



**CONTRACTOR'S QUALIFICATION APPLICATION
TOTAL ACTION AGAINST POVERTY IN ROANOKE VALLEY**

I.

1. Company Name: _____

2. Address: _____

(Street Address and Post Office Box Number)

City State Zip

Business Telephone: (____) ____ - ____ Fax#: (____) ____ - ____

3. Social Security # or FID: _____

II.

1. List the service(s) or product(s) your company provides: _____

III.

1. Ownership (check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Minority Business |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Female-Owned Business |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Local Business** |
| <input type="checkbox"/> White American | <input type="checkbox"/> African American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Not American Owned |

**Local Business refers to those located in your Section 3 area.

2. Date business was originally established: _____

Month Day Year

3. If incorporated, list date filed: _____

Month Day Year

4. Owner's Name: _____

5. Contractor Status: Class A Class B Other: _____

IV. List jobs on which you are currently working:

1. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Estimated Date of Completion: _____

2. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Estimated Date of Completion: _____

3. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Estimated Date of Completion: _____

V. List three most recent jobs, customers for whom you have completed similar work during the past two years:

1. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Date Completed: _____

2. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Date Completed: _____

3. Name: _____ Telephone: (____) ____ - ____
Address: _____ City, State, Zip: _____, ____ _____
Type of Job: _____ Contract Price: _____
Date Completed: _____

VI. List any jobs you failed to complete and explain why:

VII. References

Name of Supplier: _____

Type of Materials: _____

Telephone: () _____ - _____ Person to Contact: _____

Name of Subcontractor: _____

Trade: _____

Telephone: () _____ - _____ Person to Contact: _____

Banking Information

Bank: _____

Address: _____

Type of Account: _____ Person to Contact: _____

VIII. Types and Limits of Insurance

Type: _____

Policy Number: _____

Limits of Liability: _____ Company: _____

Property Damage: _____

Liability: _____

Workers Compensation: _____

The undersigned certifies that all information in this statement, and all information furnished in support of this statement is true and complete to the best of the undersigned's knowledge and belief.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

ATTACH to this application:

1. A copy of your Virginia contractor's license (A or B)
(All well drillers must be licensed to work in Virginia.)
2. A copy of your insurance certificate, showing your coverage. (Available from your agent.)
3. A copy of your most recent certificate of Environmental/Lead Training

Return application to:

Total Action Against Poverty in Roanoke Valley

Post Office Box 2868

Roanoke, VA 24001-2868

Attn: Angela S. Penn