



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

January 9, 2017

Dear Contractor:

In June 2015, the Ohio Department of Healthy Homes and Lead Poisoning Prevention Program applied for a 3-year Lead Hazard Control Grant from HUD's Office of Healthy Homes. We are happy to announce that we have secured more than \$3.2 million in grant and match funding to make 192 housing units lead-safe and an additional \$325,000 for healthy homes practices. Our target area consists of 18 Ohio counties: 9 in the east/northeast area of the state, 3 in the southwest area, 4 in the southeast area, and 2 in the northwest area. (Please see the attached map for reference.)

We are in need of licensed lead abatement contractors/supervisors and licensed lead abatement workers to complete the lead abatement and/or interim controls for the selected properties. If you are serious about participating in the grant and would like to bid on lead hazard control projects, please complete the enclosed application, identifying the areas in which you are interested in working and providing all required attachments.

Note that a complete application with all attachments is needed before your name will be added to our grant's abatement contractor list. Then, as jobs in your desired area(s) become available, we will email you the request for quotation to complete and return to us. All bids will be awarded to the lowest responsive and responsible bidder.

We look forward to working with many contractors during this grant period. Please send the application to Dania Nixon by fax at 614-728-6793 or by email to [danianixon@odh.ohio.gov](mailto:danianixon@odh.ohio.gov). If you have any questions about the application, contact her at 614-387-1289.

Sincerely,

*Sue Smith/ds*

Sue Smith  
Program Manager  
Ohio Lead Hazard Control Grant Program

**CONTRACTOR'S APPLICATION QUESTIONNAIRE**

**Please type or print clearly**

**THE FOLLOWING INFORMATION IS SUBMITTED FOR YOUR CONSIDERATION.  
IF ACCEPTABLE, I WOULD BE INTERESTED IN BIDDING ON LEAD HAZARD  
CONTROL WORK IN THE FOLLOWING COUNTIES (SEE ATTACHED TABLE).**

COMPANY'S NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

LC# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FIRM'S YEARS IN EXISTENCE \_\_\_\_\_

HOW MANY JOBS CAN YOU HANDLE AT ONE TIME? \_\_\_\_\_

NAME(S) OF LEAD WORKERS EMPLOYED: (ATTACH ADD'L SHEET, IF NEEDED)

NAME \_\_\_\_\_ LW# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME \_\_\_\_\_ LW# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME \_\_\_\_\_ LW# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

RRP INDIVIDUAL CERTIFICATE NUMBER\*\* \_\_\_\_\_

RRP FIRM CERTIFICATE NUMBER\*\* \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME OF GENERAL LIABILITY COMPANY \*\* \_\_\_\_\_

NAME OF GENERAL LIABILITY AGENT \*\* \_\_\_\_\_

PHONE NUMBER OF AGENT \_\_\_\_\_

LIMITS OF LIABILITY

GENERAL LIABILITY \*\* \_\_\_\_\_ VEHICLE LIABILITY \*\* \_\_\_\_\_

DO YOU CARRY WORKMAN'S COMPENSATION \*\* YES \_\_\_\_\_ NO \_\_\_\_\_

CERTIFICATE NUMBER \*\* \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ OR SOCIAL SECURITY# \_\_\_\_\_

ARE YOU CONSIDERED SECTION 3? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE SUBMIT VERIFICATION ALONG WITH THIS QUESTIONNAIRE\*\*

LIST SOME OF YOUR REGULAR SUPPLIERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK: \_\_\_\_\_

WOULD YOU PREFER PAYMENTS BE MADE ELECTRONICALLY TO YOUR BANK?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: BANK ROUTING NUMBER \_\_\_\_\_

CHECKING ACCOUNT NUMBER \_\_\_\_\_

RECENT JOBS COMPLETED

NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DOLLAR AMOUNT AND TYPE OF WORK \_\_\_\_\_

NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DOLLAR AMOUNT AND TYPE OF WORK \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE PERMISSION TO THE OHIO LEAD HAZARD CONTROL GRANT PROGRAM OR ITS WORKING PARTNERS TO CONTACT ANY OR ALL OF THE ABOVE NAMED PARTIES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\* MUST SUBMIT COPY OF ALL CERTIFICATIONS WITH APPLICATION (RRP INDIVIDUAL AND FIRM CERTIFICATES, CERTIFICATE OF LIABILITY INSURANCE, AND CERTIFICATE OF OHIO WORKERS' COMPENSATION CERTIFICATE, IF APPLICABLE)**

## GRANT COUNTIES

Please indicate in which counties you would like to receive bids. Bring this form along with your application and attachments to the grant contractor training on Friday, February 5 at the Westerville Public Library.

COUNTY	COUNTY SEAT	RECEIVE BID ANNOUNCEMENTS (✓)
Allen	Lima	
Ashtabula	Ashtabula	
Butler	Hamilton	
Columbiana	Lisbon	
Geauga	Chardon	
Greene	Xenia	
Guernsey	Cambridge	
Lake	Painesville	
Lorain	Elyria	
Marion	Marion	
Morgan	McConnelsville	
Muskingum	Zanesville	
Portage	Ravenna	
Richland	Mansfield	
Stark	Canton	
Trumbull	Warren	
Warren	Lebanon	
Washington	Marietta	

HUD Lead-Based Paint Hazard Control Grant FY 2015  
Ohio Department of Health  
Target Area

