



COMMUNITY SERVICE PROGRAMS OF WEST ALABAMA, INC.

ADMINISTRATIVE OFFICE

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Cynthia W. Burton
Executive Director

CONTRACTOR PROFILE

Statement of Qualifications

All questions must be answered and the data given must be clear and comprehensive. The contractor may submit additional information as appropriate.

Company Name _____

Company Owner(s) _____

Address _____

Email _____

Work# _____ Cell# _____ Fax# _____

Federal IRS Tax ID# _____ DUNS# _____

Contractor License # _____ (attach copy)

Type of Ownership Corporation Partnership Privately Owned

Company Principals and Titles _____

Names of Corporation Officers (if corporation), Partners (if partnership), Owner (if private):

Name Title SSN

Address Telephone

Name Title SSN

Address Telephone

If corporation, where incorporated, State _____

Attach copy of:

1. Current state registration
2. Corporate Resolution verifying authorized signatures

Number of years in business as this entity _____ years.

If the company name has changed, what was the original name(s)

1. _____
Company Name Address Dates
2. _____
Company Name Address Dates

Number of persons on your company's payroll _____

How many times have you failed to complete any work or defaulted on a contract awarded to you?

If so, when, where and why? _____

Bank Reference: _____

Address _____ Telephone _____

Have you ever participated in other housing rehabilitation programs? _____

If so, which ones? _____

JOB REFERENCES

List three (3) jobs under construction or recently completed. Supply name, telephone number, address and type of work done. (Please give us references that will allow us to examine interior and exterior work and variety in each).

1. Name _____

Address _____

Telephone _____

Type of work performed _____

2. Name _____
Address _____
Telephone _____
Type of work performed _____

3. Name _____
Address _____
Telephone _____
Type of work performed _____

ADDITIONAL INFORMATION

General background, such as experience of co-workers, including officers, and other information showing ability to work in rehab, property improvement or construction.

Please list suppliers with whom you have credit accounts

Name Telephone

Name Telephone

Name Telephone

Provide a current list of subcontractors with whom your company has done business. List name of company, phone number(s) and contract person for each subcontractor.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Have you ever filed for bankruptcy? _____

Name(s) authorized to sign contracts, bids, contract changes and endorse checks

Name Title

Name Title

Name Title

Personal References - Optional

Name Address Telephone

Name Address Telephone

Name Address Telephone

I hereby certify that:

- 1. The above statements are true and complete to the best of my knowledge. I further understand that CSP will keep all the information confidential and use such information only to verify the qualification of the undersigned as a home improvement contractor. Any false statement included by contractor may result in removal from contractor list.

2. CSP is authorized to obtain a written credit report on both the individuals and the partnership, or corporation that is applying.

Contractor further understands and agrees that:

3. The contractor's license is current and that the undersigned contractor agrees to maintain current status of all licenses as required by CSP.
4. The contractor will perform the work in accordance with the bid sheet, general specifications and all applicable City, State, County codes, zoning and program regulations and will be subject to a final inspection by CSP.
5. If the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor and CSP are found to be unsatisfactory, CSP may remove contractor from the list of selected contractors without notice.
6. All required insurance and worker's compensation will be maintained.
7. That contractor will abide by all applicable equal employment opportunity requirements.

Date _____

By _____

Title _____

Please attach to the application a copy of the following:

1. Photocopy of state business license
2. Photo copy of current license (for all trades)
3. Liability insurance certificate
4. Worker's compensation certificate
5. IRS Form W-9
6. Homebuilders License
7. Weatherization training certificate(s)
8. EPA Lead-Safe Certified Firm certificate
9. Any additional information