



# VILLAGE OF SARANAC

## Community Development Block Grant (CDBG) Contractor Registration Application

Michigan | Ionia County

**Instructions:** Complete all required fields (marked with \*). Submit the completed form along with a copy of your certificate of insurance to the Saranac Housing Commission at 203 Parsonage St., Saranac, MI 48881. If you have any questions please contact Angela Stephens, at [astephens@saranachc.org](mailto:astephens@saranachc.org) or (616) 642-9832.

*This application does not guarantee a contract award.*

### 1. Contact Information

First name *		Last name *	
Business / company name	DBA or LLC name, if applicable		
Email address *	email@example.com	Phone number *	(xxx) xxx-xxxx
Mailing address *	Street address, city, state, ZIP		

### 2. Type of Work

Primary trade / service *	e.g. General contractor, Plumbing, Electrical, Roofing, Lead abatement, ADA modifications...		
Contractor license #	Michigan license number	Years in business *	
Additional trades / specializations	List any other relevant work types, certifications, or project experience		
Service area	Counties or cities served		

### 3. Insurance

<b>GL carrier *</b>	<i>Insurance company name</i>	<b>Policy number *</b>	
<b>Coverage amount *</b>	<i>\$300K / \$500K / \$1M / \$2M / \$5M+</i>	<b>Policy expiration *</b>	<i>MM/DD/YYYY</i>
<b>Workers' comp carrier</b>	<i>Carrier name or 'Sole proprietor / exempt'</i>	<b>WC policy #</b>	

### 4. References (minimum 2)

#### Reference 1

<b>Contact name</b>		<b>Organization</b>	
<b>Phone</b>		<b>Email</b>	
<b>Work performed</b>			

#### Reference 2

<b>Contact name</b>		<b>Organization</b>	
<b>Phone</b>		<b>Email</b>	
<b>Work performed</b>			

#### Reference 3

<b>Contact name</b>		<b>Organization</b>	
<b>Phone</b>		<b>Email</b>	
<b>Work performed</b>			

## 5. Certifications & Acknowledgements

By signing below, I certify and acknowledge all of the following:

I certify that all information provided is accurate and complete to the best of my knowledge.

I understand that this application does not guarantee a contract award and that CDBG-funded work requires compliance with federal Davis-Bacon wage requirements.

I agree to provide a certificate of insurance naming the Village of Saranac as an additional insured prior to any work commencing.

I confirm that my business is not debarred or suspended from participating in federally funded programs.

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### Signature & Date

Signature	Date
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Village of Saranac | CDBG Program |

Please return completed form to

Saranac Housing Commission at 203 Parsonage St., Saranac, MI 48881