

Contractors' requirements for Housing REHAB & ER programs



To perform work for these programs, contractors must submit the following information:

1. Contractor's information form
2. Registration with LFUCG Building Inspection as a general contractor
3. \$250,000 liability insurance, and if there are employees, workers' compensation coverage
4. Federal tax ID number
5. Kentucky tax ID number
6. LFUCG Net Profit License number
7. Unique Equity ID (UEID) number
8. Lead-Based Paint Renovator Certification
9. EPA Lead-Safe Firm Certification

All the above information must be completed and returned to:

Attention: Mark Putty

LFUCG Division of Grants and Special Programs

200 East Main Street, 6th Floor

Lexington KY 40507

If you have any questions, call (859) 258-3070.



Lexington-Fayette Urban County Government, Grants and Special Programs
200. E. Main St., 6th Floor, Lexington, KY 40507

Contractor Information Form

Lexington-Fayette Urban County Government
Grants and Special Programs



Company name: _____

Business street address: _____

City: _____ State: _____ Zip: _____

Office phone number: _____ Mobile phone number: _____

Email: _____

Principal types of construction experience:

Is the business registered as a General Contractor with LFUCG Building Inspection?

Yes No

Number of years in business: _____ Number of current employees: _____

LFUCG Net Profit License number: _____ Federal Tax ID number: _____

Unique Equity ID number: _____ KY Tax ID number: _____

EPA Lead Safe Firm certification date: _____

Lead Based Paint Renovator certification date: _____



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BUSINESS REFERENCES (\$5,000+ JOBS COMPLETED IN THE PAST 18 MONTHS)

1. Name: _____
Phone: _____ Amount: \$ _____
Address: _____
City: _____ State: _____ Zip: _____
Nature of Job: _____

2. Name: _____
Phone: _____ Amount: \$ _____
Address: _____
City: _____ State: _____ Zip: _____
Nature of Job: _____

3. Name: _____
Phone: _____ Amount: \$ _____
Address: _____
City: _____ State: _____ Zip: _____
Nature of Job: _____



NAME OF PERSONS AUTHORIZED TO SIGN DOCUMENTS

1. Name: _____

Title: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sample signature: _____

2. Name: _____

Title: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sample signature: _____

Bank: _____

Insurance company: _____

Agent's name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

NOTE: A copy of the \$250,000 liability and workmen's compensation insurance certificate must be attached.



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I certify I have not received any approval or endorsement by the Lexington-Fayette Urban County Government and agree not to represent myself as having such.

Comments:

Race/national origin:

- | | | |
|---|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Non-Hispanic white | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Native Hawaiians | <input type="checkbox"/> Other: _____ | |

Ethnicity: Hispanic Latino

Gender: Male Female

Woman owned business? Yes No

Minority owned business? Yes No

Section 3 business? Yes No

Date

Signature

Witness

