

RAAA Contractors Application | Request for Information Form

Return to:

Rappahannock Area Agency for Aging
460 Lendall Lane
Fredericksburg, VA 22405
Email: dthomas@raaa16.org

Please Note: Current Copies of your Contractor's License (include all states you hold such license) and local tax licenses must accompany this application. If qualified, also include a copy of your certificate from a minority/ women business program. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

Please Print or Type

Business Entity/Sole Proprietor's Name: _____

Trade, "Doing Business As" (DBA) or Fictitious Name: _____

△ All **Sole Proprietors & General Partnerships** with DBA and Fictitious Names must attach a copy of Clerk of Court certificate authorizing use of this name.

Type of business entity (select only one)

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	General Partnership	<input type="checkbox"/>	Association	<input type="checkbox"/>	Other/Specify:
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	

State of Incorporation & Registration Number: _____

△ If your business is a corporation, limited liability company, or limited partnership your business must be registered with the Virginia State Corporation (SCC) if you are transacting business on an ongoing basis in the State of Virginia. For additional information contact SCC at www.scc.virginia.gov or call (804) 371-9733.

Physical Address:

Number (No PO Box), Street, City, Zip Code

Mailing Address:

Number, Street, (or PO Box), City, Zip Code

Contact Area Code/Phone Numbers:

Primary Telephone

Alternate Telephone

Fax

Email Address: _____

Primary

Alternate

Business Federal Employer Identification Number (FEIN)

△ State law requires businesses who are not a sole proprietor to provide a federal employer number for the purposes of transacting business in the State of Virginia. Sole proprietor may use their individual social security number.

Individual Social Security Number (SSN)
| Sole Proprietor Only

List all **Responsible Management** that have the legal authority to make financial and business decisions on behalf of your organization, business, partnership, corporation or LLC. This includes managing partners, company officers/directors, proprietor, registered representative or individual(s) whom has the legal authority to transact business in the name of the company.

△ **Responsible Management Clause- Please also include the responsible management whom are listed with the Virginia Department of Professional Regulation (DPOR) for contractor licensing requirements.** You are responsible for contacting RAAA for any changes in responsible management including change of company ownership. Failure to report changes within 45 days of personnel change in responsible management could result in removal of your company from weatherization program and termination of your contract.

Individuals Full Legal Name	Title	Address	Phone Number

List all contractor licenses held by your company regardless of the state of licensing jurisdiction.

State of Jurisdiction	License Number	Exp. Date	Classification or Type	Specialties or Other License Information	Year First Obtained

Has any of your contractor license(s) been revoked or suspended within the past 5 years? _____. If yes, please provide details in the comment section below.

Comment Section:

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List all **sub-contractors and vendors which shall be used by your company to accomplish weatherization work**. This includes all weatherization services and things such as painting, drywall repair, cleaning and material suppliers or any work assignment that may be included in weatherization which the quality of their services will affect the overall acceptable level of quality/workmanship of your weatherization projects assigned by RAAA (Attach additional sheets if needed).

△**Sub-Contractor Clause-** All subcontractors are expected to meet all applicable contractor licensing and liability insurance requirements for the type and amount of work performed. No sub-contractor other than the ones listed on this application are acceptable for weatherization work on behalf of your company unless they are approved by RAAA. Violation of this clause could result in removing you from the weatherization program and termination of your contract.

Name of Sub-Contractor	Types of Services Provided	Contractor License No. & State	Phone Number	Address	Company Contact Name

List your **active enrollment and/or certification information as a small business, minority-owned firms, women-owned or similarity economically disadvantaged group (Please attach copies of certification information)**.

Business Classification	Business Certification Entity	Date First Certified	Date of Certification Expiration	Certification Number and/or Applicable Information.
EX. Women-owned Small Business	US Small Business Administration	1999	2017	R123456

****Note: Write "Subcontractor and Company" by name if not an actual employee of your company.**

List financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

Bank Name	Street Address	Bank Point of Contact

What is the smallest/value job you have done? _____

What is the largest/value job you have done? _____

How many employees do you employ full-time? _____

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- Contractor License Class and bond are current, and the undersigned contractor agrees to maintain in current status all permits, licenses, insurances and bonds as required by the contracting agency.
- That the work be performed in accordance with the state and federal weatherization installation standards, applicable Virginia Uniform Building Codes and local ordinances.
- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list.
- The contractor will abide by the federal regulations pertaining to equal employment opportunity & OSHA employee training.
- Upon award of bid/contract, please request that a Certificate of Insurance and Worker's Compensation Certificate be sent to *Rappahannock Area Agency on Aging*.

Contractor's Signature: _____ Date _____