

UHN CONTRACTOR REQUEST FOR PROPOSAL MANDATORY FORM

Due by Monday, November 8, 2021 at 4pm at the UHN Houma Office located at
400 Monarch Drive, Houma, LA 70364

Proposals are accepted in Person, Mail, or Email to info@unitedhoumanation.org

Contractor Business Name: _____

Business Address: _____ Phone Number: _____

_____ Cell Number: _____

Owner Name: _____ Tribal Affiliation if Any: _____

Any Known Affiliation with UHN Tribal Citizens on Staff: Yes or No

If yes, who and in what capacity?

I would like to be considered for the following checked contracted positions. I have included a detailed proposal or will upon provision of additional information in order to fully quote on the job proposed:

_____ General Contractor

_____ Electrician

_____ Roofing

_____ Plumbing

_____ Mold and Remediation (pending hygienist report)

_____ Debris Removal

_____ Interior Repair and Finish Carpentry

_____ Other Please identify:

_____ AC Repair and Replacement

List all current and valid Louisiana licenses and include copies with your submission.

References of Commercial Work Performed. You may contact these individuals/companies to determine the quality and integrity of my/my company's work.

#1 Name of Company Work Performed For:	
Address:	Contact Person: Office Tele #: Cell #:
Service Provided Including Dates:	
#2 Name of Company Work Performed For:	
Address:	Contact Person: Office Tele #: Cell #:
Service Provided Including Dates:	

#3 Name of Company Work Performed For:	
Address:	Contact Person: Office Tele #: Cell #:
Service Provided Including Dates:	

Checklist of Items to Submit a Completed Proposal:

- Completed UHN Contractor Mandatory Form
- Detailed quote for roofing and/or interior finish work that breaks down all materials and labor expenses proposed. A copy of the building schematics is enclosed. You may also request a walk through with Lanor Curole at (985)696-8899 at least 2 days in advance.
- Copies of all current valid State of Louisiana licenses.
- Copies of your Current General Liability and Worker's Compensation Policies verifying appropriate coverage for the work proposed to be completed.
- Provide 3 References of Your Work Performed in a Commercial Setting within the last 2 Years

By my signature below, I attest all of the information I have provided in this proposal is correct and accurate.

Name of Contractor	Signature	Date
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-----**FOR INTERNAL USE ONLY**-----

Date Received: _____ By: _____

Verification of Licenses Completed: _____ Initial

Verification of Liability and Workers Compensation Completed _____ Initial

Verification of Tribal Affiliation (if applicable): _____ Initial

Verification of References: _____ Initial

Notes: