

VILLAGE OF PORT CHESTER FAÇADE IMPROVEMENT PROGRAM

CONTRACTOR / VENDOR PREQUALIFICATION APPLICATION

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____ Cell#: _____

General Description of Firm's Capabilities and Experience (attachments can be provided):

Relevant Projects (list name of project, location, contact person); include façade restoration, storefront, signage, awning projects as applicable for the type of work your company provides (attachments can be provided).

Five (5) References(provide name, company, address and phone number for each)

1. _____

<i>Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone</i>
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2. _____

<i>Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone</i>
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3. _____

<i>Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone</i>
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4. _____

<i>Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone</i>
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5. _____

<i>Name</i>	<i>Company</i>	<i>Address</i>	<i>Phone</i>
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Is your company licensed to provide contracting services in New York State? Yes ___ No__ (check one)

Does your company carry insurance to the limits indicated in the Façade improvements guidelines? Yes ___ No__ (check one)

Signed: _____ Date: _____

Completed form sent to : Elisa Sciarabba, Assistant to the Village Manager, Village of Port Chester, 222 Grace Street, Port Chester, New York 10573