

GENERAL CONTRACTOR

Rehabilitation Program Requirements

SEDA-Council of Governments administers or participates in a number of rehabilitation programs, spread across an 11-county area in Central Pennsylvania. These programs work year around until all available funds have been expended. The work encompasses general carpentry, electrical, plumbing, heating, masonry, and roofing. Our general contractors **must** be able to fulfill all of these trade requirements, either through the parent company, or via sub-contractors.

In order to apply for and be approved as a general contractor to participate within these programs certain requirement must be met. They are as follows:

- Must complete the Contractor Application and provide four (4) references. These references **will** be contacted. The references shall be on projects where the overall cost of the project was between \$20,000 and \$50,000.
- Presently carry, or be able to obtain, a minimum of \$1,000,000 in Liability Insurance. This insurance must be in place prior to the work commencing and remain in place until the completion of the project.
- The company must be registered with the Pennsylvania Attorney General's Office as a Home Improvement Contractor and provide a copy of their Certificate of Registration.
- A current Certificate of Insurance (COI) must be on file with SEDA-Council of Governments and each community you are awarded a contract in. NOTE: You must provide a current Certificate of Insurance (COI) for each community/county you are awarded a contract in and SEDA-Council of Governments listing each as additionally insured, providing no less than 10-days' notice of cancellation, and **mailed to each community/county and SEDA-Council of Governments to c/o SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837.**
- Carry Workman's Compensation Insurance if the company has employees and provide a Certificate of Insurance.
- Complete a W-9
- *Note: The following requirements are only mandatory for lead-based paint projects.
- Certain Certifications are required for lead-based projects*. The company must be certified with the EPA to do lead-based paint related work and provide a copy of your company's EPA Lead-Safe Certification.
- The company must have a Certified Renovator on staff and provide a copy of all employees' Certified Renovator Certificates*.
- Must own a HEPA vacuum, approved for lead-based paint work, which meets the EPA's specifications*.



APPLICATION FOR APPROVED GENERAL CONTRACTOR LIST

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

Company Name: _____

Company Address: _____

PA Attorney General Contractors Number: _____ Expiration Date: _____ **-Provide Copy**

Is your company registered with the EPA as a Certified LBP Renovation firm? _____ **Y** _____ **N**

EPA Company Certification #: _____ Expiration Date: _____ **-Provide Copy**

EPA Renovator Certificate #: _____ Expiration Date: _____ **-Provide Copy**

Telephone: (____) _____ Fax: (____) _____ E-Mail: _____

Federal ID or SSN #: _____ Liability insurance carrier: _____

Company is a _____ Corporation _____ Partnership _____ Sole Proprietorship

Name of Principal(s): _____

Number of years in business: _____ Number of employees (average): _____

Have you and/or any of your workers taken the HUD approved lead-based paint Safe Work Practices training?
_____ **Y** _____ **N** If yes, how many are trained? _____ **(Provide copies of all Certificates)**

Have you and/or any of your workers taken the EPA Renovate, Repair and Painting Training (RRP)?
_____ **Y** _____ **N** If yes, how many are trained? _____ **(List names and Provide copies of all Certificates)** Use additional sheets if necessary.

List name, address, and telephone number of four references that you have done work for over the last two years.

1. _____
2. _____
3. _____
4. _____



It is a requirement of the Owner-Occupied Housing Rehabilitation Program that all contractors maintain and furnish evidence of Comprehensive Liability Insurance and Workers Compensation Insurance (if you have employees) while performing work funded in full or part by the various municipalities/counties that your company is approved to provide rehabilitation services. Please provide a Certificate of Insurance with your application.

Check the communities/counties below that you are interested in providing rehabilitation of owner-occupied homes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Borough of Berwick | <input type="checkbox"/> Milton Borough | <input type="checkbox"/> Snyder County |
| <input type="checkbox"/> Town of Bloomsburg | <input type="checkbox"/> Montour County | <input type="checkbox"/> City of Shamokin |
| <input type="checkbox"/> Borough of Jersey Shore | <input type="checkbox"/> Borough of Mt. Carmel | <input type="checkbox"/> Borough of South Williamsport |
| <input type="checkbox"/> Juniata County | <input type="checkbox"/> Mt. Carmel Township | <input type="checkbox"/> City of Sunbury |
| <input type="checkbox"/> City of Lock Haven | <input type="checkbox"/> Perry County | <input type="checkbox"/> Sullivan County |

Before being awarded a contract, you must provide a copy of a Certificate of Insurance for the specific municipality(ies)/county(ies) **and SEDA-Council of Governments named as Certificate Holders and as Additional Insured.** Providing no less than 10-days' notice of cancellation. **All certificates should be made out to the specific local government and SEDA-Council of Governments and mailed to C/O SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837.**

I, on behalf of and as an authorized representative of _____, hereby apply for inclusion on the Owner-Occupied Housing Rehabilitation Programs for the communities indicated pre-approved contractor list. I understand that inclusion on this list requires a Certificate of Insurance as Additional Insured, with a no less than ten- (10) day notice of modification or cancellation for both the Communities applied for and SEDA-Council of Governments must be named as "Additional Insured" once awarded a project, these are to be mailed to **c/o SEDA-COG Housing Program, 201 Furnace Road, Lewisburg, PA 17837** by my insurance carrier, and I agree to instruct my carrier to provide and maintain said certificate. Inclusion on the pre-approved contractor list does not imply any assurance that my bids will be successful.

Signature

Date

SEDA-Council of Governments
Housing Rehabilitation Program
201 Furnace Road
Lewisburg, PA 17837
570-524-4491

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
-				-					
or									
Employer identification number									
-									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they