

HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ

DOCUMENT 00420, CONTRACTOR INFORMATION FORM

In order to undertake work for the Housing Authority of the County of Santa Cruz, you must provide this form, completed in its entirety. You may not leave any blanks.

CONTRACTOR INFORMATION:	
Full name / Corporate Name of Company:	Date:
California Contractor's License #:	License Type:
Federal ID#:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership
Contact Person:	<input type="checkbox"/> Non Profit 501c3 <input type="checkbox"/> Corp.
Street Address:	Phone #:
Mailing Address:	Fax #:

INSURANCE / OTHER FINANCIAL COVERAGE:	
Worker's Compensation	
Carrier:	Phone #:
Address:	
Policy Number:	

General Liability Carrier	
(provide copy of Insurance Certificate listing the Housing Authority as an additionally insured entity)	
Carrier:	Phone #:
Address:	
Policy Number:	Policy Limits: \$

Guarantors of financial responsibility bonding and reliability of bidder (if applicable)	
Name of Surety Company:	Phone#:
Address:	
Name of Bank:	Phone #:
Address:	

EXPERIENCE:
The following statements and information regarding the Bidder are submitted with the bid, as a part thereof, and the truthfulness and accuracy of the information are guaranteed by the Bidder. Bidder is required to possess California Contractor's license classification listed in Invitation to Bid to be awarded this contract.
Your organization has been in business as a contractor under its present name for ____ years, from ____.
Your organization has had experience in work comparable to that under the proposed contract, as a general contract for ____ years, or as a subcontractor for ____ years.

Work similar in character to that required in the proposed contract, which bidder's organization has completed:		
Year	Class and location of work and for whom performed	Contract Amount
Contact name:	Title:	Phone:
Address:		

Year	Class and location of work and for whom performed	Contract Amount
Contact name:	Title:	Phone:
Address:		

Year	Class and location of work and for whom performed	Contract Amount
Contact name:	Title:	Phone:
Address:		

The following information is required by the Department of Housing and Urban Development

CLASSIFICATION OF BUSINESS:

This business is a small business <input type="checkbox"/> yes <input type="checkbox"/> no
a small business concern is a business that is independently owned and operated, is not dominate in the field in which it is bidding, and qualifies as a small business under the criteria and size standards in 13 CFR 121
This business is a woman-owned business <input type="checkbox"/> yes <input type="checkbox"/> no
a women-owned business enterprise means a business that is at least 51% owned by a woman or women who are U.S. citizens, who also control and operate the business
This is a minority owned business enterprise <input type="checkbox"/> yes <input type="checkbox"/> no
a minority business enterprise means a business that is at least 51% owned or controlled by one or more minority group members, or in the case of a publicly owned business, at least 51% of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more individuals. For this definition, minority group members are: (check the block applicable to you, the Owner or President)
<input type="checkbox"/> Black American(s) <input type="checkbox"/> Hispanic American(s) <input type="checkbox"/> Native American(s)
<input type="checkbox"/> Asian Pacific American(s) <input type="checkbox"/> Asian Indian American(s) <input type="checkbox"/> Hasidic Jewish American(s)

I certify under penalty of perjury that the foregoing information is current and accurate, and I authorize the Housing Authority of the County of Santa Cruz to obtain a credit report and /or verify any of the above information.

SIGNATURE _____ DATE _____