PRESERVATION RESOURCE CENTER of NEW ORLEANS

REVIVAL GRANTS

Preserving Affordable Housing in New Orleans Historic Districts

CONTRACTOR APPLICATION

Please answer all questions and provide required documents below.

IMPORTANT

PLEASE ATTACH TO THE APPLICATION A COPY OF THE FOLLOWING:

- 1. Liability insurance certificate
 - 2. Workers comp certificate
- 3. Contractor license certificate
 - 4. EPA lead safe certificate
 - 5. W-9 certificate
- 6. Any additional information you wish to provide

RETURN TO:

Preservation Resource Center of New Orleans 923 Tchoupitoulas St. New Orleans, LA 70130

OR

apernas@prcno.org

This project was funded by a grant from the African American Cultural Heritage Action Fund of the National Trust for Historic Preservation with support from The Andrew W. Mellon Foundation.

CONTRACTOR PROFILE

Date: **Business Information** Business Legal Name **Business Address Business City Business State** Business Zip Federal IRS Tax ID # EPA Lead Safe Certification # Enter License Number Home Improvement Residential Commercial **Primary Contact Information** Phone Cell Email **Ownership Information** Type of ownership (check one) Corporation Partnership Private State of Incorporation (if applicable) Names of Corporation Officers, Partners, Owner (as applicable) Name Title Address Phone Name Title

Phone

Address

	Compa	ny Information					
Number of years in	business as this entity:						
Average number of	f jobs per year, average co	ost of each job:					
What percentage were renovations or home improvement: Have you ever done a job in compliance with the HDLC:YESNO Number of employees: Have you ever filed for bankruptcy:YESNO Number of incomplete/defaulted jobs:							
						R	References
					Supply name, phon	e number, address and typ	ently completed or under construction. pe of work done. c, include one reference, at least, in this list.
					Name	Phone	Address
					Type of work		Cost of work
REFERENCE 2							
Name	Phone	Address					
Type of work		Cost of work					
	nd type of work done.	any has done business. Supply names, phone					
Name	Phone	Address					
. valito	i none	Addiooo					
Type of work		Cost of work					
SUBCONTRACTOR F	REFERENCE 2						
Name	Phone	Address					
Type of work		Cost of work					

References continued on following page.

List 1 financial supplier re number, address, credit a		oany has done business. Include name, phone
Supplier Reference		
Supplier Credit Available	Contact Phone	Address
	Additional	Information
General background and additional certifications,		ving ability to work in rehabilitation, provide any
	Certij	fication
knowledge. I/we fur	ther understand that P uch information only to	ents are true and complete to the best of my RC-New Orleans will keep all the information verify the qualification of the undersigned as a ment contractor.
The undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by PRC-New Orleans in verification of the recitals compromising this Contractor Profile:		
Name (Print):		
Signature:		Date:
Name (Print):		
		Date: