**Ohio Lead Hazard Control Program**

**Lead Workforce Participation Application**

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| * Complete all sections of this application to participate in the Ohio Lead Hazard Control Program. Further information on how to obtain the DUNS, Cage Code# and Ohio Supplier ID#’s are explained in Appendix documents included with this application. * If you have applied in the past year, you do not need to apply again. However, you must submit proof of general liability insurance and worker’s compensation every year. * Indicate in the Location of Work section if you want to work with the HUD program, SCHIP project or both. You must also indicate the geographic area in which you are willing to work. * Along with this application you must submit copies or proof of the following:   + Certificate of General Liability Insurance. Please indicate if the policy includes a pollution exclusion.   + Worker’s Compensation Certificate, if applicable * All information should be submitted to Dania Nixon at [dania.nixon@odh.ohio.gov](mailto:dania.nixon@odh.ohio.gov) or faxed to   614-752-6793. | | |
| **Company Name** |  | |
| **Company Address**  **(City, State, Zip)** |  | |
| **Company Phone#** |  | |
| **Company Fax #** |  | |
| **Contact Person Name** |  | |
| **Contact Person Email** |  | |
| **Company DUNS#** |  | |
| **Company Cage Code#** |  | |
| **Ohio Supplier ID#** |  | |
| **Company’s Years in business** |  | |
| **How many projects can the company handle at one time?** |  | |
| **List the name, license#, and expiration date of each licensed individual employed by the company. The company must have at least one licensed lead abatement contractor on staff. Please include additional sheet if necessary.** | | |
| **Name of Licensee** | **License #** | **Expiration Date** |
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| **Name of General Liability Company** |  | |
| **Name of General Liability Agent** |  | |
| **Limits of General Liability** |  | |
| **Does your General Liability insurance include a Pollution exclusion?** | **(Click one) Yes**  **No** | |
| **Are you required to carry worker’s compensation?** | **(Click one) Yes  No** | |
| **Federal tax ID or social security #** |  | |
| **Are you considered Section 3?** | **(Click one) Yes  No** | |
| **Are you a Minority Business Enterprise (MBE) supplier in the state of Ohio?** | **(Click one) Yes  No** | |
| **Are you interested in becoming an MBE supplier in Ohio?** | **(Click one) Yes  No** | |
| **Please provide a list of your regular suppliers** |  | |
| **Would you prefer direct deposit be made to your bank account?** | **(Click one) Yes**  **No**  **If yes, please provide the following information:**  **Bank Routing #**  **Account #** | |
| **Please provide information about recently completed jobs.** | **I am a new contractor (Click one) Yes  No  (If yes, you do not need to complete the rest of this section)**  **Project #1**  **Contact Person Name:**  **Contact Person Phone:**  **Address of Project:**  **Dollar Amount and Type of Work:**  **Project #2**  **Contact Person Name:**  **Contact Person Phone:**  **Address of Project:**  **Dollar Amount and Type of Work:** | |
| **Permission to contact references above** | **I,** **, hereby give permission to the Ohio Lead Hazard Control Program or its working partners to contact any of the above name parties.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | |

**Additional Employees (Cont’d) Complete additional fields, if needed.**

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| **Name of Licensee** | **License #** | **Expiration Date** |
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**Location of Work**

**Each contractor who does work with ODH must indicate what areas they are willing to work. Further information about each program is provided in Appendix A. The SCHIP program is a statewide program and covers all 88 counties. The following map indicates what counties ODH has HUD grant funding. Please indicate in the following table what counties you would like to receive bids.**

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| **Location of Work – Please complete** | | | | | | | | | |
| **I would like to receive bids for the following programs. A description of each program can be found in Appendix A (please click on one box):**  **HUD Program only**  **SCHIP Program only  Both HUD and SCHIP Programs** | | | | | | | | | |
| **I can work in all counties list below: (Please click on box) Yes  No**  **If no, indicate in the table below what counties you would like to work in by clicking on the box next to the county.** | | | | | | | | | |
| **County** | | **County** | | **County** | | **County** | | **County** | |
| **Allen** |  | **Darke** |  | **Hocking** |  | **Miami** |  | **Scioto** |  |
| **Ashland** |  | **Defiance** |  | **Holmes** |  | **Monroe** |  | **Seneca** |  |
| **Ashtabula** |  | **Delaware** |  | **Huron** |  | **Montgomery** |  | **Shelby** |  |
| **Belmont** |  | **Erie** |  | **Jackson** |  | **Morgan** |  | **Stark** |  |
| **Athens** |  | **Fairfield** |  | **Jefferson** |  | **Morrow** |  | **Summit** |  |
| **Auglaize** |  | **Fayette** |  | **Knox** |  | **Muskingum** |  | **Trumbull** |  |
| **Belmont** |  | **Franklin** |  | **Lake** |  | **Noble** |  | **Tuscarawas** |  |
| **Brown** |  | **Fulton** |  | **Lawrence** |  | **Ottawa** |  | **Union** |  |
| **Butler** |  | **Gallia** |  | **Licking** |  | **Paulding** |  | **Van Wert** |  |
| **Carroll** |  | **Geauga** |  | **Logan** |  | **Perry** |  | **Vinton** |  |
| **Champaign** |  | **Greene** |  | **Lorain** |  | **Pickaway** |  | **Warren** |  |
| **Clark** |  | **Guernsey** |  | **Lucas** |  | **Pike** |  | **Washington** |  |
| **Clermont** |  | **Hamilton** |  | **Madison** |  | **Portage** |  | **Wayne** |  |
| **Clinton** |  | **Hancock** |  | **Mahoning** |  | **Preble** |  | **Williams** |  |
| **Columbiana** |  | **Hardin** |  | **Marion** |  | **Putnam** |  | **Wood** |  |
| **Coshocton** |  | **Harrison** |  | **Medina** |  | **Richland** |  | **Wyandot** |  |
| **Crawford** |  | **Henry** |  | **Meigs** |  | **Ross** |  |  | |
| **Cuyahoga** |  | **Highland** |  | **Mercer** |  | **Sandusky** |  |

**Appendices**

**Appendix A – Summary of ODH Lead Hazard Control Programs**

**Appendix B - Frequently Asked Questions**

**Appendix C – How to Register with the System for Award Management (SAM) (DUNS# and Cage Code#)**

**Appendix D – How to Register to Do Business with the State of Ohio**

**Appendix A**

**Summary of ODH Lead Hazard Control Program**

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| Function | HUD LHC Grant | Medicaid SCHIP | State General Revenue Funding |
| Method to Secure Funding | Competitive grant | Submission of plan to Centers for Medicaid and Medicare Services (CMS) | State budget appropriation |
| Location of Funding Program | 30 Ohio counties (see attached map in Location of Work Section) | Statewide – all 88 Counties  ODH SCHIP Pilot Program – Akron, Ohio | Statewide- funding can be used in combination with HUD and SCHIP |
| Assistance Type | Grant | Grant | Grant- at ODH’s discretion |
| Program Eligibility | * Child under six years of age or pregnant woman * 80% Area Median Income | * Child under 19 years of age or pregnant woman * Medicaid enrolled | * Must be prequalified through HUD LHC or Medicaid SCHIP program * Middle Income program – property subject to a lead hazard control order and household income between 250 and 400% federal poverty level |
| Application Processing | * Prequalification of applicant * Submission of Income documentation * ID photocopy | * Prequalification of applicant * Verification of Medicaid eligibility | * Prequalification of applicant through ODH LHC program |
| Services Provided | * Cost effective combination of lead abatement and interim controls and healthy homes repairs. Average cost $13,500 | * Emphasis on lead abatement when possible * $20,000 average cost for primary prevention (properties without lead hazard control orders) * Up to $50,000 for properties with lead hazard control orders | * LHC assistance for Middle Income families * Funds to address outbuildings, roofs, and structural repairs |
| Contractor Requirements | * Must apply to ODH * Must show proof of general liability insurance and worker’s compensation * Must have a DUNS# * Must be registered in the System for Award Management (SAM) * Must provide ODH with CageCode # | * Must apply to ODH * Must show proof of general liability insurance and worker’s compensation (every year) | * Must apply to ODH * Must show proof of general liability insurance and worker’s compensation (every year) * Must be an Ohio Supplier with Supplier ID# |

**Appendix B**

**Frequently Asked Questions**

**Ohio Department of Health (ODH) Lead Hazard Control Programs**

**Question 1: Do I need to apply with ODH to bid on work for the ODH lead hazard control programs?**

Answer: Yes, you must complete an application and provide the required documents BEFORE you start receiving bids. You will also need to ensure that employees who do work for the program have a lead license before applying. More information about lead licensure can be found by clicking this link: <https://odh.ohio.gov/know-our-programs/lead-licensure-and-accreditation-program>. You can also learn more by calling 614-466-1450.

**Question 2: Why do you need so much paperwork, especially if I’m already licensed? Also, why do I have to have multiple registrations to conduct work?**

Answer: ODH receives funds for lead hazard control programs from the federal government. These programs have their own requirements. The US Department of Housing and Urban Development (HUD) requires that any company/individual who receives federal funding be registered in the System for Award Management or SAM. This is NOT a requirement if you are doing work for the SCHIP. ODH has tried to streamline the requirements as much as possible by providing tutorials and other resources to assist you in registering. Please contact Dania Nixon at 614-387-1289 if you need further assistance in completing the required steps.

**Question 3: Why is another company contacting me about lead projects instead of ODH?**

Answer: ODH contracts with a 3rd party vendor who manages the daily operations of the lead hazard control programs. The 3rd party contractors will be bidding all the projects associated with this funding.

**Question 4: Do I need to be an Ohio Supplier to do work with this program.**

Answer: No, this is not needed. However, by becoming an Ohio Supplier you may have other opportunities to bid on work.

**Appendix C**

**Instructions to Obtain a Supplier ID#**

**Doing Business with the State of Ohio**

**Although you don’t need to be a registered Ohio Supplier to bid on HUD or SCHIP projects, you may be eligible for other opportunities that are offered by the Ohio Department of Health. Please find the instructions below for obtaining a Supplier ID#.**

**Step 1 – Go to** [**https://supplier.ohio.gov**](https://supplier.ohio.gov)

**Step 2 – Click “Create Account” if you do not already have an established account. You do not need to complete these steps if you already have access to the Ohio Supplier Portal.**

A picture containing text

Description automatically generated

**Step 3 – Complete the required information and hit “Send PIN”. A one-time PIN will be emailed to the email address you provided.**

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**Step 4 – Proceed to enter requested Personal Information, Username and Password. After the completion of the steps, you are now registered with the state of Ohio to do business. You must provide ODH with your Supplier ID# on the ODH Contractor application.**

**Appendix D**

**System for Award Management – How to Register**

Please refer to these YouTube videos on how to register for a DUNS# and SAM account. You can also learn how to get your Cage Code after you complete the SAM registration. This information is requested on Page 1 of the application and is required if you want to do work for ODH’s HUD program in the 30-county program.

**How to Get a DUNS#** - <https://www.youtube.com/watch?v=L83A4CpCG0w>

**How to Register in SAM** - <https://www.youtube.com/watch?v=mteNWLmhHJQ&t=389s>

**How to find your Cage Code#**- <https://www.youtube.com/watch?v=0cfW-1BtzzE>