Prequalification Application for Contracting,I/we hereby voluntarily and knowingly execute this release of information, and hereby authorize the City of Carbondale to undertake a full and complete check to verify the information submitted on the Contractor's Prequalification Application.</p> <p>I/we with the intention of binding myself, my heirs, executors, administrators and assigns releases and discharges the City of Carbondale, its officials, employees, agents, and all persons, companies or agencies contacted by the City of Carbondale to verify the Contractor's Prequalification Application information from all claims, demands, actions, judgements and executions which I/we ever had, or now have, or which my heirs, executors, administrators or assigns may have, or claim to have against the City of Carbondale, its officials, employees, and agents and all persons, companies, or agencies contracted by the City of Carbondale to verify the Contractor's Prequalification Application information arising out of the performance of any and all such verifications.</p> <p>I/we further authorize the financial institutions, suppliers, material men, individuals and/or companies, firms, organizations, or other entities, that have or have had business relationships with _____ (applicant) to disclose to the City of Carbondale such information as is necessary to verify the information I/we have provided in the Contractor's Prequalification Application.</p>			
Signature			Date

CONTRACTOR AND SUBCONTRACTOR DEMOGRAPHIC INFORMATION			
Name of Contractor			
Name of Subcontractor(s)			
Ethnicity of the Principle of the Firm (Select one of the following codes)			
11 – White 12 – Black or African American 13 – Asian 14 – American Indian or Alaska Native 15 – Native Hawaiian or Other Pacific Islander		16 – American Indian / Alaska Native & White 17 – Asian & White 18 – Black or African American & White 19 – American Indian or Alaska Native & Black or African American	
Gender of the Principle of the Firm	Male	Female	
COMPANY POLICIES			
Does your company have a written drug policy?		Yes	No
If no, would your company be willing to adopt our policy?		Yes	No
Does your company have a written dress and language policy?		Yes	No
If no, would your company be willing to adopt our policy?		Yes	No
Does your company have a written conflict resolution policy?		Yes	No
If no, would your company be willing to adopt our policy?		Yes	No
FOR GENERAL CONTRACTORS, PROVIDE THE REQUESTED INFORMATION FOR YOUR SUBCONTRACTORS			
Business Name		Phone	State or City License #
Address		Subcontractor Type (plumber,roofing...)	
Business Name		Phone	State or City License #
Address		Subcontractor Type (plumber,roofing...)	
Business Name		Phone	State or City License #
Address		Subcontractor Type (plumber,roofing...)	
Business Name		Phone	State or City License #
Address		Subcontractor Type (plumber,roofing...)	