

Semcac, 204 S. Elm Street, P.O. Box 549, Rushford, MN 55971
Phone: 1-800-944-3207 Fax: 507-864-2597

Contractors Information/Application Form

(Please Print or Type)

DATE: _____

Business Name: _____

Entity: Corporation partnership LLC Other: _____

State of Organization: _____ Date of Incorporation/Organization: _____

How long have you been in the contracting business? _____
Years Months

Specialty(s): _____

Owner/Representative: _____

Business customer service contact Name: _____

Title: _____ Direct Phone #: _____

Business Address: _____
Number Street City Zip Code

Mailing Address: _____
Number Street City Zip Code

Area Code/Phone Numbers: _____
Office Fax Mobile

Email address: _____

Federal I.D. #: _____

If not incorporated, Social Security #: _____

State Tax ID #: _____ Expiration Date: _____

Registrar of Contractors #: _____ Expiration Date: _____

Are you registered with a minority/women's business enterprise program or LSA? Yes No
If your answer is "YES," please submit a copy of certification.

Please list all certifications, education and training that you have had specific to Mechanical Systems, Building Science, and/or Weatherization.

Training	Date
_____	_____
_____	_____
_____	_____
_____	_____

List two major suppliers from whom you purchase most of your supplies:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

Approximately how many jobs in the last year have you completed as a contractor? _____

How many employees do you employ full-time? _____

List any subcontractors that will participate in this project with your company.

<i>Name</i>	<i>Address</i>	<i>Telephone</i>	<i>Job Classification</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check which counties you would be interested in working in:

___ Dodge ___ Fillmore ___ Freeborn ___ Houston ___ Mower ___ Steele
___ Olmsted ___ Winona

Please provide copies all the following **APPLICABLE ITEMS** to your business:

- **Certificate of Good Standing from the Secretary of the State**
- **Corporate resolution verifying authorized signatures**
- **Registrar of Contractor's License**
- **Bond's (plumbing, mechanical, surety, as applicable)**
- **Local tax licenses**
- **Certificate from a minority/women business program**

THE UNDERSIGNED CONTRACTOR CETIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

And authorizes Semcac to obtain information on debarment and the ability to check any references on the Business that is applying.

And hereby authorizes and requests any person or business to furnish any information requested by Semcac in verification of the information provided in the application.

Contractor License Class and bond are current, and the undersigned contractor agrees to maintain in current status all licenses and bonds as required by the contracting agency and sends copies of new/renewed licenses and/or bonds as related.

That the work be performed in accordance with the property requirement standards. That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary. That the work will be done in conformance with all appliance codes and zoning regulations.

The contractor will abide by the federal regulations pertaining to equal employment opportunity.

Upon award of bid/contract, please request that a Certificate of Insurance and Worker's Compensation Certificate be sent to Semcac and Semcac is listed as Certificate Holder.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

CONTRACTOR'S NAME: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(Read before signing)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name

Title

Signature

Date



Profit agency, established in 1966, serving southeastern Minnesota.
 Helping people. Changing lives.
 Street, PO Box 549 | Rushford, MN 55971-0549
 P: 507-864-7741 | F: 507-864-2440
www.semcac.org | semcac@semcac.org
 28 for e-news | Like & Follow @Semcac on social media.

January 2019

Dear Contractor:

As part of our contract with you we are required to have a background check on file of all of your employees that may work on a Semcac funded job every three years. This is at no cost to you and I will take care of requesting the background checks. I only need the information completed below for your employee(s):

Company Name: _____

Employee First Name	Middle Name	Last Name	Date of Birth
Employee First Name	Middle Name	Last Name	Date of Birth
Employee First Name	Middle Name	Last Name	Date of Birth
Employee First Name	Middle Name	Last Name	Date of Birth
Employee First Name	Middle Name	Last Name	Date of Birth
Employee First Name	Middle Name	Last Name	Date of Birth

If you need additional lines, please write them on the back of this letter. Please return this information to me via e-mail at Melissa.feine@semcac.org or fax to 507-864-2597.

Thank you for your cooperation. Please contact me if you have any questions at 507-864-8204.

Sincerely,
Melissa Feine

Melissa Feine
 Weatherization Program Coordinator

Dodge 634-4350 Fillmore 765-2761 Freeborn 373-1329 Houston 725-3677 Mower 433-5889 Steele 451-7134 Winona 452-8396

Limited services provided in Goodhue, Olmsted, Rice, Wabasha & Waseca Counties.
 Use area code 507 for all Semcac phone numbers.

Please remember Semcac in your financial and estate planning. | Equal opportunity employer.

