



## Missouri Housing Trust Fund – Disaster Relief Contractor Application

MHTF-DR-315  
Updated 9/9/2025

### 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 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 –SERVICES TO BE PERFORMED

List all services to be performed by contractor (i.e., electrical, plumbing, roofing, etc.)

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

Has subcontractor been approved by MHDC? ☐ Yes ☐ No

**NOTE:** All contractors and subcontractors (including independent contractors) must be pre-approved prior to performing any services. Subcontractors must submit a separate application to obtain approval. Work completed by contractors/subcontractors who are not approved by MHDC is not eligible under MHTF-DR.

### Section 3 – INSURANCE & ATTACHMENTS

Please attach the following contractor documents to this application for review:

- ☐ Certificate of Good Standing issued by the MO Secretary of State (dated within 1 year of the contractor application)
- ☐ Copy of contractor license or equivalent locally issued license
- ☐ 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

Submit completed application and required attachments to MHDC at [cp.programs@mhdc.com](mailto:cp.programs@mhdc.com) for review