

ATTN: Michigan Certified Lead Abatement Contactors

Dear Lead Abatement Contractor:

Thank you for your recent interest in becoming an approved vendor to bid on Michigan Department of Community Health, Healthy Homes Section (HHS), Lead Safe Home Program projects.

Enclosed, please find the application and participation agreement to complete this process. Upon submission to our office, your application will be reviewed and you will be informed within approximately 3-4 weeks as to whether your company has been approved to bid on HHS projects. If approved, your company will be informed on a periodic basis of upcoming pre-bid walkthroughs and may begin attending these walk-throughs immediately, or when funds become available.

When submitting this application to our office, please be sure to include all attachments, including a current copy of your State of Michigan Contractor's License, a copy of your current insurance policy, a copy of your current Lead Abatement Contractor's Certification, copies of all employee's lead certifications and a copy of your Respiratory Usage and Hazard Communication Programs. Please also remember to sign the application, as well as the Contractor Participation Agreement. Please return all materials to:

Healthy Homes Section
PO Box 30195
Lansing, MI 48909
ATTN: Carin Speidel

PLEASE NOTE, WITH YOUR APPLICATION, YOU MUST INCLUDE PROOF OF YOUR POLLUTION/LEAD LIABILITY INSURANCE COVERAGE AS THIS COVERAGE IS REQUIRED IF YOU PLAN TO WORK FOR OUR PROGRAM.

If you do not currently have this coverage, you must submit a copy of your Pollution Liability application or approval letter from your insurance agency. Your application will be denied if you do not provide us with at least one of the above items.

If you have any questions, please do not hesitate to contact our office at (517) 335-9833. Thank you again for your interest and we look forward to working with you in the future.

Sincerely,

Carin Speidel, Lead Safe Home Program Coordinator
Healthy Homes Section



CONTRACTOR APPLICATION

COMPANY INFORMATION		
Company Name (Please Print):		
Address:		
City, State and ZIP:		
Telephone:		Fax:
Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>
PRINCIPALS OF FIRM <i>(Must be Authorized Officials of the Firm)</i>		
Name:	Title:	SS#:
Home Address:		
City, State and ZIP:		
Name:	Title:	SS#
Home Address:		
City, State and ZIP:		
HISTORY OF THE COMPANY		
Number of Years in Business: _____		Number of Employees: _____
Contractor's Residential License No. _____ <i>(Please provide a copy of license)</i>		
Have you ever had your contractor's license revoked? Yes No <i>(Please circle one)</i>		
If yes, please provide details:		
Have you ever been terminated by a local housing rehabilitation program? Yes No		
If yes, please provide details:		
Do you have any prior bankruptcy or insolvency filings within the past 5 years? Yes No		
If yes, please provide details:		
Are there any administrative proceedings against your firm that are currently pending or that have concluded in the past 5 years? Yes No		
If yes, please provide details and attach additional documentation, if necessary:		
Please list ALL housing rehabilitation programs for which you have worked:		
1.		
2.		
3.		



CONTRACTOR APPLICATION

AMOUNT OF INSURANCE CARRIED <i>(Below is the minimum that must be carried)</i>	
Property Damage Ins., \$1,000,000 limit	<input type="checkbox"/>
Lead (Pollution) Liability Insurance, \$1,000,000	<input type="checkbox"/>
General Liability Insurance, \$1,000,000	<input type="checkbox"/>
WORK EXPERIENCE	
Type of Trades Performed (<i>ie, lead abatement, window replacement, etc</i>):	
1.	
2.	
3.	
COMPANY DEMOGRAPHICS Please check those demographics which apply to your firm. If none apply, leave blank.	
Woman-owned: small business that is at least 51% owned and operated by a woman (women)	<input type="checkbox"/>
Minority-owned: small business that is at least 51% owned and operated by a minority (ies)	<input type="checkbox"/>
Qualified Disabled Veteran-owned: small business that is at least 51% owned and operated by one with a service-connected disability	<input type="checkbox"/>
Veteran-owned: small business that is at least 51% owned and operated by a veteran (s)	<input type="checkbox"/>
PROJECT REFERENCES List at least five references of projects in excess of \$10,000 that you have completed within the past two years.	
1. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
2. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
3. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	
4. Homeowner's Name:	Telephone:
Project Address:	Date Completed:
Type of Work Completed:	



CONTRACTOR APPLICATION

LEAD CERTIFIED EMPLOYEES

Employees: *Please provide names and certification numbers of any lead-certified employees. Please attach additional pages, if necessary.*

- | | | |
|---------|-----------------------|------------|
| 1. Name | Certification Number: | Discipline |
| 2. Name | Certification Number: | Discipline |
| 3. Name | Certification Number: | Discipline |

FINANCIAL REFERENCES

Suppliers: *Please provide three references from material suppliers*

- | | | |
|----|---------|-----------|
| 1. | Fax No. | Phone No. |
| 2. | Fax No. | Phone No. |
| 3. | Fax No. | Phone No. |

Banks: *Please reference at least one lender that you do business with frequently. Please provide bank name, contact person and telephone number.*

Financial Statement: *Please provide one recent business financial statement*

I hereby authorize the Michigan Department of Community Health, Healthy Homes Section (HHS) to verify all information provided in this application.

*I verify that the answers provided above are accurate to the best of my knowledge. Penalty for false or fraudulent statements: U.S.C. Title 18, sec 1001, provides: *Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. "*

I certify that I am an authorized individual to sign on behalf on the aforementioned company.

Signed: _____ **Date:** _____

The following attachments MUST be included with your application:

- CURRENT COPY OF YOUR STATE OF MICHIGAN CONTRACTOR'S LICENSE
- CURRENT COPY OF YOUR INSURANCE POLICY, **INCLUDING PROOF OF POLLUTION (LEAD) LIABILITY, OR, A COPY OF THE POLLUTION LIABILITY APPLICATION FROM YOUR INSURANCE AGENT.**
- A COPY OF YOUR LEAD ABATEMENT CONTRACTOR'S CERTIFICATION
- A COPY OF EMPLOYEE'S LEAD CERTIFICATION (S)
- A COPY OF YOUR MOST CURRENT FINANCIAL STATEMENT
- A COPY OF YOUR RESPIRATORY USAGE PROGRAM AND HAZARD COMMUNICATION PROGRAM AS REQUIRED BY MI-OSHA

CONTRACTOR PARTICIPATION AGREEMENT

The undersigned contractor, as a participant in the Healthy Homes Section agrees to abide by the following terms and conditions:

- **CUSTOMER SATISFACTION**

The contractor agrees to commit to total customer satisfaction within the scope or the established written contract, inclusive of the following practices:

1. Maintaining close communication with the homeowner so that the homeowner plays an integral part in the abatement process.
2. Prompt response to any warranty follow-up request to investigate the nature and cause of possible defective materials and/or workmanship.
3. Maintaining an 18-month workmanship warranty on each Healthy Homes Section, Lead Hazard Control Program project.

- **CONSTRUCTION PRACTICES AND STANDARDS**

The contractor agrees to manage all Lead Hazard Control Program projects at the highest standards possible, inclusive of the following:

1. To maintain property damage and liability insurance specifically cover lead-related work.
2. To provide and maintain good job supervision over employees and sub-contractors.
3. Total commitment to quality workmanship and material.
4. To maintain a safe working environment for the customers and crews.
5. Commitment to the Minority/Women-owner Business Enterprise Policy.
6. To follow all provisions in the OSHA Construction Industry Standards specifically related to working with a regulated, hazardous substance, including the development and usage of a hazard communication program, respiratory usage program, medical surveillance program and other safety policies.
7. To follow the provisions set forth in the Michigan Lead Abatement Act (MCL 333.5451-5477)

- **BIDDING REGULATIONS**

The contractor agrees to follow Healthy Homes Section bid requirements within the program's project specifications and departmental purchase orders and abide by bid regulations which may lead to limiting the number of projects awarded at any one time based in part on the following criteria:

1. The contractor's financial capacity to perform multiple projects.
2. Evaluation of the contractor's performance by program representatives and homeowners
3. The discretionary authority of the Healthy Homes Section Manager.
4. At the discretion of the Healthy Homes Section, recently approved contractors are placed on a probationary period in which they may only be awarded and complete 2 projects at a time. After clearance of those first two projects and successful evaluation, they may continue on bid on and complete an additional two projects at a time. The contractor must complete up to 6 projects total before this probationary status is removed. If no problems are experienced during this probationary period, the contractor will be removed from probationary status.

NAME

SIGNED

COMPANY

DATE