



Healthy Homes Department
County of Alameda Community Development Agency

2017 CONTRACTOR/VENDOR APPLICATION

Company Name: _____
Checks will be made payable to the company name, unless otherwise noted)

Owner's Name: _____

Company Address: _____ City: _____

Phone#: _____ Cell Phone#: _____

Fax#: _____ Email Address: _____

Contact Person: _____

Emergency Contact: _____ Phone: _____

Business Legal Entity: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION
(Check One)

Federal Tax #: _____ Social Security#: _____

CALIFORNIA LICENSING REQUIREMENTS
(Please provide a copy of License)

| License Holder's Name | License Number/Classification | Expiration Date |
|-----------------------|-------------------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Worker's Compensation Insurance _____

EPA RENOVATION REPAIR AND PAINT (RRP) RULE & LEAD-BASED PAINT
TRAINING AND CERTIFICATION:
(Please provide a copy of each Certification)

| <i>Please check all those that apply:</i> | <i>Exp. Date</i> | <i>Number</i> |
|---------------------------------------------------------------|------------------|---------------|
| EPA RRP Certification _____ | | |
| California Department of Public Health (CPDH) Certifications: | | |
| CA Lead-Based paint Certified Inspector/Assessor _____ | | |
| CA Lead-Based paint Certified Supervisor _____ | | |
| Other: (please specify) _____ | | |

AUTHORIZED COMPANY REPRESENTATIVES

This is a list of individuals authorized to sign contracts, pay requests and change orders in the name of the company:

| Name | Signature | Title/Position |
|-------|-----------|----------------|
| _____ | _____ | _____ |

REFERENCES

| Contact | Type of Work | Phone # |
|-----------------|--------------|---------|
| <i>Clients:</i> | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

| | | |
|----------------|-------|-------|
| <i>Credit:</i> | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

INFORMATION FOR MONITORING PURPOSES

How did you hear about Alameda County Healthy Homes Department?

- Program/Agency Referral
- Newspaper/TV/Radio
- Brochure
- Personal Referral
- Other (describe):

The following information is required by the federal government for monitoring or compliance with statutes and executive orders. You are not required to furnish this information, but are encouraged to do so. Please furnish the following information for the person who owns the majority interest in the company:

Age: under 62 62 or over

Race:

Single Race Categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Multiple Race Combinations:

- American Indian or Alaska Native White
- Asian and White
- Black or African American and White
- American Indian or Alaska Native and Black or African American
- Other – to be used for individuals who are not included in any of the single race categories or in any of the multiple race categories listed above.

Ethnicity-Hispanic:

- Non-Hispanic/Latino
- Hispanic-This ethnicity category cuts across races. Those who are White, Black, Asian, Pacific Islander, American Indian, or multi-racial may also be counted as being Hispanic.

Disabled? Yes No

Gender: Male Female

CERTIFICATION

Debarment And Suspension Certification: By signing this agreement, Contractor agrees to comply with applicable federal suspension and debarment regulations, including but not limited to 7 Code of Federal Regulations (CFR) 3016.35, 28 CFR 66.35, 29 CFR 97.35, 34 CFR 80.35, 45 CFR 92.35 and Executive Order 12549. By signing this agreement, Contractor certifies to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency and shall not knowingly enter into any covered transaction with a person who is proposed for debarment under federal regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction.

I am applying to Alameda County Healthy Homes Department (ACHHD) for inclusion as an eligible Contractor, Licensed Architect/Engineer, or Vendor. I understand that this is not an offer or guarantee of work and that all contracts are awarded on a competitive basis. I hereby certify that to the best of my knowledge, all statements and representations made in this application are true and complete and agree to the release of information verifying any statement or representation made in this application. I also give permission and consent to ACHHD to use copies of this certification to obtain verifications.

NAME

TITLE

SIGNATURE

DATE

Checklist:

- Completed and signed application
- W-9 Form. We need your original, wet signature
- Copy of your current CSLB pocket license
- Copy of EPA Firm Certification
- Copy of all EPA Certified Renovators pocket certificate
- Commercial General Liability Insurance listing Alameda County as additional insured
- Copy of your Automobile Insurance
- State Workers Compensation Insurance Certificate or exemption form (can be obtained from the contractor's Licensing Board)