



City of **BEAVERTON**

The City of Beaverton is seeking qualified contractors to participate in the MI Neighborhood Grant Program funded by the Michigan State Housing Development Authority (MSHDA). Contractors selected through this pre-qualification process will be eligible to bid on residential rehabilitation and improvement projects under the MI Neighborhood Program.

Please direct questions to:

Matt Lang

ddadirector@beavertonmi.org

989-272-3121

Contractor Pre-Qualification Application

Contractor Information

1. Company Name: _____
2. Owner/Principal Name: _____
3. Address: _____
City: _____ State: _____ Zip Code: _____
4. Phone: _____
5. Email: _____
6. Website (if applicable): _____
7. Federal Tax ID Number: _____

Contractor License Information

1. State of Michigan Contractor's License Number: _____
2. Expiration Date: _____
3. License Type: _____
4. Are you registered with SAM (System for Award Management)?
 Yes No

Experience and Services Provided

1. Years in Business: _____
2. Number of Employees: _____
3. What types of services do you provide?
 General Contracting
 Electrical
 Plumbing
 HVAC
 Roofing
 Siding
 Masonry

- Insulation
- Carpentry
- Painting
- Windows & Doors
- Other (please specify): _____

4. Have you previously worked on any MSHDA-funded projects?

- Yes No

5. Describe your experience with residential rehabilitation projects:

Insurance and Bonding

1. Do you carry general liability insurance?

- Yes No

If yes, please provide the following:

- Name of Insurance Carrier: _____
- Policy Number: _____
- Expiration Date: _____
- Coverage Amount: _____

2. Do you carry workers' compensation insurance?

- Yes No

If yes, please provide the following:

- Name of Insurance Carrier: _____
- Policy Number: _____
- Expiration Date: _____

3. Are you bonded?

Yes No

If yes, please provide bonding information:

- Bonding Agency Name: _____

- Bond Amount: _____

- Expiration Date: _____

References

Please provide two (2) references from recent projects that demonstrate your capability in residential rehabilitation work.

1. Reference 1

- Name: _____

- Project Address: _____

- Phone: _____

- Email: _____

2. Reference 2

- Name: _____

- Project Address: _____

- Phone: _____

- Email: _____

Certifications and Additional Information

1. Please list any certifications you hold that are relevant to residential rehabilitation (e.g., Lead-Safe Certified, EPA Certifications, etc.):

2. Do you have any pending legal actions or complaints with any licensing authority?

Yes No

If yes, please explain: _____

3. Do you have any outstanding tax obligations, local, state or federal?

Yes No

If yes, please explain: _____

4. Are there any additional comments or information you would like to provide in support of your application?

Attestation

By submitting this application, I confirm that the information provided is accurate to the best of my knowledge. I understand that submission of this application does not guarantee pre-qualification, and the City of Beaverton reserves the right to accept or reject any applications.

- Authorized Signature: _____

- Printed Name: _____

- Title: _____

- Date: _____

Submission Instructions

Please submit this completed application along with the required documentation (proof of insurance, bonding information, licenses, etc.) to the City of Beaverton:

City of Beaverton

Attn: Matt Lang

128 Saginaw St

Beaverton, MI 48612

Email: ddadirector@beavertonmi.org

Phone: (989)272-3121

This application aims to ensure that contractors participating in the MI Neighborhood Program meet MSHDA guidelines for quality, reliability, and expertise. Thank you for your interest in improving our community!