



HOME IMPROVEMENT PROGRAM CONTRACTOR APPLICATION

GENERAL INFORMATION

Name of Firm			
Business Address (Must be a street address)		City	State
Telephone	Cell Phone	Fax	
Email Address	Website Address	Federal ID Number	

****To ensure that our important email messages are not filtered into your Spam, Junk or Bulk Mail folder, Please add our domain "cgph.net" to your Safe Senders list****

OWNERSHIP INFORMATION – Complete the following for each owner of the firm

Owner's Name	Percentage Ownership	Comments

TRADE LICENSES – List any trade licenses or lead certifications

Trade/Service	License #

MY COMPANY IS INTERESTED IN JOBS VARYING IN RANGE FROM: (Please check all that apply)

- \$5,000-\$50,000
- \$50,000-\$125,000+ (Note: Some jobs in this range may require bonding and/or a Public Works Contractor registration)

CHECK WORK YOUR FIRM DOES WITHOUT SUB-CONTRACTING

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Guttering | <input type="checkbox"/> Painting, exterior |
| <input type="checkbox"/> Block & Brick Work | <input type="checkbox"/> Heating & Ventilation | <input type="checkbox"/> Painting, interior |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Insulation | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Dry Wall Installation | <input type="checkbox"/> Kitchen Installations | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Lead Paint Abatement | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Finish Carpentry | <input type="checkbox"/> Lead Paint Interim Controls | <input type="checkbox"/> Siding, all types |
| <input type="checkbox"/> General Carpentry | <input type="checkbox"/> Linoleum Installation | <input type="checkbox"/> Storm Windows |

CHECK WORK YOU SUB-CONTRACT OUT TO OTHER FIRMS

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Guttering | <input type="checkbox"/> Painting, exterior |
| <input type="checkbox"/> Block & Brick Work | <input type="checkbox"/> Heating & Ventilation | <input type="checkbox"/> Painting, interior |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Insulation | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Dry Wall Installation | <input type="checkbox"/> Kitchen Installations | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical Work | <input type="checkbox"/> Lead Paint Abatement | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Finish Carpentry | <input type="checkbox"/> Lead Paint Interim Controls | <input type="checkbox"/> Siding, all types |
| <input type="checkbox"/> General Carpentry | <input type="checkbox"/> Linoleum Installation | <input type="checkbox"/> Storm Windows |



REFERENCE SHEET

Provide five (5) references for projects completed in the last two (2) years in New Jersey.		
1. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
2. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
3. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
4. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract
5. Name of Customer	Street Address, City	Phone
Type of work done		
Email:		Amount of contract

Provide the name and municipality of at least two (2) code officials in New Jersey who recently inspected your work.		
1. Name of Building Code Official (If Known)	Town	Phone
Type of work done in that Town		Permit #
2. Name of Building Code Official (If Known)	Town	Phone
Type of work done in that Town		Permit #



Have you worked in any other housing rehabilitation or governmental funded programs? NO YES

If yes, name the program(s) and/or municipality involved:

Indicate which Counties your firm is interested in working, in order to avoid unnecessary faxes and/or emails:

- ATLANTIC BERGEN BURLINGTON CAMDEN CAPE MAY
- CUMBERLAND ESSEX GLOUCESTER HUDSON HUNTERDON
- MERCER MIDDLESEX MONMOUTH MORRIS OCEAN
- PASSAIC SALEM SOMERSET SUSSEX UNION
- WARREN LEHIGH COUNTY, PA
- MY TEAM IS STATEWIDE AND I AM PREPARED TO GO ANYWHERE IN NEW JERSEY

Please be sure to include the following documents with this application:

- NJ State Business Registration Certificate (obtainable from the NJ Department of Revenue)
- NJ Division of Consumer Affairs Registration (Home Improvement Contractor Registration).
Visit www.state.nj.us/lps/ca/HIC/ for more information.
- Current Certificate of Insurance including liability and workman's' compensation, naming CGP&H as certificate holder. A minimum of \$1,000,000.00 in commercial general liability coverage is required. Additionally, workmen's compensation insurance is required for all contractor's employees and subcontractors engaged in the program work and shall include a minimum of \$500,000 in employer's liability limits and statutory coverage.
- Copy of completed form W-9.

***Prior to contract signing, you will be required to submit insurance certificates naming CGP&H, LLC and the respective municipality as an additionally insured and certificate holder.**

- Is your business woman owned? YES NO
- Is your business Section 3? YES NO
- Is your business minority owned? YES NO Please identify minority here: _____
(For state reporting purposes)

List any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or principals: _____

How did you hear about CGP&H and our home improvement programs? _____

All the documents requested above must be submitted prior to award of your first contract

MAIL, EMAIL OR FAX YOUR COMPLETED APPLICATION TO:

**Attn: Housing Rehabilitation
Community Grants, Planning & Housing
1249 South River Road Suite 301
Cranbury, NJ 08512**

Phone: (609) 664-2783 ♦ Email: contractorswanted@cgph.net ♦ Fax: (609) 664-2786