



COUNTY OF HENRY



HOUSING REHABILITATION CONTRACTOR'S QUALIFICATION STATEMENT

All questions must be answered in full and this statement *must be notarized*.



Please attach the following:



W-9



Copy of your Commonwealth of VA Contractor License



Copy of your insurance

1. Name, address, phone number, contractor license # and Fed ID # (or owner's ss #):
2. Owner, principal officer, date and place organized:
3. General character of work performed:
4. Any work awarded that failed to be completed or contracts defaulted on – where and why:

5. List of three most important recent contracts over \$10,000. State the owner, work, cost, place, date started and date completed:

A. _____ \$ _____
 _____ From _____ To _____

B. _____ \$ _____
 _____ From _____ To _____

C. _____ \$ _____
 _____ From _____ To _____

6. List the contracts upon which you are currently working. Include owner, cost, location, and estimated date of completion:

7. List of three material suppliers and amount of credit available:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

8. Bank references and credit available:

1. _____ \$ _____
2. _____ \$ _____

9. Insurance coverage and amount:

Liability – Property: _____ \$ _____
Liability – Personal Injury: _____ \$ _____
Vehicle & Equipment: _____ \$ _____
Other: _____ \$ _____

10. Subcontractors utilized: List name, address, specialty, subcontractor license # and years of experience:

11. Provide a general description of the experience of the company and its key personnel:

12. Number of current full-time employees: _____
Number employed at highest level in the past twelve months: _____

13. Are you on any list of debarred contractors maintained by the US Dept of Labor, U S Dept of Housing & Urban Development, or VA Dept of Highways?
_____ (Y) _____ (N)

14. All contractors, subcontractors and their workers, including electricians, must have attended Lead Safe Work Practices training in order to be considered for work under this program. Have all of your workers attended this training?
 YES NO If yes, complete the Employee Training Record.

If not, they will be required to attend the training before they can work on a project site. Do you need information about LSWP classes? YES NO

 The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the County of Henry in verification of the recitals comprising this statement of contractor qualifications.

Contractor: _____
By: _____ Title: _____
Date: _____

STATE OF: _____

CITY/COUNTY OF: _____

I, _____ being duly sworn, deposes and says that he/she is _____ of _____ and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 ____.

Notary Public: _____

My commission expires: _____



EMPLOYEE TRAINING RECORD LBP-RELATED WORK

Employee's Name	Training Type and Level

Training Levels: **In** = Initial **Rf** = Refresher

Training Types:

- LS** Licensed Supervisor
- LW** Licensed Worker
- OSHA** Basic OSHA training, including respirator rules
- 4-Day** Equivalent to EPA Supervisor; no license
- 3-Day** Equivalent to EPA Worker; no license
- 2-Day** Equivalent to brief EPA Worker
- 1-Day** HUD LBP Training "Addressing LBP Hazards during Renovation, Remodeling and Rehabilitation in Federally Owned and Assisted Housing" aka Lead Safe Work Practices

Note: All contractors, subcontractors and workers must have, at a minimum, the Lead Safe Work Practices training to work on DHCD housing rehabilitation projects consisting of interim controls.

**RETURN TO: COUNTY OF HENRY/ GRANT ADMINISTRATOR, PLANNING & ZONING,
P O BOX 7, COLLINSVILLE VA 24078
PHYSICAL ADDRESS: 3300 KINGS MTN RD, ROOM 205, COLLINSVILLE VA**