



Qualifications and Experience Questionnaire

Neighborhood Opportunity Grants Home Rehabilitation Program (NOGHRP)

Applicant Information

Business Name _____ Trade: _____

Owner's Full Name: _____ Date: _____
Last First M.I.

Business Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Do you speak Spanish? YES NO Do you hold an active OSHA certification? YES NO

Please describe any experience you have making energy efficiency or sustainable updates to homes

Please describe your professional experience in your trade

Please list any training or certifications your business holds

How many years have you been in business? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection of my business for the preferred contractor list under the Neighborhood Opportunity Grants Home Rehabilitation Program, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____