

Contractor Application

Community Housing Impact & Preservation (CHIP) Program

Note to Contractors – the CHIP Program requires that its contractors be qualified prior to bidding on projects. The CHIP Program in **Auglaize, Sidney/Shelby, Lorain, Lucas, Medina and Wood Counties** is administered by **Kleinfelder**. Contracts for CHIP and/or CDBG projects are awarded only to pre-qualified Contractors.

Instructions:

In order to pre-qualify the Contractor must Complete the Contractor's Qualification in its entirety and return it to **Kleinfelder**, send regular mail to 5201 Levis Commons Boulevard, Suite 5201, Perrysburg, Ohio 43551 or Email: bcowell@kleinfelder.com.

- 1) Agree to provide equal employment opportunities, as evidenced by the Contractor's signature on the Equal Opportunity Employment statement (part of the qualification form) and agree to hire employees who may have some barriers to employment.
- 2) Agree to warranty all work performed under the CHIP Program, as evidenced by Contractor's signature on the Contractors Warranty (part of the qualification form).
- 3) Submit or have your insurance agent submit a Certificate of Insurance, confirming the insurance required by the program is sufficient.
- 4) Submit a completed current W-9 tax form.
- 5) Submit a copy of your current State of Ohio Worker's Compensation Certificate as evidence of adequate private medical insurance.
- 6) Submit a current EPA/RRP Firm/Company Certificate and all current employees EPA/RRP individual certificates. It is a State and HUD requirement that these certificates are current to work in the CHIP program.
- 7) Submit Lead Abatement Contractor Licenses for the company and workers. If you bid on a Lead Abatement project, you **MUST** possess a Lead Abatement Contractor license or list who you choose as a subcontractor that possesses the required license.
- 8) Submit your company's sam.gov Unique Entity ID #.

If, in the opinion of **Kleinfelder** the contractors meet the program's standards for qualified contractors, the Contractor's name will be placed on the list of qualified contractors and will be notified when contractors walk throughs are scheduled via email.

Kleinfelder reserves the right to require additional information, including a financial statement from contractors, as a prerequisite to prequalification.

If you have additional questions about the requirements listed on this form, please contact Brandi Cowell, Program Administrator at (567) 331-2679 or you may also email your questions directly to bcowell@kleinfelder.com. Thank you in advance for your cooperation. We look forward to working with you.

Date of Application: _____

Prospective Bidders Qualifications and Evidence of Responsibility

General Contractor Information

Company Name: _____

Company Address: _____ City: _____, Ohio Zip: _____

Owner: _____

Federal Tax ID #: _____ Social Security #: _____

Address: _____ City: _____, Ohio Zip: _____

Telephone #: _____ Cell #: _____

Company Email: _____

Contact Person: _____ Title: _____

Telephone #: _____ Cell #: _____

Organization

_____ Sole Proprietorship/Owner's Name: _____

_____ Partnership/Partner's Name: _____

_____ Corporation/Company Name: _____

_____ Other/Specify: _____

_____ Union _____ Non-Union

Business Classifications (Check All that Apply)

_____ DBE (Disadvantage Business Enterprise)

_____ MBE (Minority Business Enterprise)

_____ WBE (Women-Owned Business)

_____ Other (Classification – *please list*)

When Organized? _____ Where Incorporated? _____

How long contracting under present name? _____

Have you contracted under any other names? _____ Yes _____ No

If yes, please explain: _____

Have you ever failed to complete the work awarded to you? _____ Yes _____ No

If yes, please explain: _____

Have you ever defaulted on a contract? _____ Yes _____ No

If yes, please explain: _____

Are you currently listed on any federal or State contracting debarment list? _____ Yes _____ No

If yes, please explain: _____

Are you currently listed as an ineligible contractor in any community? _____ Yes _____ No

If yes, please explain: _____

Litigation Information

Has any kind of judgment been rendered against you or your company in the last ten (10) years?

_____ Yes _____ No

If yes, please explain: _____

Have you been convicted of any crime in the last ten (10) years? _____ Yes _____ No

If yes, please explain: _____

Licenses Held (if any). Please describe the type of licenses you possess and the correspondence identification number for each license listed below.

License Held: _____ License #: _____ Expiration Date: _____

License Held: _____ License #: _____ Expiration Date: _____

License Held: _____ License #: _____ Expiration Date: _____

License Held: _____ License #: _____ Expiration Date: _____

Other: _____

Lead Abatement Contractor(s)

Name on License: _____ Expiration Date: _____

Name on License: _____ Expiration Date: _____

Name on License: _____ Expiration Date: _____

Name on License: _____ Expiration Date: _____

Name on License: _____ Expiration Date: _____

Company's **EPA** (Lead Renovation, Repair and Painting Certificate #: _____

Individual Employee's/Workers Name: _____ Cert #: _____

Individual Employee's/Workers Name: _____ Cert #: _____

Individual Employee's/Workers Name: _____ Cert #: _____

Individual Employee's/Workers Name: _____ Cert #: _____

Individual Employee's/Workers Name: _____ Cert #: _____

Area(s) of Specialization (Non_Subcontracted.Work).\Please.check.category.that.applies.to.youj.\

_____ Electrical _____ Plumbing _____ HVAC _____ Roofing _____ Masonry

_____ Concrete _____ Siding _____ Windows/Doors _____ Lead Abatement

_____ Foundation Repair _____ Excavation/Grading _____ Water (Septic/Sewer)

_____ General Contracting _____ Other: _____

Insurance - Note: Certification of Insurance must be provided by the Agent;

Insurance Company: _____

Agent Name: _____ Telephone #: _____

Address: _____

Liability Insurance Policy #: _____ Expiration Date: _____

Auto Insurance Policy #: _____ Expiration Date: _____

Can you handle more than one (1) \$25,000-\$75,000 Housing Rehabilitation project at a time?

_____ Yes _____ No

If yes, how many projects can you handle at one time? _____

Minimum Insurance Coverage

Each contractor, in order to become prequalified to perform work under the Community Housing Impact & Preservation (CHIP) Program, shall purchase, maintain current and furnish evidence of the following insurance:

- General Liability Coverage – which may be Comprehensive General Liability with a Minimum limit of liability of \$1,000,000 each occurrence, \$2,000,000 aggregate.
- Workers Compensation Coverage

Additionally, upon the award of any contracted work, the contractor shall provide evidence of a **Certificate of Insurance** listing **Kleinfelder** on the contractors above policy. Note: *Each contractor shall be responsible for the verification of insurance coverage of a subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any CHIP project.*

Project Experience – Please provide the following information on your largest project completed. (Please feel free to attach additional pages if necessary).

Type of Work Completed: _____ Contract Amount: \$ _____

Number of Units Served at One Time: _____ Location of Current Project: _____

References. Please provide no fewer than three (3) business references where contract performance has taken place within the last twelve (12) months.

Name of Company	Email Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide demographic information about the ownership of your company. (Check all that apply)

_____ Male Owned	_____ Female Owned	_____ White American	_____ Native American
_____ African American	_____ Asian American	_____ Hispanic/Latino	_____ Other

I, _____ certify that the information provided in this application is, to the best of my knowledge and belief, true, accurate and complete. I have attached a completed copy of the IRS form W-9 and acknowledge that the CHIP Program Grantees are required by law to report any income earned by me in conjunction with work performed through this program.

Date

Authorized Signature of Contractor

Company Name

Printed Name of Authorized Signature of Contractor

Please Return Completed Application to:

Brandi Cowell
CHIP Program Administrator
c/o Kleinfelder
5201 Levis Commons Boulevard, Suite 5201
Perrysburg, Ohio 43551
Telephone: (567) 331-2679
Email: bcowell@kleinfelder.com

For Office Use Only:

Date Received: _____

By (Staff Name): _____

Equal Opportunity Employment

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, military status, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. Such actions shall include, but are not limited to, employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the CHIP Programs may be canceled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company Name

Printed Name of Authorized Signature of Contractor

Drug Free Workplace

This is to certify that the undersigned Contractor complies with the Drug-Free Workplace Act of 1988:

Any individual contractor must agree not to engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract. All organizations covered by the Drug-Free Workplace Act of 1988 are required to provide a drug-free workplace.

In the event of the Contractor's non-compliance with the drug free workplace certification, contracts may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company Name

Printed Name of Authorized Signature of Contractor

Form **W-9**
(Rev. January 2026)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, on page 2.

See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietorship or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 4): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). Do not report the employer identification number (EIN) of a sole proprietorship or disregarded entity. For a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your EIN. If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct; and
- ☐ I am exempt from information reporting as a U.S. digital asset broker within the meaning of Regulations section 1.6045-1(g)(4)(i)(A)(1) (other than a registered investment adviser). I claim exempt status under Regulations section 1.6045-1(c)(3)(i)(B)(12).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date	/	/