

**TOWN OF CICERO
DEPARTMENT OF HOUSING
EMERGENCY ASSISTANCE PROGRAM CONTRACTOR BID FORM**

**PLEASE FILL OUT FORM COMPLETELY AND
SEAL IN MARKED ENVELOPE ATTN: EMERGENCY ASSISTANCE CONTRACTOR BID**

INCOMPLETE FORMS OR MISSING ATTACHMENTS MAY BE DISQUALIFIED

- HVAC
- PLUMBING
- SEWER
- ELECTRICAL
- ROOFING

COMPANY _____ TRADE _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ CELL _____ FAX _____

EMAIL ADDRESS: _____

STANDARD HOURLY RATE MONDAY - FRIDAY 8AM-4PM	
SERVICE FEE (IF ANY)	

OVERTIME HOURLY RATE MONDAY - FRIDAY 4PM-8AM	
SERVICE FEE (IF ANY)	

SATURDAY HOURLY RATE	
SERVICE FEE (IF ANY)	

SUNDAY HOURLY RATE	
SERVICE FEE (IF ANY)	

HOLIDAY HOURLY RATE	
SERVICE FEE (IF ANY)	

MINIMUM HOURS IF APPLICABLE	
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DO YOU OFFER WARRANTIES? _____ YES _____ NO

IF YES HOW LONG? PARTS _____ LABOR _____

*****PLEASE ATTACH MATERIAL PRICES FOR COMMON PARTS AND EQUIPMENT*****

PROVIDE NAME, TITLE AND SIGNATURE OF ALL PERSONS AUTHORIZED TO SIGN CONTRACTS:

NAME _____ TITLE _____ SIGNATURE _____

NAME _____ TITLE _____ SIGNATURE _____

COMPANY TYPE:

- SOLE OWNERSHIP
- CORPORATION
- PARTNERSHIP

IS COMPANY FEMALE-OWNED?

- YES
- NO

PLEASE CIRCLE RACIAL BACKGROUND OF COMPANY OWNER BELOW:

WHITE AFRICAN AMERICAN NATIVE AMERICAN

HISPANIC ASIAN/PACIFIC HASIDIC JEW

OTHER: _____

FEDERAL TAX ID # OR SOCIAL SECURITY # _____

NUMBER OF EMPLOYEES: _____

OFFICE: _____ FIELD: _____

ARE YOU LICENSED AND BONDED WITH THE TOWN OF CICERO?

- YES
- NO

IF YES: BOND EXPIRES _____ LICENSE EXPIRES _____

LIST THREE CUSTOMERS (With Complete Address) FOR WHOM YOU HAVE RECENTLY COMPLETED WORK:

NAME	ADDRESS	CITY / ZIP	PHONE	TYPE OF WORK
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____

ARE YOU A SECTION 3 BUSINESS CONCERN?

- YES
- NO

(A Section 3 Business Concern is a business (1) that is 51% or more owned by section 3 residents; (2) whose permanent, full-time employees includes persons, at least 30% of who are currently Section 3 residents or within three years of the date of first employment with the business concern were Section 3 residents; or (3) that provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications of (1) and (2) above. A Section 3 resident is (1) a public housing resident; or (2) an individual who resides in the metropolitan area in which the project is located and who is:(i) a low-income (income does not exceed 80% of median) or (ii) a very low-income person (income does not exceed 50% of median).

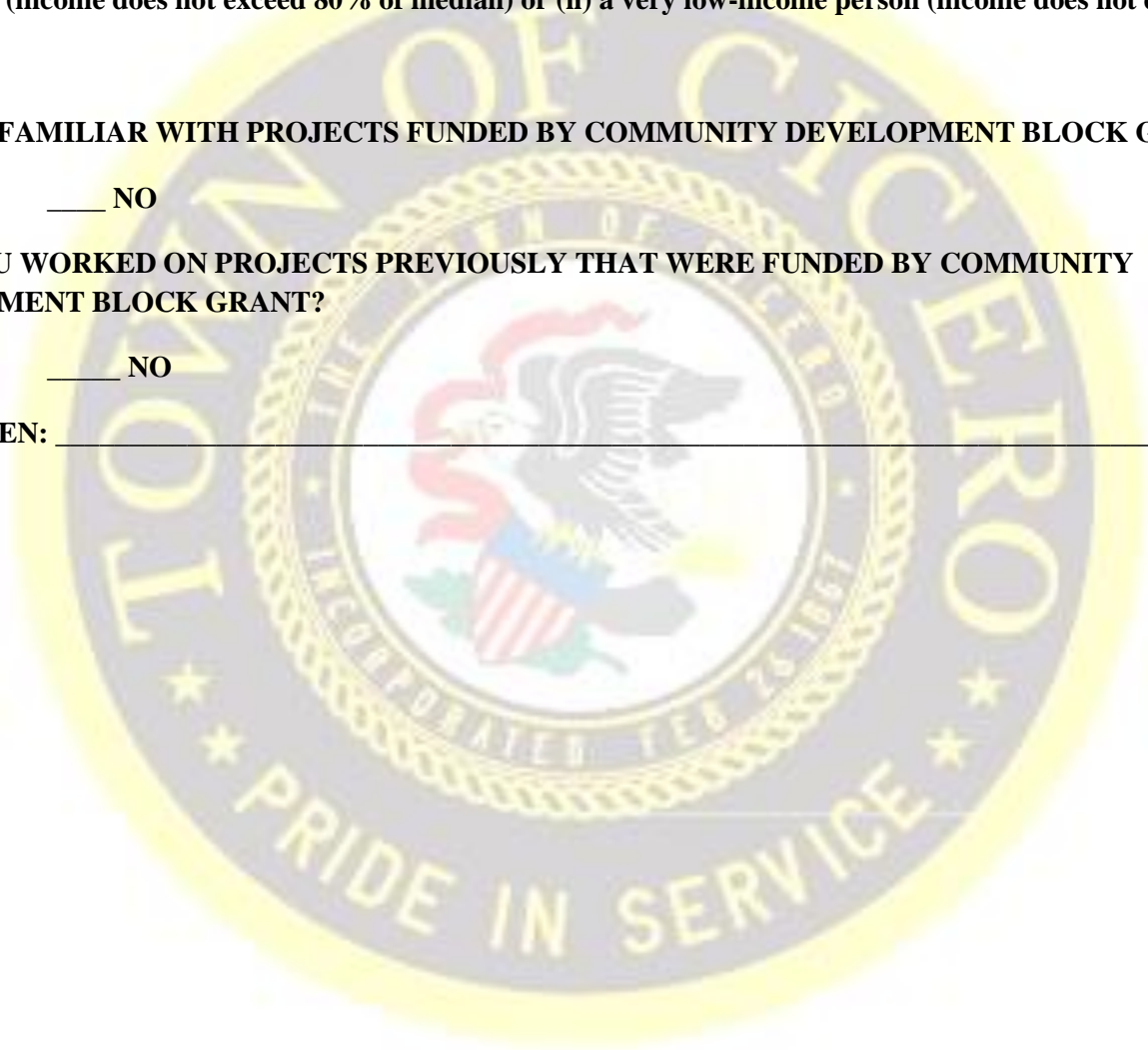
ARE YOU FAMILIAR WITH PROJECTS FUNDED BY COMMUNITY DEVELOPMENT BLOCK GRANT?

____ YES ____ NO

HAVE YOU WORKED ON PROJECTS PREVIOUSLY THAT WERE FUNDED BY COMMUNITY DEVELOPMENT BLOCK GRANT?

____ YES ____ NO

IF SO, WHEN: _____



REQUIRED ATTACHMENTS (*IF APPLICABLE):

- MATERIAL PRICES FOR COMMON PARTS AND EQUIPMENT
- CURRENT CERTIFICATE OF INSURANCE (general liability and workers comp.)
- CURRENT BUSINESS VEHICLE INSURANCE
- COPY OF TOWN OF CICERO BUSINESS LICENSE
- US EPA LEAD RENOVATION, REPAIR AND PAINTING (RRP) RULE CERTIFICATION
- * COPY OF STATE LICENSE (IF ROOFING OR PLUMBING)
- * SUB CONTRACTOR C.I.F. WITH ATTACHMENTS
- * IL DEPARTMENT OF PUBLIC HEALTH (IDPH) LEAD ABATEMENT CONTRACTORS LICENSE
 - ✓ LEAD ABATEMENT CERTIFICATE
 - ✓ IDPH WORKERS LICENSE FOR ALL LEAD WORKERS
 - ✓ IDPH LEAD CONTRACTOR SUPERVISOR LICENSE

I, THE UNDERSIGNED, AUTHORIZE THE TOWN OF CICERO TO CONTACT THOSE PERSONS LISTED ABOVE TO VERIFY THE QUALITY OF WORK PERFORMED. I CERTIFY THAT ALL INFORMATION IN THIS FORM AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT ANY FALSIFICATION OF ANY INFORMATION IS GROUNDS FOR DISQUALIFICATION FROM THIS PROGRAM.

I AM FURTHER AWARE, The selected contractor(s) will be required to provide “on call,” 24 hours/7 days per week, emergency service within two (2) hours of notification.

I AM FURTHER AWARE

The Selected Contractor(s) shall provide all labor, materials, tools, and equipment to perform repairs if possible or replacement of defective systems, dependent upon trade:

- Defective heating units between 10/1/2023 – 5/1/2024
- Defective Central AC Units between 6/1/2024 – 9/30/2024
- Collapsed sewers on private property
- Broken pipes that require water main shut off
- Collapsed roofs or deteriorated roofs that threaten the occupancy of the structure
- Repair of defective electrical equipment that threatens the occupancy of the structure

The work shall include furnishing and installing all materials needed to make the appropriate repairs/replacement. All work, materials and manner of placing materials are to be in strict accordance with the Department of Housing Contractor Manual (available upon request) and all local, state, and federal laws and ordinances.

SIGNATURE	TITLE	DATE
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The Town of Cicero does not discriminate on the basis of race, color, religion, sex handicap, familial status, or national origin.