

Neighborhood Stabilization Program (NSP)

HUD's new Neighborhood Stabilization Program (NSP) provides targeted emergency assistance to state and local governments to acquire and redevelop foreclosed properties that might otherwise become sources of abandonment and blight within their communities. The Towns of Sanford and Waterboro are participating in this program through a cooperative effort involving the Towns, York County Shelters Incorporated, York County Community Action Corporation and the Sanford Housing Authority. Also included in the program is the Town of Waterboro. The funding will be through the State of Maine Office of Community Development.

Sanford and Waterboro will receive \$2.051 million dollars expected to be funded in March.

Monies have to be expended within an 18 month period. It is imperative that rehab work be done quickly.

Initial plan is for the partnership to purchase and renovate 16 homes.

Proceeds from the sales of the homes can be re-invested for a 5 year period allowing for purchase and rehab of more homes. Homes will sell for purchase plus rehab costs.

Please submit the contractor data sheet by 2/27/09.

More information is available at www.meocd.org.

CONSTRUCTION CONTRACTOR'S INFORMATION

GENERAL INFORMATION

BUSINESS NAME

FEDERAL EMPLOYER ID NUMBER/SSN

PHYSICAL STREET ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS

CITY

STATE

ZIP

CONTACT INFORMATION

CONTACT NAME (PLEASE PRINT)

JOB TITLE

TELEPHONE #

FAX #

EMAIL ADDRESS

COMPANY INFORMATION

WHAT IS YOUR BUSINESS STRUCTURE:

- SOLE PROPRIETOR
- PARTENERSHIP
- MEMBER-MANAGED LIMITED LIABILITY COMPANY
- LIMITED LIABILITY PARTNERSHIP (LLP)
- MANAGER-MANAGED LIMITED LIABILITY COMPANY (LLC)
- CORPORATION
- OTHER: _____

NUMBER OF YEARS IN BUSINESS: _____

NUMBER OF EMPLOYEES: _____
(FULL & PART TIME)

LIST OF TRADES PERFORMED IN-HOUSE:

LIST OF FREQUENTLY USED SUBCONTRACTORS:

LIST OF VENDOR/SUPPLIER ACCOUNTS USED:

INSURANCE INFORMATION

PLEASE PROVIDE INSURANCE INFORMATION:

NAME OF INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

NAME OF WORKERS' COMPENSATION INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

REFERENCES

PLEASE PROVIDE A MINIMUM OF THREE REFERENCES, IDEALLY REFLECTING COMPLETION OF COMPARABLE PROJECTS.

_____		_____		
CONTACT NAME (PLEASE PRINT)		BUSINESS NAME (IF APPLICABLE)		
_____		_____	_____	_____
ADDRESS		CITY	STATE	ZIP
_____	_____	_____		
TELEPHONE #	FAX #	EMAIL ADDRESS		

JOB(S) PERFORMED

_____		_____		
CONTACT NAME (PLEASE PRINT)		BUSINESS NAME (IF APPLICABLE)		
_____		_____	_____	_____
ADDRESS		CITY	STATE	ZIP
_____	_____	_____		
TELEPHONE #	FAX #	EMAIL ADDRESS		

JOB(S) PERFORMED

_____		_____		
CONTACT NAME (PLEASE PRINT)		BUSINESS NAME (IF APPLICABLE)		
_____		_____	_____	_____
ADDRESS		CITY	STATE	ZIP
_____	_____	_____		
TELEPHONE #	FAX #	EMAIL ADDRESS		

JOB(S) PERFORMED

Please mail the contractor information sheet to;

Neighborhood Stabilization Program
c/o Sanford Housing Authority
P.O. Box 1008
Sanford, Maine 04073