



Edgecombe County Government
CONTRACTOR APPLICATION

Business Information

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Website: _____ Cell#: (____) _____

E-mail: _____ Driver's License #: _____ State issued: _____

Year Business Started: _____ Federal Tax ID Number: _____

Type of Business: (Please check box that applies) Sole Proprietor Partnership Corporation other

General Contractor's License Number: _____ Expiration Date: _____ State: _____

Specialty Contractor License Number: _____ Expiration Date: _____ State: _____

Privilege License Number: _____ Expiration Date: _____ State: _____

ARE YOU A CERTIFIED MINORITY BUSINESS ENTERPRISE? (Check one) Yes No

IF YOU ANSWERED YES, PLEASE CHECK THE APPROPRIATE ONE (S):

- AFRICAN-AMERICAN
- HISPANIC
- AMERICAN INDIAN
- NON-PROFIT WORK CENTER FOR BLIND; SEVERELY DISABLED AS DEFINED IN GS 143-48
- SOCIALLY & ECONOMICALLY DISADVANTAGED AS DEFINED IN 15 USC 637
- FEMALE
- ASIAN AMERICAN
- DISABLED AS DEFINED IN GS 168-1 or GS 168A-3

Is the company an Underutilized Disadvantaged Business Enterprise (UDBE) under Department of Transportation (DOT) regulations? (Check one)

- Yes
- No

Please print legibly

Names of owners, partners and stockholders (Use additional sheets if necessary):

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone # (____) _____ E-mail: _____

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone # (____) _____ E-mail: _____

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone # (____) _____ E-mail: _____

Supplier Name: _____ Telephone # (____) _____
Address: _____ City: _____ State: _____ Zip Code _____
Contact Person: _____

Supplier Name: _____ Telephone # (____) _____
Address: _____ City: _____ State: _____ Zip Code _____
Contact Person: _____

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Contact Person: _____

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Contact Person: _____

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Address: _____ City: _____ State: _____ Zip Code _____
Contact Person: _____

Please print legibly

Sub-Contractor References

Name of Plumber: _____
Address: _____ License # _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Name of Electrician: _____
Address: _____ License # _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Name of HVAC Contractor: _____
Address: _____ License # _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Name of Other Sub-Contractor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Financial Information

Bank Name/Credit Union: _____
Contact Person's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Bank Name/Credit Union: _____
Contact Person's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Bank Name/Credit Union: _____
Contact Person's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: (____) _____ E-mail: _____

Please print legibly

INSURANCE

Do you carry Bodily Injury Insurance? Yes No
Do you carry Property Damage Insurance? Yes No
Are your workers covered by Workman’s Compensation? Yes No

Client References

Please list the past three jobs you have completed-please refer us to whole-house rehabilitation projects similar to the one we would ask you to do: (Sub-Contractors-list jobs that you were hired to complete).

Client: _____ Contract Amount \$ _____
Job Address: _____ Telephone #: (____) _____
City: _____ State: _____ Zip Code: _____
Beginning Date: _____ Completion Date: _____
Description of Project: _____

Client: _____ Contract Amount \$ _____
Job Address: _____ Telephone #: (____) _____
City: _____ State: _____ Zip Code: _____
Beginning Date: _____ Completion Date: _____
Description of Project: _____

Client: _____ Contract Amount \$ _____
Job Address: _____ Telephone #: (____) _____
City: _____ State: _____ Zip Code: _____
Beginning Date: _____ Completion Date: _____
Description of Project: _____

Please print legibly

All prior or current municipalities that your company has participated in Federally Funded Housing Rehabilitation.

Municipality: _____ Telephone #: (____) _____
Contact Person: _____ Title: _____

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Contact Person: _____ Title: _____

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Contact Person: _____ Title: _____

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Contact Person: _____ Title: _____

Municipality: _____ Telephone #: (____) _____
Contact Person: _____ Title: _____

Certification and Authorization

I certify that the information in this application is true and correct. I authorize Edgecombe County Government to obtain personal reports, as may deemed necessary. Permission is granted to contact any source named in this application. I understand that I will be subject to removal from the register of contractors if my performance is unsatisfactory.

Business Name: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

Mail or Deliver to:
Helen Bowens
helenbowens@edgecombeco.com
Grant Administrator/ADA Coordinator
Edgecombe County Government
P.O. Box 10
201 Saint Andrew Street, #205 – Tarboro, North Carolina 27886
(252) 824 - 1842

Section 3 Affirmative Action Plan

The undersigned contractor agrees to implement the following specific action steps directed at increasing the utilization of lower income residents and businesses within the project area.

- A. To ascertain from the locality’s CDBG program official the exact boundaries of the Section 3 covered project area and where advantageous, seek the assistance of local officials in preparing and implementing the affirmative action plan.
- B. To attempt to recruit from within the project area the necessary number of lower income residents through: Local advertising media, signs placed at the proposed site for the project, at community organizations and public/private institutions operating within or serving the project area such as Service Employment & Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League, Concentrated Employment Program, Hometown Plan, or the U.S. Employment Service.
- C. To maintain a list of all lower income area residents who have applied either on their own or on referral from any source, and to employ such persons, if otherwise eligible and if a vacancy exists.
- D. To insert this Section 3 plan in all bid documents, and to require all bidders or subcontracts to submit a Section 3 affirmative action plan including utilization goals and the specific steps planned to accomplish these goals.
- E. To insure that sub-contractors which are typically let on a negotiated rather than a bid basis in areas other than Section 3 covered project areas, are also let on a negotiated basis, whenever feasible, when let in a Section 3 covered project area.
- F. To formally contact unions, sub-contractors and trade associations to secure their cooperation for this program.
- G. To insure that all appropriate project area business concerns are notified of pending sub-contractual opportunities.
- H. To maintain records, including copies of correspondence, memoranda, etc., which documents that all of the above affirmative action steps have been taken.
- I. To appoint or recruit an executive official of the company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan.

The undersigned has read and fully agrees to become a party to the full implementation of this Community Development Program and Affirmative Action Plan.

Name of Contractor

Date

Signature

Title