



State of New York
County of Broome Government Offices

Broome County Health Department • Environmental Health

Jason T. Garnar, County Executive • Olivia Catalano, MHA, Director of Public Health
225 Front Street, Binghamton, NY 13905
Phone: (607)778-2887 • Fax (607) 778-3912 • broomecountyny.gov/hd

**HUD Lead Hazard Reduction Grant Program 2023-2027
CONTRACTOR APPLICATION**

Page 1 of 6

Date Submitted: _____

Contractor Information

Business Name (if applicable): _____ **UEI#:** _____

Owner Last Name: _____ **First Name:** _____

Street: _____ **Unit#:** _____ **City:** _____ **Zip:** _____

Primary Phone #: _____ **Alternate:** _____ **E-mail:** _____

Company is a: Corporation Partnership LLC Other _____

Minority Business Enterprise (MBE) HUD Section 3 Business

Primary Point of Contact: _____

Point of Contact Phone: _____

EPA Lead Renovation Firm Certification: Current Expired Not Yet Certified

Firm Certification #: _____ **Expiration Date:** _____

Copy of Firm Certification attached

EPA Lead Abatement Firm Certification: Current Expired Not Yet Certified

Firm Certification #: _____ **Expiration Date:** _____

Copy of Firm Certification attached

Copy of IRS Form W-9 (Request for Taxpayer ID Number & Certification Form) included with application (required)

Contractor is also licensed to perform **Asbestos Abatement** in New York State (optional)

I attest that all the information provided in this application is accurate. I agree to notify the Broome County Health Department if my licenses or certificates expire. I will provide new copies of any licenses or certifications that are renewed to: HUD Lead Hazard Reduction Program, Broome County Health Department, 225 Front Street, Binghamton, NY, 13905.

Company Owner Signature

Date



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Contractor's General Liability Insurance: Current Expired Not Yet Insured

Company: _____ Expiration Date: _____

*Please note: County of Broome, Attn: Office of Risk & Insurance Management must be listed as additional insured.

Copy of Certificate of Liability Insurance attached

Environmental Liability Insurance:

Company wishes to use existing Environmental Liability Insurance (Certificate attached)

*Please note: Broome County Health Department must be listed as additional insured

Company would like to obtain Environmental Liability Insurance through Broome County

Workers Compensation Insurance: Current Expired Not Yet Insured Waiver

Company: _____ Expiration Date: _____

Copy of Certificate of Coverage included with application

Disability Insurance: Current Expired Not Yet Insured Waiver

Company: _____ Expiration Date: _____

Copy of Certificate of Coverage included with application

Please indicate your company's experience with the following skills and activities:

Building Codes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Gen. Property Maintenance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Lead Safe Work Practices	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Lead Abatement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Window Replacement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Door Replacement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Trim Wrapping w/ aluminum coil stock using a brake	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Painting (Interior/Exterior)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Vinyl Siding Installation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Soffit Enclosure Installation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Stair/Deck Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Haz. Waste Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____
Aerial/Boom Lift Operation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Years of experience: _____



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Lead Abatement Supervisors

Supervisor 1: First Name: _____ Last Name: _____

Phone Number: (Primary): _____ (Work): _____ (Cell): _____

E-mail Address: _____

Lead Supervisor Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Supervisor 2: First Name: _____ Last Name: _____

Phone Number: (Primary): _____ (Work): _____ (Cell): _____

E-mail Address: _____

Lead Supervisor Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Supervisor 3: First Name: _____ Last Name: _____

Phone Number: (Primary): _____ (Work): _____ (Cell): _____

E-mail Address: _____

Lead Supervisor Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____



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Lead Abatement Workers

(attach additional pages as necessary)

Lead Worker 1: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 2: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 3: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 4: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 5: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 6: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 7: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____

Lead Worker 8: First Name: _____ Last Name: _____

Lead Worker Certification: Cert Needed Copy attached Exp. Date: _____

RRP Certification: Cert Needed Copy attached Exp. Date: _____



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References

(We require three references from the past five years)

Reference 1: Last Name: _____ First Name: _____
Street: _____ City: _____ Zip: _____
Phone: (Home): _____ (Cell): _____ E-mail: _____
Date work was completed? _____
Address of project: _____
Brief description of work:

Reference 2: Last Name: _____ First Name: _____
Street: _____ City: _____ Zip: _____
Phone: (Home): _____ (Cell): _____ E-mail: _____
Date work was completed? _____
Address of project: _____
Brief description of work:

Reference 3: Last Name: _____ First Name: _____
Street: _____ City: _____ Zip: _____
Phone: (Home): _____ (Cell): _____ E-mail: _____
Date work was completed? _____
Address of project: _____
Brief description of work:



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Summary of Requirements

All contractors *must* meet the following criteria and provide documentation (as applicable):

- Current EPA Lead Abatement Firm Certification
- Current EPA Lead Renovation Firm Certification
- Current EPA Lead Abatement Individual Certifications for each Supervisor and Worker
- Current EPA Lead Renovator Individual Certifications for each Supervisor and Worker
- Current Contractor's General Liability Insurance, Worker's Compensation Insurance, and Disability Insurance as specified by Broome County
- Current IRS W-9 form
- Must be an active registrant in the System for Award Management (Sam.gov)
- Must be current on and in compliance with any applicable Federal, State, or local debts or obligations, including active Broome County Findings of Violation or Administrative Orders
- Must not employ registered sex offenders on projects funded by this program