

DEPARTMENT OF  
COMMUNITY & ECONOMIC DEVELOPMENT



**Contract Register Application**

**Business Registration:**

Business' Legal, Registered Name: \_\_\_\_\_

Is the business registered with the NC Secretary of State?     YES             NO

Does the business name match up with what your insurance company has on file?

Yes             NO

*\*\*\*Please verify this information is correct and correct with your agents, if necessary.\*\*\**

Number of Years in Business under this Business Name: \_\_\_\_\_

Form of Business:  Individual     Partnership             LLC             Corporation

Federal Tax ID #: \_\_\_\_\_

**Contact Information:**

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

**Owners, Partners & Stock Holders:**

(A) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic:  Yes  No

Sex:  Male  Female  Prefer Not to Answer

Percent (%) of Ownership: \_\_\_\_\_

(B) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic:  Yes  No

Sex:  Male  Female  Prefer Not to Answer

Percent (%) of Ownership: \_\_\_\_\_

*\*Please continue on back of application if additional owners need to be included.\**

**Do any of the above-listed owners:**

1. Previously or currently hold a public office?  Yes  No
2. Previously or currently engage in any business or personal relationship with Forsyth County staff or elected officials?  Yes  No
3. Hold any other previous or current relationship that may constitute as a conflict of interest when conducting business with a governmental agency?  Yes  No
4. If YES, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Type:** (check all that apply)

General Contractor [ ] License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Plumbing [ ] License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HVAC [ ] License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Electrician [ ] License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Siding [ ] Roofing [ ] Painting [ ] Carpentry [ ]

Other: \_\_\_\_\_

**MWBE/Section 3**

*Check all that apply.*

- [ ] Non-Minority Business [ ] Minority Business (non-white) [ ] Women-Owned Business  
[ ] Section 3 Business\* [ ] Section 3 Resident  
[ ] Qualify as Section 3 as result of the use of subcontractors

*\*A Section 3 Contractor/Subcontractor is defined as a business that is 51% or more owned by Section 3 residents; or whose permanent full-time employees include person, at least 30% of whom are currently Section 3 residents; or one that provides evidence as a commitment to subcontract 25% of the dollar award of all subcontracts to business concerns that meet the above qualifications. A Section 3 resident is defined as one who lives in public housing and low-income persons (income less than 80% of the Area Median Income (AMI) level) who live in the area in which a HUD-assisted project is located.*

**2021 INCOME GUIDELINES**

(80% AMI by household size)

<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>
\$38,600	\$44,100	\$49,600	\$55,100	\$59,550

**License/Insurance/Certifications:**

General Contracts must attach and provide Forsyth County with copies of all obtained Licenses and Certifications.

NC Builders License #: \_\_\_\_\_

Lead-Based Paint RRP #: \_\_\_\_\_

**Lead Certified Renovator**

Employee Name: \_\_\_\_\_ Certification ID #: \_\_\_\_\_

*\*Lead contractors must have current NC certification for abatement (contracts > \$25k), safe-work (contracts < \$25k) and RRP.*

**Insurance Requirements:**

It is necessary that a **Certificate of Insurance** for each policy be submitted for your Liability and Workmen’s Compensation Coverage to be eligible to participate in the Housing Rehabilitation Program.

**Worker’s Compensation and Employer Liability Insurance** - The CONTRACTOR shall furnish to FORSYTH COUNTY evidence that the CONTRACTOR, CONTRACTOR’S employees, SUBCONTRACTORS, and SUBCONTRACTORS’ employees are fully covered by Workers’ Compensation Insurance and Employer Liability Insurance pursuant to North Carolina Statutory limits during the life of the contract and subject to the greater of the limits imposed by statute or \$100,000.00 per accident.

Workman’s Compensation Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Is anyone excluded from worker’s compensation coverage? [ ] Yes [ ] No

If YES, who is excluded? \_\_\_\_\_

*\*Please note that any excluded person should not be conducting any work on the job site.\**

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**Contractor's Liability Insurance -**

A. The CONTRACTOR shall purchase and maintain such insurance as will protect it from claims which may arise out of or result from the CONTRACTOR'S operations under this contract, whether such operations be by itself or by an SUBCONTRACTOR or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable, as set forth below:

- (1) Claims for damages because of bodily injury, sickness or disease, or death of any person other than its employees;
- (2) Claims for damages because of injury to or destruction of tangible property, including loss of use resulting there from;

B. The insurance required shall be written for not less than any limits of liability specified in this Contract or required by law, whichever is greater, and shall include CONTRACTOR'S obligations under the Indemnification Provision. Completed operations liability coverage shall also be included.

C. The minimum limits of Insurance shall be as follows:

(1) Commercial General Liability

General Aggregate	\$2,000,000.00
Completed Operations Aggregate	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00
Fire Damage Limit	\$50,000.00
Medical Expense Limit	\$5,000.00

(2) Automobile Liability

Bodily Injury each person	\$250,000.00
Bodily Injury each occurrence	\$500,000.00
Property Damage each occurrence	\$100,000.00

OR

Combined Single Limit Bodily Injury/Property Damage per accident	\$500,000.00
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Comprehensive Liability Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone #: \_\_\_\_\_

Agent Email: \_\_\_\_\_

Do you give permission for the Forsyth County Housing Rehabilitation staff to contact your insurance agent(s) to request certificates of insurance for new jobs (after you've won the bid)?

Yes       No

**References:**

*List the last three (3) most significant jobs completed by your business:*

	<b>Address</b>	<b>Contact Person</b>	<b>Phone #</b>
#1			
#2			
#3			

	<b>Type of Project</b>	<b>Amount</b>	<b>Start Date</b>	<b>Completion Date</b>
#1				
#2				
#3				

How were you referred to this department? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Conditions:**

All contractors will receive a work write-up via *Neighborly Software* which consists of all the repairs that shall be performed on a site. The contractor is expected to enter a price next to each line item. The price should include all labor, materials and equipment necessary to successfully complete the project. All must be submitted via *Neighborly Software* on or before the specified date and time. Late bids will not be accepted. The contractor who presents the lowest and most responsible bid shall be awarded the rehabilitation project.

The awarded contractor will be required to sign a binding contract with the homeowner and Forsyth County.

The contractor is responsible for obtaining all necessary fees and permits which are required before work is begun.

All drawings of floor plans that are included in the work write-up are diagrammatic only. They do not represent exact dimensions/measurements.

All materials used shall be new, in good condition and of standard grade (unless otherwise specified). Trade names are used to establish quality and type of materials. When a particular type cannot be obtained, that which is of equal than better quality shall be used.

Any damages resulting from the contractor's work shall be repaired by the contractor at the contractor's expense.

Any changes or additions to the work write-up that the contractor incurs (that is any addition which is necessary to bring the house up to Code which is not included on the work write-up) must be discussed and approved by the Rehabilitation Specialist before the work is performed. The contractor must provide the Rehabilitation Specialist with a cost of the change and/or addition at the time of discussion. This proposal will be documented on a County-required Change Order Form, in which the contractor, homeowner and County staff will sign, prior to the work being performed.

The contractor's work shall be subject to inspection by City/County Building Inspector and/or Rehabilitation Specialist at any time during the rehabilitation of the home.

If the contractor determines that they cannot complete the work within the specified time (according to the contract) due to circumstances beyond their control, they must consult the Rehabilitation Specialist and receive approval for a time extension. Unauthorized delays will be subject to a fine.

Upon completion of the work, the contractor must notify the Rehabilitation Specialist immediately.

All work performed by the contractor shall be guaranteed for the period of one year. If a complaint is received regarding the work and it is determined that the contractor is responsible, he will be required to repair or replace the item in question.

The contractor shall be responsible for cleaning up and removing all debris and waste materials resulting from his work. The premises shall be left in broom-clean condition daily.

The contractor shall abide by the Equal Employment Opportunity provision of the Civil Rights Act.

A contractor can be removed from the County Contractor Register for the following reasons:

- 1 – Failure to start and finish jobs on time, as set forth in the contract.

- 2 – Poor quality of work (as determined by the Rehabilitation Specialist and/or Building Inspector.
- 3 – Failure to act upon repairing work during the 1-year guarantee period.
- 4 – Use of unacceptable materials.
- 5 – Not performing duties in a workmanlike manner.
- 6 – Failure to adhere to the scope of work and/or work write-up.

Definitions:

- REPAIR – To be placed in “equal-to-new” condition.
- REPLACE – Remove existing item and put in new item of similar or better quality.
- INSTALL – Construct or put in a new item.

**Additional Information:**

Please list any additional information we should take into consideration.

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I, \_\_\_\_\_, **certify that all information provided is true and**  
*Print Name*  
**accurate to the best of my knowledge.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*