

TOWN OF PLYMOUTH  
Office of Community Development  
26 Court Street, Plymouth, MA 02360  
**PHONE: (508) 322-3320**

**CONTRACTOR APPLICATION**

**Housing Rehab Program Home Improvement Projects**

**PART I. General**

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

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

Tax ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

**PART II. Qualifications to Bid**

A Contractor may be considered eligible to bid on projects funded by the Office of Community Development Housing Rehab Program where certain minimum eligibility requirements are satisfied. These include:

1. Possession of a valid Mass. Construction Supervisor's License
2. Provision of Liability Insurance - \$1,000,000.00
3. Contractor is not listed on the Massachusetts Debarred Contractors List as maintained by the Division of Capital Planning & Operations (DCPO)
4. Contractor will need to supply 3 references from previous homeowner clients
5. Contractor will need to be an established business for a minimum of 1 year

No Contractor shall be approved as an eligible bidder unless the above thresholds are met. In addition, the Office will review and consider:

1. Financial stability of firm (evidence of good credit)
2. Trade, supplier and client references
3. Ongoing performance under office contracts

**LICENSES:**

1. Does the contractor possess a valid Massachusetts Construction Supervisor's License?

Yes ☐ No ☐

License Number: \_\_\_\_\_(Please attach a copy) Year Issued: \_\_\_\_\_

2. Is the Contractor a Registered Home Improvement Contractor? Yes ☐ No ☐

Registration Number: \_\_\_\_\_

Year Issued: \_\_\_\_\_

3. What other licenses, training or certificates do you hold?

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**INSURANCE:**

1. Through what agency do you have Liability Insurance?

_____ Name of Agency	_____ Address
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2. Through what agency do you provide Workmen's Compensation Insurance?

_____ Name of Agency	_____ Address
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**FINANCIAL INFORMATION:**

With what banks or lending institutions do you have checking or savings accounts?

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**BUSINESS INFORMATION:**

1. List the names, addresses and telephone numbers of subcontractors you usually and customarily employ on jobs requiring trade skills other than or in addition to your own:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

2. Have you ever bid or been awarded a contract for any work funded in whole or in part by a public agency?

Yes ☐

No ☐

3. How long have you been in business? \_\_\_\_\_

REFERENCES:

1. Please list three (3) trade references who may be contacted by the Office of Community Development:

First Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

Second Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

Third Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

2. Please list three (3) client references who may be contacted by the Office of Community Development:

First Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

Second Reference:

\_\_\_\_\_  
Name

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

Phone

Third Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

3. Please list two (2) individuals who may be contacted by the Office of Community Development as personal or character witnesses:

First Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

Second Reference:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Phone

Submitted By:

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date