



# Home Preservation Program CONTRACTOR APPLICATION FORM

City of Commerce  
Economic Development &  
Planning Department  
2535 Commerce Way  
Commerce, CA 90040  
(323) 722-4805 x2203

Contractor First-Last Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ \*this number will be provided to participants

Cell Phone Number: \_\_\_\_\_ \*this number will be for office use only

E-mail Address: \_\_\_\_\_

State License Type: \_\_\_\_\_

State License No.: \_\_\_\_\_

UEI No. (Formally known as DUNS No.): \_\_\_\_\_

UEI number is required for all federally funded programs. Obtaining a UEI number is free. Obtain one by applying at SAM.gov. Staff are available to assist.

Is your State License in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No', please explain: \_\_\_\_\_

Please provide your insurance information in the table below and submit copies of certificates or other evidence of insurance with application:

Insurance	Policy No.	Expiration Date	Amount of Liability	Name of Insurance Company
Liability			\$	
Worker's Compensation			\$	

List at least three related projects completed in the last five (5) years:	
<b>1. Name of Project:</b>	
<b>Contact:</b>	<b>Phone:</b>
<b>Location of Project(City/State):</b>	
<b>Contact Amount:</b>	<b>Date Completed:</b>
<b>Brief Description of Work:</b>	
<b>2. Name of Project:</b>	
<b>Contact:</b>	<b>Phone:</b>
<b>Location of Project(City/State):</b>	
<b>Contact Amount:</b>	<b>Date Completed:</b>
<b>Brief Description of Work:</b>	
<b>3. Name of Project:</b>	
<b>Contact:</b>	<b>Phone:</b>
<b>Location of Project(City/State):</b>	
<b>Contact Amount:</b>	<b>Date Completed:</b>
<b>Brief Description of Work:</b>	

**Do you or any member of your company have any pending judgments?**

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 If yes, explain circumstances: \_\_\_\_\_

**Contractor Company Name:** \_\_\_\_\_

**STATISTICAL DATA**

To comply with the Department of Housing and Urban Development (HUD) federally mandated statistical reporting requirements on minority business growth and development, please provide the following information. This information is for statistical reporting requirements only.

**Contractor's Ethnicity:**

What is your ethnicity and gender?

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> White American         | <input type="checkbox"/> Female |
| <input type="checkbox"/> Black American         | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Hispanic American      |                                 |
| <input type="checkbox"/> Asian/Pacific American |                                 |
| <input type="checkbox"/> Native American        |                                 |

**ACKNOWLEDGMENT**

The undersigned hereby acknowledges that any misrepresentation as to the above information can result in removal of the City of Commerce courtesy contractor list.

\_\_\_\_\_  
Print Name of Contractor

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**WHEN COMPLETED MAIL, FAX, OR SCAN TO:**

Consultant: Avant Garde Inc, Attn: David Sanchez  
807 S. Lemon Avenue, Diamond Bar, CA 91789  
FAX (909) 859-3881/ email: dsanchez@agi.com.co

or

City of Commerce, Attention Lisa Moran  
2535 Commerce Way, Commerce, CA 90040  
email: lisam@ci.commerce.ca.us