



Lexington-Fayette Urban County Government
DIVISION OF GRANTS AND SPECIAL PROGRAMS

Jim Gray
Mayor

Sally Hamilton
CAO

Contractors Requirements for Housing REHAB & ER Programs

1. Contractor's Information Form
2. Registration with LFUCG Building Inspection as a General contractor
3. \$250,000 liability insurance
& if have employees, workers compensation coverage
4. Federal Tax ID #
5. KY Tax ID #
6. LFUCG Net Profit License and #
7. Data Universal Number System (DUNS) #
8. Lead Based Paint Renovator Certification
9. EPA Lead-Safe Firm Certification

All of the above information must be completed and returned to:

**Attention: Randall Naylor
LFUCG Division of Grants and Special Programs
200 East Main Street, 6th Floor
Lexington KY 40507
(859) 258-3070**

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Division of Grants and Special Programs
200 East Main Street, 6th Floor, Lexington KY 40507, (859) 258-3070

CONTRACTOR INFORMATION FORM

Please Print or Type

Company Name:

Business Address:

City:

State:

Zip:

Office phone #'s (include area code):

Mobile phone #'s (include area code):

Email:

Principal types of construction experience: _____

Is business registered as General Contractor with LFUCG Building Inspection? Yes or No (Please Circle One)

of years in business:

of current employees:

LFUCG - Net Profit License #:

Federal Tax ID #:

DUNS #:

KY Tax ID #:

EPA Lead-Safe Firm Certification
Date:

Lead Based Paint Renovator Certification
Date:

Business References (\$5,000+ Jobs Completed in Past 18 Months)

1. Name: _____ Phone: _____ Amount: \$ _____

Address: _____ City/State/Zip: _____

Nature of Job: _____

2. Name: _____ Phone: _____ Amount: \$ _____

Address: _____ City/State/Zip: _____

Nature of Job: _____

3. Name: _____ Phone: _____ Amount: \$ _____

Address: _____ City/State/Zip: _____

Nature of Job: _____

Names of owners, officers, or persons authorized to sign documents for company

Name and Title	Social Security #	Home Address	City/State/Zip	Phone #
1.				

Sample Signature:

2.				
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Sample Signature:

Bank:

Insurance Company:

Agent's Name:

Address: _____ City: _____ State: _____ Zip: _____

Phone # (include area code): _____

NOTE: A copy of the \$250,000 liability and workmen's compensation insurance certificate must be attached!

I certify I have not received any approval or endorsement by the Lexington-Fayette Urban County Government and agree not to represent myself as having such.

COMMENTS:

Race/National Origin:

- White (Non-Hispanic)
 Black/African American
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native & White
 Asian & White
 Black/African American & White
 American Indian or Alaska Native & Black/African American

Ethnic Categories: Hispanic or Latino? Yes or No (Please Circle One)

Gender: Male or Female (Please Circle One for primary contractor)

Woman Owned Business? Yes or No (Please Circle One)

Minority Owned Business? Yes or No (Please Circle One)

Section 3 Business? Yes or No (Please Circle One)

Date

Signature

Witness: _____