



CITY OF MEMPHIS  
 Division of Housing & Community Development  
 WEATHERIZATION ASSISTANCE PROGRAM  
 170 North Main Street, 4th Floor Office 409  
 Memphis, TN 38103

**CONTRACTOR QUALIFICATION APPLICATION**  
*All questions must be completed*

Date: \_\_\_\_\_

I. GENERAL CONTRACTOR FIRM IDENTIFICATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

NUMBER OF YEARS FIRM IN EXISTANCE: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

II. OWNERSHIP OF GENERAL CONTRACTOR FIRM:

Type of Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_

Non-Profit \_\_\_\_\_ CDC \_\_\_\_\_ CHDO \_\_\_\_\_

Is the firm M/WBE certified with the City of Memphis? No \_\_\_\_\_ Yes \_\_\_\_\_

Name and address of all stockholders and/or partners:

<u>NAME • TITLE • ADDRESS</u>	<u>% OF OWNERSHIP</u>
_____	_____
_____	_____
_____	_____

III. LICENSES/CERTIFICATIONS: (Proof of all licenses and certifications must be attached)

<u>Type</u>	<u>Expiration Date</u>	<u>Amount/Limit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. MANAGEMENT: (Use same format for additional management personnel)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

MANAGEMENT OR TECHNICAL TRAINING: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

MANAGEMENT OR TECHNICAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

V. As a general contracting firm, list the work the firm normally performs with its company employees:

(Please check all that Apply) Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Industrial \_\_\_\_\_

Remodeling \_\_\_\_\_ Repairs \_\_\_\_\_ Demolition \_\_\_\_\_ Environmental \_\_\_\_\_ Lead \_\_\_\_\_

Other (please specify)

\_\_\_\_\_

VI. ABILITY TO PERFORM WORK:

(1) Workforce:

Supervisory Personnel:

NAME	RESPONSIBILITIES	CERTIFICATIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regular Office Force

NAME	POSITION	RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regular Field Workers by Trades

NAME	TRADE	CERTIFICATIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) Trade References (At least three)

List suppliers who will carry your firm's account for thirty (30) days more.

Company Name	Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) Supervision: Will contractor be personally supervising the "on-the-job" work? If not, who will be competent supervision? Yes \_\_\_\_\_ No \_\_\_\_\_

Name	Position	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

(4) List of Equipment, tools, machinery currently owned by firm

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(5) List of Mechanical, Plumbing, Electrical and Lead Paint Subcontractors that the firm uses on a regular basis

<u>Company</u>	<u>Trade</u>	<u>Contact</u>	<u>License #</u>	<u>Phone #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VII. CONTRACTS OR JOBS RECENTLY COMPLETED (List all for previous year; attach another page if necessary). *Please include City/State/Federal*

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. CONTRACTS OR JOBS CURRENTLY UNDER CONTRACT: *(Please include City/State/Federal)*

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. FINANCIAL:

<u>Name of Bank and Branch</u>	Contact	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount of monthly payroll: \_\_\_\_\_

X. INSURANCE REQUIREMENTS (must be attached)

A. Proof of Insurance required, attach Certificate of Insurance

- B. Record of Surety and Fidelity Bonds: (List bonds obtained during last two years - bids payment or performance).

<u>Contract or Job</u>	<u>Type of Bond</u>	<u>Amount of Surety, Company/ Agent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. Is there any pending litigation with which your company is engaged? If so, please state the nature of this litigation. No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- D. Has your firm defaulted or had any contract(s) terminated in the past 12 months? If so, please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- E. Has your company participated in the former City of Memphis Housing Rehabilitation Program? If yes, please provide a complete list of projects performed in the past 5 years.

<u>Contract #</u>	<u>Name of Client</u>	<u>Property Address</u>	<u>Amount of Contract</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- F. Does anyone working with this firm have a relative or family working for the City of Memphis? If so, state with who and the particular interest. No \_\_\_\_\_ Yes \_\_\_\_\_ (See attached Conflict of Interest Form, must be attached)

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 \_\_\_\_\_  
 \_\_\_\_\_

XII. COMMENTS:

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Questions regarding this application can be directed to [weatherization@memphistn.gov](mailto:weatherization@memphistn.gov)