



REBUILDING "NOW"

PARTICIPATING TRADE CONTRACTOR INFORMATION FORM

Name of Firm: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax ID or SS Number: \_\_\_\_\_

Owner / Managing Partner: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Project Manager/Foreman or other Trade Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please List Trades and Skills (check all that apply):

Dirt work/grading \_\_, Site drainage \_\_, Site utilities \_\_, Retaining walls \_\_, paving \_\_, sidewalks/steps \_\_, pavers \_\_, landscape \_\_, seeding/sodding \_\_, foundations \_\_, foundation repair \_\_, brick and block masonry \_\_, structural steel \_\_, ornamental iron/railings \_\_, framing & rough carpentry \_\_, decks \_\_, finish carpentry/trim \_\_, cabinets and tops \_\_, waterproofing/caulking \_\_, insulation \_\_, siding \_\_, roofing \_\_, gutters \_\_, fireproofing \_\_, drywall \_\_, ceramic tile \_\_, acoustic ceilings \_\_, wood flooring \_\_, carpet and vinyl flooring \_\_, painting & staining \_\_, toilet and bath accessories \_\_, shower & tub doors \_\_, kitchen appliances \_\_, elevators and lifts \_\_, fire protection \_\_, plumbing \_\_, HVAC \_\_, Electrical work \_\_.

Other: \_\_ (Please Specify) \_\_\_\_\_

- Does your firm have an occupational license? \_\_yes \_\_no
If yes, are you licensed in Liberty, MO and/or Clay County? \_\_yes \_\_no
Do you carry General Liability and Worker's Compensation Insurance? \_\_yes \_\_no
Can you provide an insurance certificate naming additional insureds? \_\_yes \_\_no
Can you provide emergency services? \_\_yes \_\_no
Are you available on weekends? \_\_yes \_\_no

Please provide the name and telephone number of an individual in your firm that can be contacted in an emergency or on weekends if the above listed individuals cannot be contacted.

Name: \_\_\_\_\_
Title: \_\_\_\_\_
Home: \_\_\_\_\_

For Charitable, Tax-exempt, or not-for profit projects please provide the following information:

Services to be provided:
Estimates including site visits: (check one) \_\_donation, \_\_at cost, \_\_discounted \_\_20%, \_\_15%, \_\_10%, \_\_other(specify)
Trade Work: (check one) \_\_donation, \_\_at cost, \_\_discounted \_\_20%, \_\_15%, \_\_10%, \_\_other(specify)
Do you have a limit on -?
\_\_The size of the project you wish to participate in? (Specify dollar amount limit.) \$\_\_\_\_\_
\_\_The number of projects you wish to participate in annually? (Specify the number.) \_\_1, \_\_2, \_\_3, \_\_4, \_\_5, \_\_6, \_\_7, \_\_8, \_\_9, \_\_10

Signed by: \_\_\_\_\_ (owner or authorized representative)