CITY OF MONTEREY
CDBG HOUSING REHABILITATION PROGRAM

CONTRACTOR APPLICATION

EQUAL HOUSING OPPORTUNITY

Name of Company_____ Federal Tax I.D. No._____

Owner's Name _____ Social Security No._____

Business Address

_____

_____

Home Address

_____

_____

Phone (office)_____ Phone (home)_____

Email: _____ Phone (cell)_____

Office Hours_____ Phone (message)_____

CSLB No._____ Expiration Date_____

Monterey Business License No._____

Are you a General Contractor? Yes_____ No_____

If not, what is your trade?_____

How many tradesmen do you employ other than subcontractors?_____

Certified by an Agency? Yes_____ No_____

Certification # _____Exp. Date_____

Agency_____

Certification #_____Exp. Date_____

Agency _____

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

Name	Address	City	Phone

List two financial institutions (banks, savings and loan, etc) with whom you have established credit:

Name	Address	City	Phone

How long have you been in the contracting business?_____

Have you ever participated as a contractor in a publicly funded program?_____

Have you been on the Federal Excluded Parties List (EPLS) system?_____

How many housing rehabilitation projects have you completed?_____

What is the smallest job you have done?_____

_____

What is the largest job you have done?_____

Yearly Gross Volume of Contracted Work:

$0 to $25,000 ___ $25,000 to $50,000 ___ $50,000 to $100,000 ___ Over $100,000 ___

Do you guarantee your work for one year? Yes____ No____

List two projects or customer references:

1._____
Name/Address/Phone No.

2._____
Name/Address/Phone No.

Insurance Coverage

Type	*Coverage Limits*	*Carrier and Agent*	*Exp. Date*
Workers Compensation			
General Liability			
Vehicle Liability			
Other			

Attach copies of the Copy of Certificate of Insurance. If these documents are not available at the time this application is completed, they will be required before the commencement of any work in the City.

Select from the following List of Ownership Classification Codes (select all that apply):

____WBE (Woman Owned Business Enterprise) ____SLBE (Small Local Business Enterprise)

____DBE (Disadvantaged Business Enterprise) ____ MBE (Minority Business Enterprise)

____DVBE (Disabled Veteran Business Enterprise)

Authorization

I/We authorize the City of Monterey to verify the information provided on this Application. I/We further certify, under penalty of perjury and the laws of the State of California, that the information provided on this Application is true and correct.

_____ Date:_____

By:
Its:_____

STATISTICAL INFORMATION

This information is for statistical purposes only. All information will remain confidential and is required by the Department of Housing and Urban Development (HUD), which provides funding for these purposes.

To qualify as a minority contractor, or female-owned business, your business must be owned by at least 51% minority or female-owned. Please indicate below which category of ownership you believe applies to your business.

APPLICANT:

☐ HISPANIC ☐ NON-HISPANIC
(Check one, then check one Ethnicity from the list below)

SINGLE RACE:	MULTI-RACE:
___ White	____ American Indian/Alaskan Native & White
___ Black (African-American	____ Asian & White
___ Asian	____ Black/African American & White
___ American Indian/Alaskan Native	____ American Indian & Black/African
___ Natural Hawaiian/Other Pacific Islander	____ Other

SEX (F/M) _____ Age _____ Female, Head of Household _____ Disabled _____

Return this entire Application to:
Housing and Property Management
City of Monterey
City Hall
Monterey, CA 93940
(831) 646-3995