

REQUEST FOR CONTRACTOR ELIGIBILITY Use this form for projects prior to 2012

E-mail completed form to:
khristy.smith@iowaeda.com
Phone: 515.725.3067

Requested by: _____
 Address: _____
 Phone: _____ Fax: _____
 Email: _____

Recipient: _____
 Project Address (For Housing Projects Only): _____

Contract Number: _____
 IEDA Project Manager: _____

Contractor/Sub-Contractor Name & Address:

Owner: _____
 Contractor's
Iowa Contractor Registration #: _____
Contract \$ Value: _____
Type of Trade (see below): _____

Type: Prime Sub
MBE: Yes No
WBE: Yes No
 - If a MBE/WBE provide Tax ID #: _____
 - If MBE/WBE is a Subcontractor, Include Prime
 Tax ID #: _____
Section 3 (see below): Yes No
Racial Ethnic Code (see below): _____
 If Hispanic Origin, check here:

Number of employees anticipated to be employed on the project: _____
Number of new employees hired (if any) for this project: _____

Contractor/Sub-Contractor Name & Address:

Owner: _____
 Contractor's
Iowa Contractor Registration #: _____
Contract \$ Value: _____
Type of Trade (see below): _____

Type: Prime Sub
MBE: Yes No
WBE: Yes No
 - If a MBE/WBE, provide Tax ID #: _____
 - If MBE/WBE is a Subcontractor, Include Prime
 Tax ID #: _____
Section 3 (see below): Yes No
Racial Ethnic Code (see below): _____
 If Hispanic Origin, check here:

Number of employees anticipated to be employed on the project: _____
Number of new employees hired (if any) for this project: _____

IEDA USE ONLY

This verification of eligibility consists only of a check against the current list of debarred, suspended and ineligible contractors. It is important that other factors be considered in determining overall acceptability of a contractor. See 2 CFR part 200.318.

Verified: Yes No Signature _____ Date _____

Type of Trade:

- | | | | | |
|------------------------|-------------|------------------------|------------------------|------------------------|
| 1 – New Construction | 3 – Repair | 5 – Project Management | 7 – Tenant Services | 9 – Arch/Eng Appraisal |
| 2 – Substantial Rehab. | 4 – Service | 6 – Professional | 8 – Education/Training | 0 – Other |

Section 3:

A Section 3 contractor/subcontractor is a business concern that is 51% or more owned by Section 3 residents OR whose permanent full time employees include persons, at least 30 percent of whom are currently section 3 residents, or within three years of the date of first employment with the business were section 3 residents; OR That provides evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to businesses that meet at least one of the two previous criteria. Please refer to the CDBG Management Guide for more information on Section 3.

Racial/Ethnic Codes:

- | | | | |
|-----------------------------|---|--|-------------------------|
| 11 = White | 14 = American Indian/Alaskan Native | 17 = Asian & White | 20 = Other Multi-Racial |
| 12 = Black/African American | 15 = Native Hawaiian/Other Pacific Islander | 18 = Black/African American & White | |
| 13 = Asian | 16 = American Indian/Alaskan Native & White | 19 = American Indian/Alaskan Native & Black African American | |

Previous editions are obsolete