

RFQ for Prequalification of Contractors for the City of Dunkirk

The City of Dunkirk seeks to prequalify a pool of General Contractors to receive bid specs for City of Dunkirk jobs, including, but not limited to, the Community Development Block Grant (CDBG) Program and the Main Street Program.

Applications can be found in the Department of Development, 338 Central Avenue, Suite 210, and the Clerk's Office in City Hall on Friday, December 1st. They can also be found on the City of Dunkirk's website www.dunkirktoday.com.

Interested Contractors should fill out a Contractor Application Form, sign it and return with all required attachments to: City of Dunkirk, Attn: CDBG Administrator, 342 Central Avenue, Dunkirk, NY 14048 no later than 12:00PM Friday December 6, 2013 in order to be considered for 2014 projects.

If you have any questions please feel free to call Steve Neratko at 366-9876 or email info@cityofdunkirk.com.



City of Dunkirk

Department of Planning & Development

342 Central Avenue
Dunkirk, NY 14048

Phone: 716-366-9876
Fax: 716-363-6460

CONTRACTOR APPLICATION FORM

A. COMPANY INFORMATION

- Owner's Name: _____
Business Name: _____
Business Address: _____

Business Telephone #: _____
Business Fax #: _____
- Number of years in business under present name: _____
Was business previously known by another name: _____
If yes, please list: _____
- Is this business: Incorporated Unincorporated
If incorporated, give Employer ID No. _____
If unincorporated, give owner's Social Security Number _____
- Are you a woman-owned business? Yes No
Are you a minority-owned business? Yes No
If you answered yes to either of the above questions, have you registered as such with New York State? Yes No
If yes, please include a copy of your New York State certification.
- How many employees work directly for your business? _____
How many full-time? _____ How many part-time? _____
- Can you guarantee your work for two years? Yes No

B. LICENSE INFORMATION

- Is this business licensed within the City of Dunkirk to perform:
Plumbing Yes No
Electrical Yes No

C. INSURANCE INFORMATION

- Please list your company's liability insurance limits:
Personal Injury: \$ _____
Property Damage: \$ _____
- Do you carry NYS Workers Compensation? Yes No
- Do you carry Disability Insurance? Yes No

4. Who is your Insurance Agent/Carrier:

Name: _____

Address: _____

Telephone #: _____

Please attach Proof of Insurance showing coverage limits and expiration dates for all coverage including Workers' Compensation and Disability Insurance.

D. QUALIFICATIONS

PLEASE CHECK THE TYPES OF WORK THAT YOUR BUSINESS IS QUALIFIED TO DO.

- Foundations
- Roofs
- Exterior Painting/Siding
- Masonry, Repointing, Chimneys
- Electrical Work
- Window Repair/Replacement
- Gutters
- Porches/Decks
- Exterior Door Repair/Replacement
- Wheelchair Ramps
- Sidewalks/Driveways
- Landscaping
- Insulation
- Wall/Ceiling Repairs/Replacement
- Interior Door Repair/Replacement
- Floor Repairs/Rebuilds
- Interior Staircase Repairs/Rebuilds
- Interior Painting/Staining
- Plumbing
- Furnaces and Duct Work
- Hot Water Tank Repair/Replacement
- Floor Coverings (Carpet, Vinyl, Hardwood, Tiles, etc.)
- Cabinets and Countertops
- Interior Handicap Accessibility features
- Commercial Rehabilitation
- Other: _____

E. SPECIAL TRAINING

Please check if you have undergone approved training for any of the following:

- Certified/Licensed for Lead Hazard Control/Abatement
- Certified/Licensed for Asbestos Removal
- Radon Abatement

Please include a copy of your certificate of completion of an EPA-approved training course and a copy of any additional certification/licensing that you have received.

F. REFERENCES

Please provide the following information for three recently completed jobs:

1. Name: _____
Address: _____
Telephone #: _____
Completion Date: _____
Type of Work: _____

Total Cost: _____

2. Name: _____
Address: _____
Telephone #: _____
Completion Date: _____
Type of Work: _____

Total Cost: _____

3. Name: _____
Address: _____
Telephone #: _____
Completion Date: _____
Type of Work: _____

Total Cost: _____

CERTIFICATION

I, _____ of _____
(Individual's Name) (Name of Company)

do hereby state that all statements contained in this Contractor Application Form are true and authorize the City of Dunkirk to verify such information in any way appropriate.

Name _____

Title _____

Signature _____

Date _____

