

COMMUNITY DEVELOPMENT CORPORATION OF LONG ISLAND, INC

Invites

GENERAL CONTRACTORS

and/or

HEATING CONTRACTORS

to participate in its

WEATHERIZATION/REHABILITATION PROGRAMS

To qualify, you must complete the attached application and submit the following:

1. Resume
2. Financial Statement
3. W-9
4. Insurance Certificates as follows:
 - a. Workmen's Compensation & NYS Disability Benefits Insurance as required by NYS Law
 - b. Comprehensive General Liability including completed Operations - Bodily Injury and Property Damage combined in an amount of \$500,000 per occurrence and \$1,000,000 general aggregate. (If accepted as a contractor, CDCLI will be named as additional insured and shall receive 30 days advance notice of any change, cancellation or non-renewal of any or all policies.)
 - c. A copy of Nassau and/or Suffolk Licenses (Suffolk license with photo on it)
 - d. A copy of E.P.A Lead Paint Hazard Certificate.

After your application is received with all of the required documentation and your references have been contacted it will be determined if you qualify to participate in our programs. At the time of acceptance, your name will be put on a rotating bidders list to submit bids on various projects throughout Nassau and Suffolk Counties. In order to maintain your status as a qualified Contractor you must adhere to all of the monitoring requirements of CDCLI.

Please check if you would like to participate in single-family or multi-family projects . If you would like to participate in both please check both.

Complete the attached application and submit with supporting documents to:

Community Development Corp of LI, Inc
2100 Middle Country Road
Centereach, NY 11720
Attention: Donna Craig

**NYS DIVISION OF HOUSING AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
DHCR # 28**

CONTRACTOR QUALIFICATION

The following information must be completed in order to be considered a qualified bidder.

I Bidder Information

Legal Company Name _____

D/B/A _____

Address _____ City _____ State _____ Zip Code _____
Telephone _____

II Company Structure

Corporation Partnership Individual Other

If "Other," explain: _____

State of Incorporation or Registration _____ Number _____ Number of Years in Business _____

III Principals

List the name, address, telephone number and position of each principal of the company. (Attach additional pages if necessary.) "Principal" means each officer and director of the bidder and each shareholder, partner and co-venturer who either controls or owns, directly or indirectly, a ten percent or greater interest in the bidder or who will actively participate in the performance by the bidder of the proposed contract.

Name	Address	Phone #	Position
		()	
		()	
		()	
		()	

Which licenses does your company hold?

Plumbing # _____ Issued by: _____ Date: _____

Electrical # _____ Issued by: _____ Date: _____

Other # _____ Issued by: _____ Date: _____

If none, please explain: _____

IV Bank Reference

Bank _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

Account Name _____ Account #: _____ Contact Person: _____

V Woman/Minority-Owned Business

Is this a woman or minority-owned business? Yes No

If "Yes," is it qualified as such with the State of New York? Yes No Certification #: _____

VI Disqualification

Has this business, its individuals, partners, officers and/or shareholders . . .

(a) been disbarred or otherwise disqualified from participation in city, state or federally funded work projects? Yes No

If "Yes," please give details:

VII Affiliation

List all other businesses in which the majority owners, partners, officers and shareholders have held an affiliation or interest in the past five years.

(Attach additional pages if necessary.)

Name of Business	Address	Work/Service Performed	Contact Person	Phone #
				()
				()
				()

VIII WAP History

List all Weatherization Assistance Program (WAP) subgrantees for which you completed major heating system work during the past three years: (Attach additional pages if necessary.)

Subgrantee Name	Subgrantee Name

IX Insurance

Insurance Company _____

Address _____ City _____ State _____ Zip _____
Code _____

Type of Coverage: _____ \$ Amount: _____ Contact Person: _____

Telephone: _____

Are there any claims pending against your auto/general contractor liability coverage? Yes No

If "Yes," amount of claim(s) \$ _____ \$ _____ \$ _____ \$ _____

Bonding Company _____

Address _____ City _____ State _____ Zip _____
Code _____

Contact Person: _____ Telephone: _____

X Project History

Complete the following information for each of the last five heating replacement projects of 25+ units completed by your organization:

Owner/Project Name		
Address		
Contact Person	Phone #	Cost of Project
Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, approximately how much of the work did you subcontract?		
Name of Subcontractor	Description of Subcontracted Work	

Owner/Project Name		
Address		
Contact Person	Phone #	Cost of Project
Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, approximately how much of the work did you subcontract?		
Name of Subcontractor	Description of Subcontracted Work	

Owner/Project Name		
Address		
Contact Person	Phone #	Cost of Project
Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If so, approximately how much of the work did you subcontract?

Name of Subcontractor	Description of Subcontracted Work
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Owner/Project Name		
Address		
Contact Person	Phone #	Cost of Project
Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, approximately how much of the work did you subcontract?		
Name of Subcontractor		Description of Subcontracted Work

Owner/Project Name		
Address		
Contact Person	Phone #	Cost of Project
Did you subcontract any portion of the contract work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, approximately how much of the work did you subcontract?		
Name of Subcontractor		Description of Subcontracted Work

XI Affirmation

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms, under penalties of law, that the statements made in this application for inclusion to the Qualified Bidders List have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City and New York State unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information given herein. The applicant understands that this application for inclusion on the Qualified Bidders List does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion.

(Signature)

(Print Name)

(Title)

STATE OF NEW YORK)
COUNTY OF _____) ss:

_____, being duly sworn, deposes and says: I am the person signing on behalf of the applicant described herein and who executed the foregoing application, and the several matters therein stated are in all respects true.

Subscribed and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

NOTE: ALL CLEAN BOILERS CONTRACTORS MUST SUBMIT COMPLETED FORM TO THE ATTENTION OF G. MILLER AT THE ASSOCIATION FOR ENERGY AFFORDABILITY, 105 BRUCKNER BLVD., BRONX, NEW YORK, 10455.