



NEW HAMPSHIRE HOUSING FINANCE AUTHORITY
LEAD HAZARD CONTROL & HEALTHY HOMES PROGRAM

CONTRACTOR PRE-QUALIFICATION FORM

The following information will be used to pre-qualify contractors to bid on projects. Eligible contractors will be added to a contractor list used by the program and given to property owners. Property owners will use this list to choose contractors to bid on their job. Please fill out as completely as possible to assist with their selection.

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Number of Years in Business: _____ **Specialty:** _____

Contact Name: _____

Title: _____ **Female or Minority Owned?** Yes No

Cell Phone: _____ **Email:** _____

Company Website: _____

DUNS #: _____ **TIN #:** _____

Please list all licenses and license numbers the company holds – i.e. Lead Abatement, Electrical, Plumbing, Gas Fitters, etc. (Attach additional sheets as necessary) Copies of licenses shall be available upon request:

License: _____ **License #:** _____

License: _____ **License #:** _____

License: _____ **License #:** _____

Please list all licensed abatement Supervisors and/or Workers employed by your company:

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Name: _____ **License #:** _____

Has your firm filed bankruptcy in the past 7 years?	Yes	No
Has your firm been cited for any safety violations in the past 3 years?	Yes	No
Has your firm ever failed to complete a contract?	Yes	No

Please list the geographical areas (counties) your company can service:

Belknap	Carroll	Coos	Cheshire	Grafton
Hillsborough	Merrimack	Rockingham	Strafford	Sullivan

To qualify for this program, you must have either a reference from a lead abatement contractor for whom you worked with on at least two projects, or a reference from a property owner for whom you performed lead abatement work as an abatement contractor.

Please provide independent vendor and customer references:

Business Name: _____	Phone: _____
Business Name: _____	Phone: _____
Business Name: _____	Phone: _____
Customer Name: _____	Phone: _____
Address: _____	Project Cost: \$ _____
Customer Name: _____	Phone: _____
Address: _____	Project Cost: \$ _____
Customer Name: _____	Phone: _____
Address: _____	Project Cost: \$ _____

Please provide the following insurance information and attach a copy of your policies:

	Policy Number	Amount	Expiration Date
Worker's Comp (as required by state law)	_____	_____	_____
General Liability MUST INCLUDE COVERAGE FOR LEAD (required)	_____	_____	_____
Auto Including Non- Owned/Hired (required)	_____	_____	_____

Please list any past or pending Civil, Regulatory, Legal, Federal, State, or Local claims or violations against your company:

Please provide current jobs you are working on now or have scheduled to start in the next thirty days and the dollar value of these jobs:

Job: _____	Dollar Value: \$ _____
Job: _____	Dollar Value: \$ _____
Job: _____	Dollar Value: \$ _____
Job: _____	Dollar Value: \$ _____

Has your company done business under a different name(s)? If 'Yes', please list below.

Please provide a statement summarizing your company's qualifications for working on projects funded through New Hampshire Housing's Lead Hazard Control Program. Also, please provide any additional information about your company: _____

PLEASE SEND COMPLETED FORM TO:

Laura Daigle, Lead Program Coordinator

ldaigle@nhhfa.com

Phone, Fax, Text: (603) 310-9387

I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of New Hampshire Housing's Lead Hazard Control Program to verify the information supplied on this form. I understand that if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, property owner, or other parties are found to be unsatisfactory, New Hampshire Housing may remove the company name from the list of selected contractors without notice.

Company Representative's Signature

Date