

- LEAD ABATEMENT CONTRACTOR
- GENERAL CONTRACTOR
- OTHER

**CONTRACTOR INFORMATION FORM (CIF)
(PLEASE FILL OUT FORM COMPLETELY)**

COMPANY _____ TRADE _____
 ADDRESS _____ CITY _____ ZIP CODE _____
 PHONE _____ CELL _____ FAX _____
 EMAIL ADDRESS: _____

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

NAME _____ TITLE _____ SIGNATURE _____
 NAME _____ TITLE _____ SIGNATURE _____

**NAME OF PERSON HOLDING LEAD SUPERVISORS
LICENSE:** _____

ARE ALL WORKERS LEAD CERTIFIED OR HAVE THEY RECEIVED LEAD TRAINING:

- Yes
- No

IS COMPANY:

- SOLE OWNERSHIP
- CORPORATION
- PARTNERSHIP

IS COMPANY FEMALE-OWNED?

- YES
- NO

PLEASE CIRCLE RACIAL BACKGROUND OF COMPANY OWNER BELOW:

WHITE AMERICAN 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.)	_____	_____	_____	_____

NAME OF YOUR SUBCONTRACTORS: (CIF must be completed for each contractor)

CARPENTRY _____ **PLUMBING** _____

CONCRETE _____ **ELECTRICAL** _____

ROOF _____ **HEATING** _____

PAINTING _____

LEAD HAZARD REDUCTION _____

MUST ATTACH THE FOLLOWING IF APPLICABLE:

- CURRENT CERTIFICATE OF INSURANCE (general liability and workers comp.)
- CURRENT BUSINESS VEHICLE INSURANCE
- COPY OF STATE LICENSE (ROOFING)
- TOWN OF CICERO LICENSE(S)
- SURETY BOND (naming the Town of Cicero as obligee)
- W-9 IDENTIFICATION & CERTIFICATION FORM
- PROOF OF WORKER'S COMPENSATION INSURANCE
- SAFE WORK PRACTICES CERTIFICATE
- SUB CONTRACTOR C.I.F. WITH ATTACHMENTS
- EPA CERTIFICATION

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**

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).

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.

SIGNATURE

TITLE

DATE

***** PLEASE NOTE IF RETURNING WITH A BID PLEASE ENCLOSE WITH ALL REQUIRED DOCUMENTS IN A SEALED ENVELOPE TO:**

**TOWN OF CICERO
DEPARTMENT OF HOUSING
1634 S. LARAMIE AVENUE
CICERO, ILLINOIS 60804
RE: ENCLOSED BID/C.I.F**

Any **CIF** questions can be directed to: Nancy Bailey

Email: nbailey@thetownofcicero.com
(708) 656-8223

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