

## GVRPC, Inc.

Rt. 63 at Hampton Corners 5861 Groveland Station Road Mt. Morris, New York 14510

JILL ALCORN, President & CEO

(585) 658-4860 • FAX / (585) 658-4874 http://www.gvrpc.com • E-mail: gvrpc@gvrpc.com

# GVRPC, Inc. CONTRACTOR APPLICATION & QUALIFICATIONS

Name of Business:		
Business Description:		
Number of years in business:		
Business TaxID:	<del></del>	
Contact		
Person:	TITLE:	
Address:	·	
City:	State:	Zip Code:
Telephone Day/Cell:	Evening:	
E-Mail Address:		_
Web Site Address:		<u> </u>
Fax #:		_
Name of Business Principal :		
Title:	Soc. Sec. # _	
Address:		
Phone or cell #s:		

#### Company's Insurance coverage:

Certificates of Insurance MUST be on file prior to commencement of work.

Certificates of Insurance must identify GVRPC, Inc. as the Certificate Holder and as an Additional Insured.

All Certificates of Insurance must contain a provision that the insurer shall give written notice that coverage afforded under these policies will not be canceled or otherwise affected until at least a thirty (30) day written notice has been given.

Please provide us with the following Certificates:

- **Commercial General Liability** with a limit of not less that \$1,000,000 dollars per occurrence and \$2,000,000 dollars aggregate.
- Workers' Comp. with a limit of no less than \$1,000,000 dollars

The following is how GVRPC, Inc. should be listed as the Certificate Holder and as an Additional Insured on all Certificates of Insurance:

Genesee Valley Rural Preservation Council, Inc. 5861 Groveland Station Rd. Mt. Morris, New York 14510

**Credit References:** (<u>Minimum of three – Please supply contact information- you may include additional pages for this information</u>)

a)	Bank:		
•	Address:		
	Phone:		
b)	Supplier:		
	Address :		
	Phone:	_	
c)	Other(s):		
	Address:		
	Phone:	_	
			wish to provide more information you tos of particular job completed)
1) N	lames:		
A	Address:		Phone#:
T	own, State, Zip Code:		
Т	ype of job:		
S	Start date:	Finish date:	

2) Names	•				
Addres	s:				
Town,	State, Zip Code:				
Type o	f job:				
Start date: Finish date:					
3) Names	:				
			_ Phone#:		
Town,	State, Zip Code:				
Type o	f job:				
Start d	ate:	Finish date:			
Jobs in P	Progress:				
Date				Expected mpletion	
Started	Location	$T_{VL}$	e of Work		Date
			<u> </u>		
Jobs Cor	npleted in Past Twelv	ve Months:	Property	Date	
Started	Location	Type of Work	Owner	completed	Job cost
		·			
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Lead Cert	ification and Training:				
	This business employe	es an EPA LEAD CERTIF	IED RENOVATO	DR.	
	Name of employee(s)			<u>-</u>	
	All employees have so	mpleted Work Safe Train	ing in Lead Rose	d Paint	
**** PLEASE	****Include Certification of Co	impletion Certificate copies t	for yourself and fo	r each employe	e ****

#### Check each of the boxes below that applies to your business:

GVRPC, Inc. Housing Programs promote the participation of Minority, Women owned and Service Disabled Veteran Owned Businesses and Contractors. We are committed to affirmative marketing in all programs and projects, with the objectives of non-discrimination and equal opportunity.

□ Mii	nority Owned Business/Enterprise;	
□ Ne	w York State Certified Minority Owned Business	s Enterprise;
□ Wo	omen Owned Business/Enterprise;	
□ Ne	w York State Certified Women Owned Business	Enterprise.
□ Se	rvice-Disabled Veteran-Owned Business	
New You	rk State Business Enterprise Certification #:	
<i>IOTE:</i> If	you <u>are not</u> a New York State Certified Firm, you can find οι www.ny.newnycontracts.com	ut more information at:
Vomen's	Business Development (DMWBD) we require that yo	state Division of Minority and ou list the number of people
Vomen's employed list the o vomen:	Business Development (DMWBD) we require that you by you or your firm.  Seccupation of the employee and indicate if they are a management.	ou list the number of people
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vomen's employed ist the over the commen: Number	Business Development (DMWBD) we require that you do by you or your firm.  Occupation  Occupation  of further advance our efforts toward Equal Employment Opposition	ninority member or if they are Minority/Women  ortunity, please answer the

#### **Authorization for Release of Information**

To Whom It May Concern, in conjunction with our application to become a Qualified Contractor with Genesee Valley Rural Preservation Council, Inc. (GVRPC, Inc.), we hereby authorize the recipient to provide GVRPC, Inc. with creditor information and/or business reference information, which is to be used solely for determining our eligibility as a qualified, participating GVRPC, Inc. contractor.

All information is for confidential use of GVRPC, Inc. only.

Signature:	Date:
Printed Name:	Title:
Company:	

#### Return this entire packet and all required information to:

### GENESEE VALLEY RURAL PRESERVATION COUNCIL, INC.

Att: Robert Martin, Director Housing Programs
5861 Groveland Station Road
Mt. Morris, NY 14510
(585) 658-4860 fax (585)658-4874
www. gvrpc.com
bmartin@gvrpc.com

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