

KNOXVILLE/KNOX COUNTY CAC
HOUSING REHABILITATION & CONSTRUCTION SERVICES
Contractor Questionnaire for Placement on Approved Contractor Registry

I. Company Name

Street Address _____ City _____

State _____ Zip _____ Phone Number _____ Fax Number _____

Company is a: () Person () Partnership () Corporation E-mail Address _____

II. Owner(s)

A. Name _____ Title _____ SS # _____

Tennessee Driver License # _____ Home Address _____

City _____ State _____ Zip _____ Home Phone _____

B. Name _____ Title _____ SS # _____

Tennessee Driver License # _____ Home Address _____

City _____ State _____ Zip _____ Home Phone _____

If more than two, please list on separate sheet.

III. Company Information

Number Years in Business as a Contractor _____ Number of Employees _____

Type of TN State License _____ TN State License # _____

Tax ID # _____ SS # _____

Knoxville City Business Tax License # _____

Knox County Business Tax License # _____

IV. Describe the types of work your firm has performed over the past three years. Of special interest are completed rehab projects that fall within the type performed under CAC's programs: _____

V. List any memberships in trade unions or professional associations: _____

VI. Insurance Coverage: Submit a copy of insurance binder with this questionnaire listing CAC as additional insured List coverage below:

TYPE	POLICY NUMBER	EXPIRATION DATE	LIMITS	COMPANY
Property Damage				
Liability				
Workman's Comp				

VII. Materials Suppliers where you have active accounts:

COMPANY	PHONE	ADDRESS	CONTACT	MATERAIL TYPES

VIII. Subcontractors:

TRADE	COMPANY	CONTACT PERSON	PHONE NUMBERS
ELECTRI CAL			
PLUMBING			
MECHANICAL			
CARPENTRY			

IX. List three customers for whom you have completed residential remodeling in the Knoxville area during the past year. These jobs must reflect your capability in performing complete housing rehabilitation.

- A. Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone _____
 Type of Job _____ Date Completed _____
- B. Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone _____
 Type of Job _____ Date Completed _____
- C. Name _____ Address _____
 City _____ State _____ Zip _____ Home Phone _____
 Type of Job _____ Date Completed _____

X. Are you presently employed by, or have you been employed by, Knoxville-Knox County CAC within the past year: Yes _____ No _____

Are any of your current employees employed by, or been employed by, Knoxville-Knox County CAC within the past year: Yes _____ No _____

Is your firm owned by a minority: Yes _____ No _____

Comments: _____

IMPORTANT - READ BEFORE SIGNING

I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) hereby authorize Knoxville-Knox County CAC to verify any and all information listed on this application. I (we) also understand that providing false or incomplete information voids any existing contract with CAC and leads to disqualification from CAC's Registry for 6 months. Reinstatement requires documentation that problems leading to removal have been resolved.

Signature of Owner

Signature of Owner

Witness

Date

Return Contractor Questionnaire and Attachments to: Knoxville/Knox County CAC
P.O. Box 51650
Knoxville, TN 37950
Attn: Jason Estes

Subcontractor: _____

Complete mailing address: _____

Phone: _____ Fax: _____ Tax ID or SSN _____

Owner name: _____

Woman owned business? Yes No Minority business? Yes No If yes, race/ethnicity: _____

City of Knoxville
Community Development Division
PO Box 1631, Knoxville TN 37901
Phone: 865 215 2120
Fax: 865 215 2962

Section 3 Certification

Subcontractor name: _____

It is the policy of the Congress and the purpose of the federal Section 3 policy to ensure that the employment and other economic opportunities generated by federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low and very low income particularly those who are the recipients of government assistance for housing.

Does your business qualify as a Section 3 business? _____ Yes _____ No

To qualify as a Section 3 business, you must meet one or more of the following three criteria (please check all that apply):

_____ Is owned (51% or more) by Section 3 residents (defined below)

_____ Employs 51% or more Section 3 residents in full time positions

_____ 51% or more of all subcontracts go to Section 3 businesses

Section 3 residents are persons who either live in public housing or meet the following income qualifications:

<u>Family Size</u>	<u>Annual Income</u>	<u>Family Size</u>	<u>Annual Income</u>
1	\$30,700	5	\$47,350
2	\$35,100	6	\$50,850
3	\$39,450	7	\$54,350
4	\$43,850	8	\$57,900

I certify that the above information is accurate, and agree to provide records upon request for verification of my eligibility as a Section 3 business.

Signature

Title

Name (printed)

Date