

# Forsyth County Government

## Community & Economic Development



### Contractor Registry Application

#### Business Registration:

Business Name: \_\_\_\_\_

Is the business registered with the NC Secretary of State?  Yes  No

Does the business name match up with what your insurance company has on file?  Yes  No

*\*Please verify this information is correct with your insurance agents, if necessary.\**

Number of Operating Years under this Business Name: \_\_\_\_\_

Form of Business:  Individual  Partnership  LLC  Corporation

Federal Tax ID #: \_\_\_\_\_

#### Contact Information:

Business Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

#### Owners/Partners/Stockholders:

(A) Name: \_\_\_\_\_ Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Race: \_\_\_\_\_ Hispanic:  Yes  No  Decline to Answer

Sex:  Male  Female  Nonbinary  Transgender  Other  Decline to Answer

Percent (%) of Business Ownership: \_\_\_\_\_

# Forsyth County Government



## Community & Economic Development

(B) Name: \_\_\_\_\_ Title: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Race: \_\_\_\_\_ Hispanic:  Yes  No  Decline to Answer  
Sex:  Male  Female  Nonbinary  Transgender  Other  Decline to Answer  
Percent (%) of Business Ownership: \_\_\_\_\_

*\*Please continue to back of application if additional owners, partners or stockholders need to be included.*

Do any of the Owners, Partners, or Stockholders listed above:

1. Previously or currently hold a position in public office?  Yes  No
2. Previously or currently engage in business or a personal relationship with Forsyth County staff or elected officials?  Yes  No
3. Hold any other previous or current relationship that may constitute as a conflict of interest when conducting business with a governmental agency?  Yes  No
4. Please describe in detail if you answered YES to any of the above questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Business Type:

*Check all that apply.*

- General Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Plumbing License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 HVAC License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Electrician License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Siding  Roofing  Painting  Carpentry  Other: \_\_\_\_\_

# Forsyth County Government



## Community & Economic Development

### Minority & Women Business Enterprise (M/WBE)/Section 3

Check all that apply.

- Non-Minority Business     Minority Business (non-white)     Women-Owned Business  
 Section 3 Business     Section 3 Resident  
 Qualify as Section 3 as result of the use of contractors

*\*Section 3 of the Housing and Urban Development Act of 1968, as amended to (12 U.S.C 1701u) provides that, to the greatest extent feasible, opportunities for training, new employment, and contracting opportunities shall be given to qualified Residents or Business Concerns. For more information, see [https://www.hud.gov/program\\_offices/field\\_policy\\_mgt/section3](https://www.hud.gov/program_offices/field_policy_mgt/section3)*

#### 2025 AREA MEDIAN INCOME (AMI) GUIDELINES 80% AMI by household size

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$48,550	\$55,500	\$62,450	\$69,350	\$74,900

### Licenses/Certifications:

Please submit documentation of the following licenses and certifications listed below. Be sure licenses are current and up-to-date.

- NC Builders License License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- NC Renovation Firm Certification (RRP) <https://epi.dph.ncdhhs.gov/lead/lhmp.html>  
RRP #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- NC Renovator Certificate for individual employees
- Lead Abatement Worker Certification
- Lead Risk Assessor Certification

# Forsyth County Government

## Community & Economic Development



### Insurance Requirements:

It is necessary that a Certificate of Insurance for each policy be submitted for your General Liability, Workmen's Compensation Coverage and Auto coverage to be eligible to participate in the Housing Rehabilitation program.

*Worker's Compensation and Employer Liability Insurance* – The CONTRACTOR shall furnish to FORSYTH COUNTY evidence that the CONTRACTOR, CONTRACTOR'S employees, SUBCONTRACTORS, and SUBCONTRACTOR'S employees are fully covered by Workers' Compensation Insurance and Employer Liability Insurance pursuant to North Carolina Statutory limits during the life of the contract and subject to the greater of the limits imposed by statute or \$100,000.00 per accident.

Workmen's Compensation Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is anyone excluded from worker's compensation coverage?  Yes  No

If YES, who is excluded? \_\_\_\_\_

*\*Note: Any excluded person(s) should not be conducting any work on the job site.*

### *Contractor's General Liability Insurance* –

A. The CONTRACTOR shall purchase and maintain such insurance as will protect it from claims which may arise out of or result from the CONTRACTOR'S operations under this contract, whether such operations be by itself or by a SUBCONTRACTOR or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable, as set forth below:

- (1) Claims for damages because of bodily injury, sickness or disease, or death of any person other than its employees;
- (2) Claims for damages because of injury to or destruction of tangible property, including loss or use resulting there from;

# Forsyth County Government



## Community & Economic Development

B. The insurance required shall be written for not less than any limits of liability specified in the Contract or required by law, whichever is greater, and shall include CONTRACTOR'S obligations under the Indemnification Provision. Completed operations liability coverage shall also be included.

C. The minimum limits of Insurance shall be as follows:

(1) Commercial General Liability

General Aggregate	\$2,000,000.00
Completed Operations Aggregate	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00
Fire Damage Limit	\$50,000.00
Medical Expense Limit	\$5,000.00

(2) Automobile Liability

Bodily Injury each person	\$250,000.00
Bodily Injury each occurrence	\$500,000.00
Property Damage each occurrence	\$100,000.00

OR

Combined Single Limit Bodily Injury/Property Damage per accident	\$500,000.00
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**Comprehensive Liability Policy #:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Automobile Liability Policy #:** \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you grant permission to Forsyth County Community & Economic Development staff to contact your insurance agent(s) to request certificates of insurance for your new jobs (after you have been awarded a bid)?  Yes  No

# Forsyth County Government

## Community & Economic Development



### References:

List the last three (3) most significant construction projects completed by your business:

	Address	Contact Person	Phone #
#1			
#2			
#3			

	Type of Project	Amount	Start Date	Completion Date
#1				
#2				
#3				

- How did you hear about us:  Word-of-Mouth  Forsyth County Website  Social Media  
 Mailed Advertisement  Radio  Television  Nextdoor Post  
 Agency Referral (Agency Name: \_\_\_\_\_)  
 Other \_\_\_\_\_

### General Conditions

All contractors will receive a work write-up via *Neighborly Software* which consists of all the repairs that shall be performed on a job site. The contractor is expected to enter a price next to each line item. The price should include all labor, materials, and equipment necessary to successfully complete the project. All bids must be submitted via *Neighborly Software* on or before the specified date and time. Late bids will not be considered. The contractor who presents the lowest most responsible bid shall be awarded the rehabilitation project.

The awarded contractor will be required to sign a binding contract with Forsyth County and the homeowner.

The contractor is responsible for obtaining all necessary fees and permits which are required prior to work beginning.

All drawing of floor plans that are included in the work write-up are diagrammatic only. They do not represent exact dimensions/measurements.

All materials used shall be new, in good condition and of standard grade (unless otherwise specified). Trade names are used to establish quality and type of materials. When a particular type cannot be obtained, that which is of equal or better quality shall be used.

# Forsyth County Government



## Community & Economic Development

Any damages resulting from the contractor's work shall be repaired by the contractor at the contractor's expense.

Any changes or additions to the work write-up that the contractor incurs (that is any addition which is necessary to bring the house up to local code which is not included on the work write-up) must be discussed and approved by the Rehabilitation Specialist before the work is performed. The contractor must provide the Rehabilitation Specialist with a cost of the change and/or addition at the time of discussion. This proposal will be documented on a County-required Change Order form, in which the contractor, homeowner and County staff will sign, prior to the work being performed.

The contractor's work shall be subject to inspection by City/County Building Inspector and/or Rehabilitation Specialist at any time during the rehabilitation of the home.

If the contractor determines that they cannot complete the work within the specified time (according to the contract) due to circumstances beyond their control, they must consult the Rehabilitation Specialist and receive approval for a time extension. Unauthorized delays will be subject to a fine.

Upon completion of the work, the contractor must notify the Rehabilitation Specialist immediately.

All work performed by the contractor shall be guaranteed for the period of one year. If a complaint is received regarding the work and it is determined that the contractor is responsible, they will be required to repair or replace the item in question.

The contractor shall be responsible for cleaning up and removing all debris and waste materials resulting from his work. The premises shall be left in broom-clean condition daily.

The contractor shall abide by the Equal Employment Opportunity provision of the Civil Rights Act.

A contractor can be removed from the County Contractor Registry for the following reasons:

1. Failure to start and finish jobs on time, as set forth in contract
2. Poor quality of work (as determined by the Rehabilitation Specialist and/or Building Inspector)
3. Failure to act upon repairing work during the one-year guarantee period
4. Use of unacceptable materials
5. Not performing duties in a workmanlike manner
6. Failure to adhere to the scope of work and/or work write-up.
  - a. Definitions:
    - i. REPAIR – To be placed in "equal-to-new" condition

