

City of Decatur, IL
Neighborhood Revitalization Division
Economic and Community Development Department

Contractor Certification Application

Please provide the following information:

Business Name: _____

Business Address: _____

Owner/Representative: _____

Type of Business (check one):

Corporation Partnership Sole Proprietorship

List of Officers and/or Owners:

Name _____ Title _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Years in Business _____

Years of Construction Experience _____

List of Officers and/or Owners:

Name _____ Title _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Years in Business _____

Years of Construction Experience _____

List of Officers and/or Owners:

Name _____ Title _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Years in Business _____

Years of Construction Experience _____

List of Officers and/or Owners:

Name _____ Title _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Years in Business _____

Years of Construction Experience _____

Name, Address & Phone for Business References (Banks, Suppliers, Etc.)

Name, Address & Phone for Recent Customers (people you've provided services for)

Name, Address & Phone of Established Credit Firms

Insurance Carrier

Agency: _____

Agent's Name: _____

Address: _____

Phone Number: _____

Please mark all the programs you wish to be invited to bid on:

- Owner-Occupied Housing Rehabilitation Program
 - Energy efficiency updates – including siding, insulation, gutters & soffits
 - Mechanical – HVAC
 - Plumbing – water heaters
 - Smoke and carbon monoxide detectors
 - Windows and doors
 - Roofs

- Emergency Program
 - Plumbing Emergency Program (water heaters)
 - Mechanical Emergency Program (HVAC)
 - Electrical Emergency Program
 - Sewer Lateral Emergency Program

****Programs are subject to change**

The undersigned certifies that all the information in the Contractor Certification and attachments furnished in support of the certification, is true and complete to the best of the undersigned’s knowledge and belief. The undersigned is aware that any falsification of any of the information is grounds for disqualification from the program. The undersigned is being considered as a contractor for the City of Decatur Neighborhood Revitalization Division’s Rehabilitation Programs. The undersigned agrees in full of the following:

- The contractor will abide by all the terms of the Contractor’s Qualification Manual.
- The contractor will abide to the Equal Opportunity provisions of the Civil Rights Acts.
- The contractor agrees to maintain and provide documentation of Liability Insurance, Lead Liability Insurance, and Workman’s Compensation.
- The contractor agrees to comply with the terms of all contracts, forms, and other documents agreed to and signed by the contractor.
- The contractor understands the Neighborhood Revitalization Division has the authority to place contractors on the disqualified list or suspend the contractor when the contractor’s responsibilities are not fulfilled to the homeowner or the City of Decatur.
- The contractor agrees to perform work in a professional manner, in accordance with the work write-up, general specifications, and all applicable City, State, and Federal codes and zoning regulations. It is further agreed the work is subject to progress and final inspections by the City of Decatur.

***The contractor understands this form must be completed and returned to the Neighborhood Revitalization Division, City of Decatur, 1 Gary K. Anderson Plaza, Decatur, Illinois 62523 in order to participate in the Rehabilitation Programs as a Contractor.**

Firm’s Name	
Title	
Printed Name	
Authorized Signature	
Date	

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CONTRACTORS FINANCIAL PRIVACY NOTICE

(Only if contractor is self-funding the project, not obtaining the Contractor's Loan through Land of Lincoln Credit Union)

This is notice to you, as required by the Right to Financial Privacy Act of 1978, that the City of Decatur, Neighborhood Revitalization Division – Economic and Community Development Department, has a right to access financial records held by any financial institution in connection with your company.

Financial records involving your transactions will be available to the Neighborhood Revitalization Division, City of Decatur, Illinois without further notice of authorization, but will not be disclosed or released to another government agency or department, without your consent except as required or permitted by law.

RECEIVED: _____

Contractor's Signature

Date

Contractor's Name

Company Name

Address (include city and state)

Business phone # - Business fax # - General/Lead Phone Number

Cell phone #

Email

Unique Identity ID (SAM) Number and Expiration Date

RETURN WITH BID

NON-COLLUSION AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, deposes and says that they are _____ (sole owner, partner, president, secretary, etc.) of _____, the party making the foregoing bid; that such bid is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such bid is genuine and not collusive or sham; that said bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that said bidder has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the bid price of said bidder or of any other bidder, or to fix any overhead, profit or cost element of such bid price, or of that of any other bidder, or to secure any advantage against the public body awarding the contract or anyone interested in the proposed contract; that all statements contained in such bid are true; and, further, that said bidder has not, directly or indirectly, submitted their bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said bidder in their general business.

Signed:

Title

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

(SEAL)

Notary Public

*The owner reserves the right, before any award of contract is made, to require of any bidder to whom it may make an award of the contract, a duly executed non-collusion affidavit in the form designated above.

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Instructions: **Enter the following information and select the criteria that applies to certify your business.**

Business Information

Name of Business _____

Address of Business _____

Name of Business Owner _____

Phone Number of Business Owner _____

Email Address of Business Owner _____

Preferred Contact Information

Same as above

Name of Preferred Contact _____

Phone Number of Preferred Contact _____

Type of Business (select from the following options):

Corporation Partnership Sole Proprietorship Joint Venture

Select from *ONE* of the following three options below that applies:

- At least 51 percent of the business is owned and controlled by low- or very low-income persons (Refer to income guidelines on page 4).
- At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.
- Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers (Refer to definition on page 4).

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NOTICE TO PROCEED

Sponsor: City of Decatur, Neighborhood Revitalization Division

Contractor: _____

This is your official Proceed Order for the **American Rescue Plan Act Rehabilitation Program** job listed below:

NO OCCUPANT RELOCATION

You are hereby notified to commence WORK on or after _____. You are to complete the WORK within (28) Calendar days thereafter. The date of completion of all WORK is, therefore _____.

OCCUPANTS WILL BE RELOCATED

You are hereby notified to commence WORK on _____. You are to complete all interior WORK within _____ calendar days thereafter. The date of completion of all WORK is therefore _____.

LEAD MITIGATION PROJECT: No Yes

Property Owner: _____

RECEIPT OF THIS NOTICE TO PROCEED ORDER IS HEREBY ACKNOWLEDGED:

Contractor's Signature: _____ Date: _____

Construction Manager: _____ Date: _____

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EQUAL EMPLOYMENT OPPORTUNITY-AFFIRMATIVE ACTION PLAN
STATEMENT OF POLICY

It is the policy of this company, _____
to provide equal employment opportunity without regard to race, religion, color, national origin, handicap,
age or sex through a program of positive action affecting all employees. In this program, our company
carries out the requirements of Federal Executive orders 11246 and 11375, Civil Rights Act of 1964,
Equal Employment Act of 1972, and all other applicable laws, and indicates its active support of the
principle of equal opportunity in employment.

At present, _____ % of our work force are minorities and _____ % of our work force
are females, and we will attempt to utilize minorities and females through a positive, continuing program
in all jobs for which we contract in the future. To the greatest extent feasible, our company will utilize
local residents who are Section 3 residents, minorities and females regarding any future job vacancies.

It is also our intent to make efforts to purchase supplies or equipment from businesses located in the City
of Decatur.

_____ is the official who will be responsible for implementing
this policy statements.

_____ will be designated as the Equal Employment Opportunity
Officer in our company, responsible for submission of all required equal employment opportunity
documents.

In addition, _____ is hereby authorized to sign payroll as well as
this company's officers. (NOTE: If only officers will be authorized to sign payrolls, please fill in "No
One" in this space.)

Authorized Signature

Title

Firm