Dear Interested Contractor:

The Town of Riverhead Community Development Department bids out numerous contracts throughout the year for various home improvement projects for mobile and single family homes owned by low and moderate income residents. As part of this Home Improvement Program, the Community Development Department maintains a list of home improvement contractors (general contractors, plumbers, electricians, heating, etc.) interested in bidding on home repair projects in the range of $500 to $50,000.

If you would like to qualify to receive bids and potentially obtain contracts under this program, please complete the enclosed application and return it to the Community Development Department at the above address. Please also submit a copy of your current license(s) and proof of current insurance coverage.

If you have any questions, please contact (631)727-3200 ext. 238.

Thank you.

Town of Riverhead Community Development Department

The Town of Riverhead is an equal opportunity provider and employer. Discrimination is prohibited by Federal Law. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact our office at one of the numbers listed above.
CONTRACTORS APPLICATION

Project Title: Home Improvement Program
Location: Town of Riverhead (Wading River to Laurel)
Company Name ________________________________ Phone Number: ___________
Owner/Contact Person: ___________________________________________________
Mailing Address: ___________________ (If P.O. Box, please include a street address)
Town: ________________________________ State: ____________ Zip: ___________

If you are a CORPORATION, please answer the following (If not, leave blank and continue on to the next section):
Date of Incorporation: __________________________
Federal Tax ID #: _______________________________
In what State: _________________________________
President of Company: ___________________________
Vice-President of Co.: ___________________________
Secretary: ______________________________________
Treasurer: ______________________________________
Telephone: ___________________ Cell#: ______________ Fax #: ______________

If you are a PARTNERSHIP or SOLE PROPRIETORSHIP, please answer the following:
Social Security # (s) of contractor (s): _________________________________
Federal Tax ID # (s): _________________________________
Year Organization started: _________________________________
If a PARTNERSHIP, state whether you are general, limited or an association: ______
Name(s) and Address(es) of Partner(s):
________________________________________________________________________
________________________________________________________________________
Telephone #: ___________________ Cell #: ______________ Fax #: ______________
How many years has your current organization been in the construction business: ______
Please list any other name(s) that your business has used other than the current name:
________________________________________________________________________
________________________________________________________________________
Current License number: _______________ (Please attach a copy of your certificate with application)

Current General Liability Insurance: Yes ____ No ___ (Please attach a copy of your current insurance policy with the application)
As Applicable by Law, Worker’s Compensation Insurance: Yes _____ No_____
If No, please explain:
________________________________________________________________________
________________________________________________________________________

Note: If subletting any part of your work, sub-contractors are to have insurances in place according to law. Please have copies of their current insurance certificates.
**PERSONNEL** (please indicate full/part time and how many in each category)

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Payroll</th>
<th>For Previous 3 Fiscal Years</th>
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</thead>
<tbody>
<tr>
<td>A. Clerical</td>
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<tr>
<td>B. Engineers &amp; Architects</td>
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<td>C. Supervisors &amp; Foremen</td>
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<td>D. Skilled Employees</td>
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<td>E. Unskilled Employees</td>
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<tr>
<td>F. Job Estimates</td>
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<tr>
<td>G. Total Number of F/T Personnel</td>
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**Please answer the following:**

1. Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding, or been refused pre-qualifications? _____ If so, please describe______________________________________________________________________________
______________________________________________________________________________

2. Within the previous five fiscal years, has your organization (or predecessor organizations) ever failed to complete a project? ______ If so, please explain and list current status ____________________________________________________________________________
______________________________________________________________________________

3. Within the previous three fiscal years, has your organization been involved in any litigation with New York State? ______ If so, please explain and list current status ____________________________________________________________________________
______________________________________________________________________________

What is the *Construction Experience* of the Employees and Supervisory Personnel of your organization that will be assigned to the project being bid?

**Employees Name:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________

**Employees Name:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________

**Employees Name:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________

**Supervisory Personnel:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________

**Supervisory Personnel:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________

**Supervisory Personnel:** ____________________________ Title: ____________________________
Years of Construction Experience ____ In what Capacity and with Whom ____________________________
Please list the most recent jobs (or Town contracts) completed by your organization in the previous three fiscal years (list at least 3 or more jobs completed).

<table>
<thead>
<tr>
<th>Name (Project or Client)</th>
<th>Address/ Location</th>
<th>Description of Job</th>
<th>Type of Work Done</th>
<th>Contact Person (client) and Tel. #</th>
<th>Contract Price $</th>
<th>Original $</th>
<th>Final $</th>
<th>Completion Dates: Original Date</th>
<th>Revised Date</th>
<th>Actual Job Completion Time (days/weeks)</th>
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*If you would like to provide more job listings (that you have recently completed), please attach them to the application.

ALONG WITH YOUR COMPLETED APPLICATION, PLEASE SEND A COPY OF YOUR CURRENT LICENSE(S) (HOME IMPROVEMENT, ELECTRICAL, PLUMBING, ETC....) AND A COPY OF YOUR CURRENT INSURANCE TO:

COMMUNITY DEVELOPMENT DEPARTMENT  
C/O RIVERHEAD TOWN HALL  
200 HOWELL AVENUE  
RIVERHEAD, NY  11901

I hereby certify that all information provided herein is true and accurate to the best of my knowledge and authorize the Town of Riverhead to verify my credit of worthiness at is discretion.

________________________________    __________________________________
Signature of Owner      Signature of Owner
Date ________________________    Date __________________________