



Missouri Housing Trust Fund – Disaster Relief Contractor Application

MHTF-DR-315
Updated 6/2/2025

Section 1 - GENERAL INFORMATION

Name of Contractor Organization: _____

Owner(s) Name(s): _____ Contact Person if different: _____

Street Address: _____ City: _____ Zip: _____

Business Phone: _____ Tax I.D. # or Owner SSN: _____

Email Address: _____ Years in Business: _____

of Missouri Employees: _____ Previous Company Name(s) if applicable: _____

Attach copy of contractor organization's authority to do business in Missouri (Certificate of Good Standing).

Section 2 – SUBCONTRACTED SERVICES TO BE PERFORMED

Does contractor organization intend to subcontract any portion of the work being performed? _____ Yes _____ No

If yes, name of subcontractor _____

Has subcontractor been approved by MHDC? _____ Yes _____ No

Note, all subcontractors, including independent contractors, must be MHDC pre-approved prior to performing any services.

Section 3 - INSURANCE

Attach proof of current insurance with the following minimum coverage:

- General Commercial Liability in the amount of \$150,000 or more
- Worker's Compensation Missouri Statutory Limits
- Vehicle Liability Insurance

Section 4 - CERTIFICATION

The undersigned certifies that the foregoing is true and correct to the best of the undersigned's knowledge and belief. The undersigned authorizes the release of information to MHDC and MHDC's Sub-grantee or agents and authorizes MHDC's Sub-Grantee or agents to conduct background checks, credit checks, and verify information and statements made herein through reference checks and other means necessary or efficient to the administration of business. The undersigned understands that approval does not guarantee work availability. The undersigned understands that Sub-Grantee reserves the right to terminate approval based upon failure to comply with the policies and procedures of the MHTF-DR program, documented poor performance, or failure to pay suppliers.

Contractor Signature

Date

Printed Name