



TOWN OF RIVERHEAD

## Community Development Department

200 HOWELL AVENUE, RIVERHEAD, NEW YORK 11901

(631) 727-3200, Ext. 287 Fax (631) 727-5772 TDD (631) 727-4500

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Chris Kempner, Director

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: \_\_\_\_\_

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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)

	Current Payroll	For Previous 3 Fiscal Years
A. Clerical	_____	_____
B. Engineers & Architects	_____	_____
C. Supervisors & Foremen	_____	_____
D. Skilled Employees	_____	_____
E. Unskilled Employees	_____	_____
F. Job Estimates	_____	_____
G. Total Number of F/T Personnel	_____	_____

**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).

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

Name (Project or Client) \_\_\_\_\_  
Address/ Location \_\_\_\_\_  
Description of Job \_\_\_\_\_  
Type of Work Done \_\_\_\_\_  
Contact Person (client) and Tel. # \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Original \$ \_\_\_\_\_ Final \$ \_\_\_\_\_  
Completion Dates: Original Date \_\_\_\_\_ Revised Date \_\_\_\_\_  
Actual Job Completion Time (days/weeks) \_\_\_\_\_

\* 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 its discretion.

\_\_\_\_\_  
Signature of Owner  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner  
Date \_\_\_\_\_