

CAASTLC

Community Action Agency of St. Louis County, Inc.

HOME REPAIR PROGRAM QUALIFICATIONS STATEMENT FOR CONTRACTORS

CONTRACTOR Name: _____

Address: _____

Zip Code: _____ Telephone: _____

Contact person: _____ Title: _____

Type of business (check & complete the one section that applies):

1) Sole Proprietorship

Name of owner: _____

2) Partnership

Name of all partners: _____

3) Corporation

Board Chairperson: _____

Chief Executive Officer: _____

Financial Director: _____

Procurement Director: _____

Length of time in business: _____ Years in business under current name: _____

If the owner, partners, or principals of the corporation have been involved in another similar business, please describe:

Total No. Employees: _____ Current amount of liability insurance: _____

Approximate current assets: \$ _____ Approximate current liabilities: \$ _____

Has the business ever been involved in any type of bankruptcy proceedings? _____

If Yes, Please explain: _____

Name of bank, contact person & phone number: _____

Please give at least two references for whom work has been completed in the last year.

1) Name: _____
Address: _____
Telephone: _____ Type of work done: _____

2) Name: _____
Address: _____
Telephone: _____ Type of work done: _____

Current Company licenses: _____

Please show the qualifications of your main installer(s) servicemen below. Attach additional sheets as necessary, including copies of any training or professional certificates or diplomas in HVAC or other, if available.

1) Name: _____ Years Experience: _____
Formal Training: _____

2) Name: _____ Years Experience: _____
Formal Training: _____

3) Name: _____ Years Experience: _____
Formal Training: _____

Person authorized to submit bids:

Name: _____ Title: _____

THE SIGNATURE OF THE PERSON NAMED ABOVE MUST APPEAR BELOW.

I certify that the above information is true and complete to the best of my knowledge.

AUTHORIZED SIGNATURE

DATE