



Lead Safe Cleveland Coalition
c/o Enterprise Community Partners, Inc.
Cleveland, OH
leadsafeCLE.org

APPLICATION FORM

Name: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Website (if available): _____

Contact Person's Name and Title: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email Address: _____

Contracted Roles Addressed in this Response (check all that apply)

- | | | |
|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Lead Risk Assessor | <input type="checkbox"/> General Contractor with | <input type="checkbox"/> RRP Certified Individual |
| <input type="checkbox"/> Lead Inspector | Renovation, Repair and | <input type="checkbox"/> Related Lead Safe Workers |
| <input type="checkbox"/> Lead Abatement Contractor | Painting (RRP) Firm | (specify): |
| <input type="checkbox"/> Lead Clearance Technician | Certification | |

Do you presently work for the City of Cleveland as an employee?

- Yes No

Businesses Only

Business Tax ID #: _____

Business Structure (check one):

- | | | |
|-----------------------------------------------|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Sole Proprietorships | <input type="checkbox"/> Corporations | <input type="checkbox"/> Limited Liability |
| <input type="checkbox"/> Partnerships | <input type="checkbox"/> S Corporations | Company (LLC) |

Business is qualified to do business in the State of Ohio as a foreign corporation.

- Yes No Not Applicable

4. How do you approach conflict resolution?

5. How do you ensure your customers are satisfied with your services?

6. What accreditations, certifications, and licenses do you have?

7. How do you provide staff and project supervision?

C. OTHER QUESTIONS

Instructions: Complete each question in this section.

1. Some of our customers are non-English speaking. Do you or your workers speak any languages other than English? If yes, please list the additional languages.

2. Do you plan on working with any subcontractors on the contracted projects associated with this RFQ? If yes, please provide their names.

D. ENTRY-LEVEL RESPONDENTS ONLY

Instructions: Entry-level Respondents with appropriate training but limited to no experience are welcome to apply. Respondents should share below their interest in the work, previous experience, and other skills and credentials that would support the completion of the Scope of Work described in the RFQ.

#. REQUIRED ATTACHMENTS

Instructions: Check the boxes showing which attachments are included with the submission.

- Resumes of persons that would work on the project, if available
- Proof of insurance (Declaration pages only)
- Copies of appropriate licenses and certifications
- Three written references from clients you have worked with in the last two years and your services were similar to those sought by this RFQ. These can be handwritten notes, typed letters, or emails. This **SHOULD NOT** be a list of client references.