Greetings,

The City of Farmington Hills is currently seeking licensed and qualified trade contractors to participate in bidding on residential rehabilitation projects through our Community Development Block Grant (CDBG) program.

If you are interested in joining our team of specialty trade contractors, please review, complete, and return the attached Contractor Packet and Checklist at your soonest convenience.

Feel free to contact me with any questions.

We look forward to working with you,

Jesse Cortez
Housing Rehabilitation Specialist
Department of Planning & Community Development

O: (248) 871-2549
C: (248) 675-9021
Email: jcortez@fhgov.com

City of Farmington Hills | www.FHgov.com
31555 W. Eleven Mile Rd. | Farmington Hills, MI 48336

FARMINGTON HILLS COMMUNITY DEVELOPMENT HOUSING REHABILITATION

CONTRACTOR CHECKLIST

Please include the following supporting documents along with your completed contractor application.

☐ Certificate of Insurance – The City of Farmington Hills Housing and Rehabilitation Program requires that all general contractors and subcontractors carry Full Workers Compensation Insurance and Comprehensive Public Liability Insurance Coverage at a minimum.

☐ W9

☐ Trade or Builders License - Copy

☐ Michigan Lead Abatement License – Copy (if applicable)

☐ Michigan Lead Abatement Firm Certification – Copy (if applicable)

Return your completed contractor application and supporting documentation by:

Email to: jcortez@fhgov.com

or

Mail to: City of Farmington Hills
Attention: Jesse Cortez
31555 W. Eleven Mile Rd.
Farmington Hills, MI 48336

We look forward to working with you.

Jesse Cortez
Housing Rehabilitation Specialist
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FARMINTON HILLS – COMMUNITY DEVELOPMENT OFFICE
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS

Rcvd:

Verfied:

There is no fee to submit this application to the Community Development Office. The form must be completed in its entirety or application will not be accepted. Please print clearly.

Although you **must complete** the Community Development application for our HR program, if you have registered your Contractors license through the Building Department, please check box. ☐

PLEASE NOTE: The City of Farmington Hills – Building Division has a separate "Application for Contractors License Registration" form whereby a Contractor may register as a licensed contractor with the City of Farmington Hills. This registration is completed on an annual basis for a fee of $15.00/year.

CONTRACTOR LICENSEE NAME: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

TELEPHONE: _____ **EMPLOYER'S TAX ID #** _____

EMAIL ADDRESS: _____

Number of years in business _____ Primary Contact _____

Number of Employees: Office _____ Trades _____ (Give average if number fluctuates)

Michigan State License Number & Type _____ Other State License? ☐ YES ☐ NO

Michigan Lead Certification # _____ Category _____

Is your company listed as a Minority Business Enterprise? _____ Woman-owned Business? _____

Is your company listed as a Section 3 Business? _____

Have you ever had your trade license suspended or revoked?

☐ YES ☐ NO If so, give details _____

Have any members of the firm been sued in the last 18 months by subcontractors, suppliers or customers?

☐ YES ☐ NO If so, give details _____

Have you ever been debarred from a federal job?

☐ YES ☐ NO If so, give details _____

Have you been reinstated?

☐ YES ☐ NO If so, give details _____

FARMINGTON HILLS – COMMUNITY DEVELOPMENT OFFICE
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS

Area(s) of Expertise – Check all that apply

☐	General Carpentry	☐	Lead Abatement	☐	Window/Door Replacement
☐	Roofing	☐	Asbestos Removal	☐	Chimney Repair
☐	Heating & Cooling	☐	Attic & Sidewall Insulation	☐	Environmental Services
☐	Plumbing	☐	Siding	☐	Other (List):
☐	Electrical	☐	Masonry	☐	

Types and Limits of Insurance Coverage

All general contractors and subcontractors on all work done under any Farmington Hills Housing Rehabilitation Program contract are required to carry Full Workers Compensation Insurance and Comprehensive Public Liability Insurance Coverage at a minimum. (Attach copies of Certificate of Insurance). The Contractor must guarantee the work performed for a period of eighteen (18) months from the final acceptance of all work required by the Contract.

As part of our contractor pre-qualification process for participation in our Housing Rehabilitation Program for single-family homes, we kindly request that you provide at least three (3) references.

Residential Rehabilitation Projects:

Property Address			
Scope of Work			
Completion Date			
Client Name			
Client Phone Number			
Client Email			

Government-Funded Housing Programs (CDBG, HOME, or similar projects completed under federal, state, or local housing programs funded by HUD, such as the Community Development Block Grant (CDBG) or HOME Investment Partnerships Program.

Program Name			
Administering Agency			
Project Location			
Scope of Work			
Contract Value			
Completion Date			
Agency Contact Name: Phone: Email:			

The City of Farmington Hills – Community Development Office reserves the right to verify any and all of the information given above by the contractor. The contractor, once prequalified, also acknowledges that he/she must comply with the terms and conditions as set forth by this application and the City of Farmington Hills Housing Rehabilitation Program. The contractor also acknowledges that he/she must furnish copies of their Builder's License and/or Mechanical Licenses, Proof of Insurance, and also their Lead Abatement License and/or Lead Certifications (if applicable) with this application.

The above statements are true to the best of my knowledge and belief.

BY: _____
Signature

NAME: _____
Type or Print

TITLE: _____
Type or Print

DATE: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

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.)

2 Business name/disregarded entity name, if different from above.

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: 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.

☐ Other (see instructions)

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 . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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.

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.

Social security number

			–		–				

or

Employer identification number

		–							

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**

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