## **REQUEST FOR CONTRACTOR ELIGIBILITY**

**Email completed form to: Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Carol Wells, Iowa Finance Authority (IFA) **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[**carol.wells@iowafinance.com**](mailto:carol.wells@iowafinance.com) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone: 515.452-0419 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name:**   **IFA Contract Number:**

**Project Address:**  **IFA Project Manager:**

**General Contractor/Subcontractor Name & Address:** **Type:** 🞎 General 🞎 Sub

**MBE:** 🞎 Yes 🞎 No

**WBE:** 🞎 Yes 🞎 No

- If an MBE/WBE, provide Tax ID #:

**Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** - If MBE/WBE is a Subcontractor, include Prime Contractor’s

**Iowa Contractor Registration #:**  Tax ID #:

**Contract $ Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Section 3 (see below):** 🞎 Yes 🞎 No

**Type of Trade (see below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Racial Ethnic Code (see below):**

**IFA USE ONLY**

**This verification of eligibility consists only of a check against the current System for Awards Management (SAM) excluded parties’ contractors.**

**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. Refer to the HOME Program Procedural Manual for additional information.

**Racial/Ethnic Codes:**

1 = White Americans 2 = Black Americans 3 = Native Americans 4 = Hispanic Americans 5 = Asian/Pacific Americans 6 = Hasidic Jews