



FSL Home Improvements  
AZ Lic. ROC106809, B-02 ROC152105, C-37R ROC185445, C39R ROC185648  
1201 E Thomas Rd, Phoenix, AZ 85014  
(602) 285-1800 | (602) 285-1838 Fax  
<https://www.fsl.org/a-safe-home/home-improvements>

Dear Contractor:

Thank you for your interest in becoming an Active Contractor for FSL Home Improvements. In order for FSL Home Improvements to work with a contractor we must make sure they are in compliance with all, federal, state, county and various cities rules and regulations. Please make sure to enclose all of the documents listed along with your application.

- Application (first time or updated)
- Registrar of Contractor's License
- Workman's Compensation Certificate
- Certificate of General Liability Insurance (listing FSL as an additionally insured)
- Proof of Auto Liability
- Tax Licenses
- W-9
- Signed Form that includes – I. Legal Worker Requirement Addendum, II.
- Architectural Barriers Addendum, III. Nondiscrimination & Affirmative Action Regarding Employment Addendum
- Duns # must be included in application and contractor must register in
- SAM.gov

All of your documents must be current in order for you to bid on FSL Projects. FSL sends out monthly reminders when any of your documents expire, we will send a total of 3 reminders to give you the opportunity to send the requested updated documents to FSL. If you do not respond by our third attempt you will be removed from our Active Contractor List without further notification. FSL policies and procedures require screening of all eligible contractors prior to any contract award. All contractors will be screened with the Arizona Registrar of Contractors, Arizona Corporation Commission, US Dept. of Housing and Urban Development and SAM.Gov. Contractors having no ROC "Open Complaints", are in "Good Standing" with the AZCCOM, have no "HUD Funding Disqualifications" and are current on SAM.Gov are eligible to bid and receive contract awards. **Contractors that have an open complaint on their Arizona Registrar of Contractor license are ineligible to bid or receive contract awards. FSL has a review process for contractors with open complaints that may allow the contractor to remain active. Contractors with any open complaint shall notify FSL staff immediately to start the review process.**

Thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact us. Please send documents to:

Mail:

Fax:

Email:

FSL Home Improvements  
1201 E. Thomas Road  
Phoenix, AZ 85014

(602) 297-1857

LFinney@FSL.org



Catholic  
Charities  
USA



Reasonable accommodations will be provided upon request.  
Alojamientos razonables serán disponibles bajo petición.



FSL Home Improvements  
1201 E. Thomas  
Phoenix, AZ 85014  
Phone 602-532-2976  
Fax 602-297-1857

## Contractors Information/Application Form

**Please Note:** Copies of your Registrar of Contractor's License, local tax licenses, and W-9 must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program. Please ask your insurance agent to submit copies of your Workman's Compensation, General Liability (listing FSL as an additionally insured and notating deductible amount if applicable), and Auto liability.

**Please Print or Type**

DATE: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Federal I.D.#: \_\_\_\_\_ If not incorporated, Social Security #: \_\_\_\_\_

Privilege Tax #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registrar of Contractors #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Classification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a General Contractor's License in this area?  Yes  No

Are you registered with a minority/women's business enterprise program?  Yes  No

*If your answer is "YES," please submit a copy of certification.*

Dun & Bradstreet DUNS # \_\_\_\_\_ Are you registered in SAM.gov?  Yes  No

*DUNS # & registration in sam.gov is **required for all contractors and subcontractors bidding on Federally funded projects.**  
It is free to register – Instructions on how to obtain DUNS #& register on Sam.gov are included in the application packet.*

Please check the type(s) of construction you have performed in the last year:

Home Remodeling  Home Building  Major Construction – Specify \_\_\_\_\_

Other \_\_\_\_\_

List two major supplies from whom you purchase most of your supplies:

Name	Address	City	Phone
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_____	_____	_____	_____
_____	_____	_____	_____

List two financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

How long have you been in the contracting business? \_\_\_\_\_  
Years Months

List the names and addresses of the last three clients for whom you have completed construction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many jobs have you completed as a general contractor? \_\_\_\_\_

What is the smallest/value job you have done? \_\_\_\_\_

What is the largest/value job you have done? \_\_\_\_\_

How many employees do you employ full-time? \_\_\_\_\_

Have you ever worked for the Department of Housing and Urban Development (HUD)? Yes No

If Yes, when and where? \_\_\_\_\_

What type of job? \_\_\_\_\_

Please complete the following ethnic information, gathered by HUD for statistical purposes only:

Please check one: White Black Hispanic  
 American Indian/ Alaskan Native Asian/ Pacific Islander

**THE UNDERSIGNED CONTRACTOR CETIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:**

- Contractor License Class and bond are current, and the undersigned contractor agrees to maintain in current status all licenses and bonds as required by the Home Safety and Repair Program.
- That the work be performed in accordance with the property requirement standards.
- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- The contractor will abide the U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all appliance codes and zoning regulations.
- Upon award of bid/contract, please request that a Certificate of Insurance and Worker's Compensation Certificate be sent to FSL Home Improvements Department. **A copy of General Liability must also be sent stating FSL as additionally insured and notating the deductible amount if applicable under the Description of Operations section.**

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## I. Legal Worker Requirement Addendum

As mandated by Arizona Revised Statutes 41-4401 FSL Home Improvements and/or designee is prohibited after 9/30/08 from awarding a contract to any contractor who fails, or whose subcontractor fails, to comply with Arizona Revised Statute 23-214-A. That statute requires that employers verify the employment eligibility of their employees through the Federal E-verify system. An "employer" is an independent contractor, a self-employed person, the State of AZ or any of its political subdivisions, or any individual or type of organization that transacts business in the state of Arizona, or that has a license issued by an agency in the state and that employees one or more employees in the state. (See ARS 23 - 211). Therefore, in signing or performing any contract for FSL Home Improvements and/or designee, the AGENCY fully understands that:

1. It warrants that both it and any subcontractors it may use comply with all federal immigration laws with A.R.S. 23-214-A.
2. Any breach of that warranty is material and is subject to penalties up to and including immediate termination of the contract; and
3. FSL Home Improvements and/or designee is authorized by law to randomly inspect the records relating to an employee of the Contractor or any of its subcontractors who work on the contract to ensure compliance with the warranty made in paragraph A above.

## II. Architectural Barriers Addendum

The AGENCY and its subcontractors shall comply with the Architectural Barriers Act of 1966 (42 USC 4151-4157).

## III. Nondiscrimination & Affirmative Action Regarding Employment Addendum

The agency, in performing under this contract, shall not discriminate against any worker, employee or applicant, or any member of the public because of race, color, religion, gender, national origin, age or disability, nor otherwise commit an unfair employment practice. The AGENCY will take affirmative action to ensure that applicants are employed and that employees are dealt with during employment without regard to their race, color, religion, gender, national origin, age, or disability. The AGENCY agrees that this clause will be incorporated in all subcontracts with all labor organizations furnishing skilled, unskilled and union labor, or who may perform any such labor or services in connection with this contract. The AGENCY further agrees that this clause will be incorporated in all subcontracts or job consultant agreements entered into by the AGENCY in connection with this contract.

I \_\_\_\_\_ have reviewed the above listed clause(s) and agree to adhere to them in all interactions with any agency or individual directly or indirectly associated with FSL Home Improvements and/or designees. I understand that adhering to the above listed criteria is mandatory not only when working with FSL Home Improvements but is also a State of Arizona Law.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

Company Name: \_\_\_\_\_

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000
	<b>OTHER</b>				

Sample

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

FSL Home Improvements  
 1201 E. Thomas Road  
 Phoenix, AZ 85014

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# D-U-N-S Numbers

All contractors and subcontractors bidding on projects that have government funding are required to register for a Dun & Bradstreet, or D-U-N-S, Data Universal Numbering System Number, a unique nine-digit identification number for each physical location of your business.

D-U-N-S Number assignment is free for all businesses required to register with the federal government for contracts or grants.

## **What do I need to get my D-U-N-S Number?**

When registering for your D-U-N-S Number, you will need the following on hand:

- Legal name
- Headquarters name and address for your business
- Doing Business As (DBA) or other name by which your business is commonly recognized
- Physical address, city, state and ZIP Code
- Mailing address (if separate from headquarters and/or physical address)
- Telephone number
- Contact name and title
- Number of employees at your physical location
- Whether you are a Home-Based Business

## **How do I get my D-U-N-S Number?**

Good news! Getting your D-U-N-S Number is easy. Go to <http://fedgov.dnb.com/webform> to request your D-U-N-S Number.

# SAM System for Award Management

[www.sam.gov](http://www.sam.gov)

Or follow the instructions below:

To register in SAM as an entity:

Step 1: Create a user ID and password at [www.sam.gov](http://www.sam.gov)

Step 2: Login to SAM with your user ID and password.

Step 3: Gather all of the required information needed to complete your registration.

Step 4: Click on "Register New Entity" from the left side navigation pane.

Step 5: Complete and submit the online registration. It is estimated that it will take approximately 30 minutes to complete registration if you already have all the necessary information on hand, depending upon the size and complexity of your entity.

Step 6: You will receive an email confirming that your registration is in process. Note that new registrations can take an average of 7-10 business days to process in SAM.

SAM must send out some information for validation with outside parties before your registration can be activated; this includes TIN validation with the IRS and CAGE validation/assignment with DoD. This timeframe may be longer if the information you provide is flagged for manual validation by either party. If you notice your registration has had a 'Submitted' status for longer than 10 business days, and you have not otherwise been contacted to correct or update information, please contact the Federal Service Desk at 866-606-8220 or <https://www.fsd.gov>.

What information do I need to register my entity in SAM?

- DUNS number
- Name
- Address
- CAGE or NCAGE code (automatically assigned if needed)
- Taxpayer number
- General information

# SAM System for Award Management

www.sam.gov

After you have registered for and received your DUNS Number go to [www.sam.gov](http://www.sam.gov) to register your company.

- 1) Registration on SAM is FREE . . . User's Guide and SAM FAQ are available. (Beware that some private for profit businesses will charge the client for registering their business). Make sure you are on a .gov site!
- 2) Demonstration videos are available and have been extremely helpful to contractors we are currently working with. See screen shots below. From SAM home page, click HELP in menu bar, once on the HELP page in the side menu bar you will find the above mentioned FAQ's, User Guides, and Demonstration Videos.

**We recommend watching the videos prior to registering as it will save time.**

- 3) If additional assistant is needed you can contact:

Todd Hewett, City of Phoenix Labor Compliance Specialist  
Phone: 602-262-4866 Email: [Todd.Hewett@Phoenix.gov](mailto:Todd.Hewett@Phoenix.gov)

From [www.SAM.gov](http://www.SAM.gov) click on Help link.

Then click on the Demonstration Videos, FAQ's or User Guide

