

**HOME PROGRAM  
QUALIFICATIONS OF THE GENERAL CONTRACTOR**

Name of Construction Firm: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Office Phone \_\_\_\_\_ Fax. \_\_\_\_\_ Cell \_\_\_\_\_

EIN # \_\_\_\_\_ or Social Security No. \_\_\_\_\_

Legal Status of Organization (check one)

\_\_\_\_\_ Individual                      \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation                      \_\_\_\_\_ Other

If not individual, firm was organized on \_\_\_\_\_ under the laws of the  
State of \_\_\_\_\_ .

If out-of-state organization, is contractor authorized to do business in Tennessee?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Tennessee Contractor's License Number (if applicable): \_\_\_\_\_

Years in business: \_\_\_\_\_ List construction experience in the last three years:  
\_\_\_\_\_  
\_\_\_\_\_

List Subcontractors you use or materials suppliers on attached form: Yes \_\_\_\_\_ No \_\_\_\_\_

Business references (local banks, etc.). Include address and phone number:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name, address and phone number of the last three (3) clients for whom you have performed  
construction work in the last two years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Workman's Compensation Policy # \_\_\_\_\_ by Company: \_\_\_\_\_  
General Liability Policy # \_\_\_\_\_ by Company: \_\_\_\_\_

CONTRACTOR CERTIFICATION:

The undersigned hereby certifies that the information set forth in this certificate and in any attachments in support thereof, is true, correct and complete to the best of his/her knowledge and belief. The undersigned acknowledges that the Grantee will rely upon the information contained herein on a continual basis and agrees to notify the Grantee promptly in the event of any material change in that information. The undersigned also agrees to clarify this information and to confirm or update this qualification form upon request by the Grantee.

IN WITNESS WHEREOF, the General Contractor has caused this Certificate to be duly executed in its name on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ .

**QUALIFICATION OF GENERAL CONTRACTORS**

1. Company or Individual Name: \_\_\_\_\_

2. Are you licensed? \_\_\_\_\_ License Number: \_\_\_\_\_

NOTE: In accordance with Tennessee Contractors Licensing Act of 1976 [Acts 1976, Chapter 822.1; T.C.A., 62-6011], only licensed contractors can be awarded a single contract which equals or exceeds \$25,000.

3. TCAC will require a \$1,000 cash bond for licensed contractors; will your company be able to meet this bond requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

4. The Contractor shall carry Worker's Compensation Insurance for himself and all his employees and shall require the same of his subcontractors engaged in work at the site, which in certain situations may exceed the specifications in accordance with Tennessee State Worker's Compensation Laws. The Municipality shall be added to said policy as an additional insured and furnished with a certificate of insurance before any contract is awarded to the Contractor.

The Contractor shall carry Manufacturer's and Contractor's Public Liability Insurance, in an amount not less than \$100,000 for injuries including accidental death to any one person and for one accident, and to protect the contractor and his subcontractors against claims for injury to or death of one or more than one person because of accidents which may occur or result from operations under the contract. TCAC shall be added to such policy as an additional insured and furnished with a certificate of insurance prior to awarding any contract to the Contractor. Such insurance shall cover the use of all equipment including but not limited to excavating machinery, trenching machines, cranes, hoists, rollers, concrete mixers, and motor vehicles in the construction of the rehabilitation embraced in their contract. The contractor shall carry during the life of the contract Property Damage Insurance in the amount of not less than \$50,000 to protect him and his subcontractors from claims for property damage which might arise from operations under their contract.

Your firm shall provide evidence of the above insurance requirements.

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**FOR OFFICE USE ONLY  
APPLICATION STATUS**

Approved Date \_\_\_\_\_

Conditional Approval \_\_\_\_\_

Reasons for Conditional Approval:

Disapproval Date \_\_\_\_\_

Reasons for Disapproval:

Removal from Approved Contractors List: \_\_\_\_\_

Reasons for Removal:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grant Administrator

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Please mail completed application to: TENNESSEE'S COMMUNITY ASSISTANCE CORPORATION  
740 EAST MAIN STREET  
MORRISTOWN, TN 37814  
ATTN: SHANNON DELK

**LISTING OF SUBCONTRACTORS YOU TYPICALLY USE:**

**(TRADE)**  
ELECTRICAL: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

PLUMBING: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

FLOORING: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

ROOFING: (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

*list any other trades, or additional subcontractors for above listed trades:*

\_\_\_\_\_ : (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

\_\_\_\_\_ : (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

\_\_\_\_\_ : (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

\_\_\_\_\_ : (Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(City,State,Zip) \_\_\_\_\_  
(Phone#) \_\_\_\_\_ Fax # \_\_\_\_\_  
(Pager/Cell #) \_\_\_\_\_

**CONTRACTORS CERTIFICATION OF ELIGIBILITY TO PARTICIPATE**

This certification is required pursuant to 24 CFR Section 24.510(b). It shall be completed, signed and submitted as part of the bid proposal.

The prospective bidder certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Firm: \_\_\_\_\_

BY: \_\_\_\_\_  
*(Name Typed or Printed)*

\_\_\_\_\_  
*Contractor's Signature*

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