



# YOUNGSTOWN NEIGHBORHOOD

DEVELOPMENT CORPORATION



[www.yndc.org](http://www.yndc.org)



330.480.0423



820 Canfield Road, Youngstown, Ohio 44511

## YNDC Contractor Application

1. Name of Company: \_\_\_\_\_
2. Name of Owner: \_\_\_\_\_
3. Name & Number of Primary Contact: \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Business Telephone: \_\_\_\_\_
6. Business Email: \_\_\_\_\_
7. Preferred Method of Communication: \_\_\_\_\_
8. Name, Title & Email for Authorized Contract Signer: \_\_\_\_\_  
\_\_\_\_\_
9. Number of Years in Business: \_\_\_\_\_
10. Types of Jobs Performed: \_\_\_\_\_  
\_\_\_\_\_
11. Number of Employees on Payroll: \_\_\_\_\_
12. Approximate Volume of Business Last Year: \_\_\_\_\_
13. Approximate Volume of Current Business: \_\_\_\_\_



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Development Corporation



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14. Suppliers You Do Business With: (Name - Address - Phone)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

15. List Sub-Contractors with Whom You Regularly Do Business:

a. Carpentry: \_\_\_\_\_

b. Electrical: \_\_\_\_\_

c. Plumbing: \_\_\_\_\_

d. Roofing: \_\_\_\_\_

e. Masonry: \_\_\_\_\_

f. Mechanical: \_\_\_\_\_

g. Painting: \_\_\_\_\_

16. List Private Customers You Have Recently Done Work For: (Name - Address - Phone)  
(YNDC will contact these customers regarding their experience with your company.)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

List Federal and/or City Contracts Which You Have Completed:

17. (Type - Contact Person - Phone)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

18. Bank References: (Name of Bank - Branch - Phone Number)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

19. Have you ever been convicted of violating Federal, State or Local Law in the course of discharging your duties as a contractor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

20. Have you ever been disbarred from participating as a contractor in any Federal, State or Local Housing program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

21. Company Federal Tax I.D. Number: \_\_\_\_\_

PROVIDE DOCUMENTATION FOR THE FOLLOWING:

22. Amount of Liability Insurance carried presently: \_\_\_\_\_

23. Do you carry Workmen's Compensation Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Are you a lead certified contractor? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Please list any additional licenses your company holds: \_\_\_\_\_

\_\_\_\_\_

Return to:  
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