CONTRACTORS

The Town of Corning is preparing a list of qualified contractors for the Town of Corning Single Family Home Rehabilitation Program. The rehabilitation project is designed to provide essential improvements to owner-occupied homes in the Town of Corning. Examples of work items include, but are not limited to: roof repairs, foundation repairs, heating, electrical and plumbing. Contractors who would like to be considered for the list must complete a statement of their qualifications and provide proof of insurance. The minimum insurance requirements are as follows:

Workers Compensation/Disability
Bodily Injury Liability - $1,000,000 each person, $1,000,000 each occurrence
Property Damage Liability - $500,000 each occurrence

Insurance should be available for the contractor and any subcontractors.

Under the current federal regulations regarding lead-based paint (LBP), contractors who work on projects that contain Lead Based Paint hazards must be licensed by EPA and use certified "Renovators" who are trained by EPA-approved training providers to follow lead-safe work practices. Qualified contractors must submit a copy of their certificates for such training in order to be considered for work on houses that contain lead-based paint.

Interested contractors should submit proof of insurance and statement of qualifications to:

Town of Corning
ATTN: Housing Steering Committee
25 S Elm St
Corning, NY 14830

Or by email to: kdeal@assessor.com

BASIS FOR DETERMINATION OF QUALIFIED

PROPERTY IMPROVEMENT CONTRACTORS

Contractors will be considered qualified for property improvement work as part of the Single Family Home Rehabilitation Program administered by the Town of Corning if they met the following standards:

1. Firm must be legally constituted.

2. Firm must have a history of satisfactory performance.

3. Firm must use responsible, bona-fide sub-contractors.

4. Firm must have a sound financial base.

5. Firm, and principals thereof, must not have shown a disregard for financial obligations.

6. Firm must submit "Contractors Statement of Qualifications."

7. Firm must submit evidence of insurance coverage required. Insurance coverage must read: $1,000,000 each person Bodily Injury, $1,000,000 each occurrence, and $500,000 Property Damage liability plus a 10-day cancellation notice.

8. Firm must submit evidence of completion of training in EPA-approved license/training that follows Safe Work Practices for Lead Based Paint. Please note that all work that disturbs painted surfaces must be completed in accordance with Safe Work Practices for Lead Based Paint and will be subject to clearance testing.

Return statement of qualifications, certificate of insurance and evidence of completion of Safe Work Practices for Lead Based Paint (if available) to:

Town of Corning
ATTN: Housing Steering Committee
25 S Elm St
Corning, NY 14830

Or by email to: kdeal@assessor.com

CONTRACTORS STATEMENT OF QUALIFICATIONS

All questions must be answered and the date given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheets.

1. Name of Firm: _____

2. Permanent Main Office Address: _____

_____

3. Email Address: _____

4. When Organized: _____

5. If a Corporation, where incorporated: _____

6. Number of years engaged in remodeling under your present firm or trade name: __

7. Work Specialty: _____

_____

8. Number of Employees: _____

9. List your major equipment available for rehabilitation work:

_____

_____

_____

10. Subcontractors Used Address Phone No.

_____

_____

_____

11. Suppliers Used Address

_____

_____

_____

12. Bank reference: _____

13. Completed Jobs:

_____

_____

_____

_____

_____

14. Date of completion of Safe Work Practices Training for Lead Based Paint (attach copy of certificate): _____

15. Date of completion of EPA Certification (attach a copy of certificate):

16. Number of employees who have received training in Safe Work Practices: _____

17. Number of EPA certified Renovator who will be on site to supervise all work that may disturb Lead Based Paint: _____

18. Official correspondence should be directed to:

_____

_____

_____

19. The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City of Hornell in verification of the recitals comprising this Contractor's Statement of Qualifications:

Name of Firm: _____

By: _____

Print Name: _____

Title: _____

Date: _____

E-mail Address_____

(This will allow us to e-mail specs and bid forms to you instantly)

AUTHORIZED SIGNATURES

_____
Name of Firm

_____
Address

_____
City and State

The following individuals are authorized to execute Construction Contracts, Lien Waivers, etc. on behalf of:

_____	_____
Name of Firm	Phone Number & Cell Phone
_____	_____
Signature	Title
_____	
Printed Name	
_____	_____
Signature	Title
_____	
Printed Name	

Authorized by: _____

Printed name: _____

Title: _____