



ADVERTISEMENT FOR QUALIFIED CONTRACTORS

The purpose of issuing this Request for Qualifications (RFQ) is to solicit experienced licensed and insured general contractors to participate in the On-Bill Financing Program for the City of Camilla.

The On-Bill Financing Program will allow qualifying customers of the City of Camilla to purchase and install energy efficient home upgrades such as approved Energy Star appliances:

- Refrigerators, freezers, clothes washers, dishwashers, water heaters
- Qualified central heating and air conditioning equipment including natural gas furnaces
- Home weatherization services such as:
 - Installation of insulation, air sealing and caulking and duct sealing and insulation.

The contractor shall furnish all labor, materials and equipment necessary to complete the work.

Minimum requirements:

- Must be a licensed contractor in Camilla/Mitchell County.
- Must have been in business for at least two (2) years.
- Must have minimum \$100,000 liability insurance and proof of workers compensation insurance.

All interested parties may obtain a RFQ application from the City of Camilla Customer Service Department, 30 East Broad Street, Camilla, Georgia 31730.

For more information call (229) 336-2220 ext. 240.



**CITY OF
CAMILLA**
30 East Broad Street ~ Post Office Box 328
Camilla, Georgia 31730
Phone (229) 336-2220 • Fax (229) 336-2224
www.camillaga.net



ON-BILL FINANCE PROGRAM ~ CONTRACTOR APPLICATION

Business Name: _____ ID #: _____
 Corporation/Type: _____ Sole Proprietor: _____
 Principal Contact Name: _____ Title: _____
 Type of Business: _____ Years in Business: _____

TO BE ELIGIBLE FOR THE CITY OF CAMILLA ON-BILL FINANCING PROGRAM, MINIMUM GENERAL LIABILITY COVERAGE IN THE AMOUNT OF \$100,000 MUST BE PROVIDED, AS WELL AS PROOF OF WORKMAN'S COMPENSATION COVERAGE. ATTACH PROOF OF INSURANCE.

Name and Address of General Liability Insurance Provider: _____

 Phone: _____

Name and Address of Workman's Compensation Provider: _____

 Phone: _____

Applicant must be a Licensed General, Plumbing, or Conditioned Air Contractor with the State of Georgia as appropriate for the type of services provided. Please provide a copy of the company's license and license number.

Number of Years Licensed General Contractor in the State of Georgia: _____

Type of Services Offered (check all that apply):

- Appliance Installation (EnergyStar Refrigerators, Freezers, Dishwashers, Clothes Washers)
- Plumbing/HVAC (EnergyStar water heaters, central HVAC systems)
- Home insulation installation
- Air Sealing and Caulking
- Duct sealing and insulation

TRADE REFERENCES (provide a minimum of two):

1. NAME: _____
 CONTACT: _____
 ADDRESS: _____

 PHONE: _____
 BUSINESS: _____

2. NAME: _____
 CONTACT: _____
 ADDRESS: _____

 PHONE: _____
 BUSINESS: _____

3. NAME: _____
 CONTACT: _____
 ADDRESS: _____

 PHONE: _____
 BUSINESS: _____

4. NAME: _____
 CONTACT: _____
 ADDRESS: _____

 PHONE: _____
 BUSINESS: _____