

CONTRACTOR APPLICATION

***Village of Brockport
NY State Main Street Grant Program***



Please complete and return to:
Valerie Ansuini, Sr. Project Administrator
J. O'Connell & Associates, Inc.
10646 Main Street
Clarence, NY 14031
(716) 759-8580, ext. 200
vansuini@grantsareus.com

CONTRACTOR (APPLICANT) PERSONAL INFORMATION:

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____

Email: _____

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Specialty/Type of Work Provided: _____

Email: _____ Website: _____

PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION:

- **PROOF OF INSURANCE**
- **3 REFERENCES**
- **PREVIOUS PROJECT EXPERIENCE OR RESUMÉ**
- **EPA LEAD SAFE CERTIFICATION– (IF APPLICABLE)**