

Board Members:
W. David Haynes, Jr.
Cosby Morton
Valorie Duvall

North & East Lubbock Investment, Inc.
P.O. Box 3893 Lubbock, Texas 79452
Phone: (806) 747-5937 Fax: (806) 747-5934
Email: mc_nelcdc@outlook.com

Managing Director
Monique Coleman
NELI Tax ID: 26-2315661
Parkway Place Tax ID: 26-4580355

Contractor Application for Work Approval – Parkway Place, LLC



The Parkway Place Plaza is managed by the for-profit entity North & East Lubbock Investment, Inc. (NELI, Inc.), which is a subsidiary of the non-profit North & East Lubbock CDC. NELI, Inc. is also partial owner of the Parkway Place Plaza. The relationships between the managing partner and all Parkway Place Plaza tenants are specified in the terms and conditions of each lease agreement executed by the leasing tenant and the landlord. When work is performed at Parkway Place, the lease is reviewed to determine if the scope of work falls within the Tenant or Landlord’s scope of responsibilities. This contractor application for work approval is designed to document and clearly specify all expectations for work performed by contractors at Parkway Place. The lease agreement should be reviewed before any maintenance, improvement, modification, or alteration is performed within, above, abutting, or adjacent to any tenant space. Note: the landlord(s)/managing partner has the discretion to approve, deny, support or contribute, partially or completely, to any improvements or renovations performed at Parkway Place that are not required by the terms of the lease agreement. **Please complete the application below and submit the application to Monique Coleman for approval before work begins.**

North & East Lubbock CDC / NELI, Inc.
Office located in the Lubbock Housing Authority (LHA)
1708 Crickets Ave. Lubbock, TX. 79401
Main Phone Line: (806) 747-5937
Executive Director Line: (806) 747-1505
Fax Line: (806) 747-5934
Monique Coleman Email: mc_nelcdc@outlook.com

Please send all billing and/or correspondence to:
Parkway Place Lubbock, LLC
P.O. Box 3893
Lubbock, TX. 79452

If Monique Coleman is unavailable, please contact Camille McCoy, NELCDC Program Specialist at (806) 747-5937 or assistant_nelcdc@outlook.com for further assistance.

Please note the North & East Lubbock Community Development Corporation (“NELCDC”), via North & East Lubbock Investment, Inc. is the managing partner of Parkway Place Lubbock, LLC. As managing partner, NELCDC staff may, as a representative of NELI, Inc., be involved in the facilitation or execution of contracts, agreements, functions and/or activities pertaining to Parkway Place Lubbock, LLC

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SUBMIT TO: Parkway Place Lubbock, LLC 1708 Crickets Ave. Lubbock, TX 79401		Parkway Place Lubbock, LLC	
CONTACT PERSON: Monique Coleman, Managing Director or her designee		TENANT (LOCATION) WHERE WORK WILL BE PERFORMED:	
TEL: 806.747.5937 FAX: 806.747.5934 mc_nelcdc@outlook.com		DATE WORK WILL BE PERFORMED:	COST OF WORK (ESTIMATE/INVOICE):
Applicant/Business Name:		Provide copies of the following before work begins: 1. <input type="checkbox"/> Insurance Certificate 2. <input type="checkbox"/> Copy of License 3. <input type="checkbox"/> Project Scope (location, linear footage, drawings) 4. <input type="checkbox"/> W-9 (<i>required for 1099 to be issued</i>) 5. <input type="checkbox"/> Guarantee/Warranty (for labor & materials) <i>**Only provide a Project Scope if applicable</i> Is Your Business Registered with the City? <input type="checkbox"/> YES <input type="checkbox"/> NO Is a city permit required for work to be performed? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain: _____ _____ _____ REQUIRED: If yes, provide a copy of the permit before work begins. <div style="border: 1px solid black; background-color: #cccccc; padding: 5px; text-align: center;">APPLICATION RECEIPT & APPROVAL:</div>	
Mailing Address:			
City – State – Zip:			
Telephone:			
Fax:			
E-Mail:			
Federal Tax ID:			
List Any Applicable License And/or Insurance Certificate(s). List Numbers Below And Provide Copies Of All Referenced Documents. _____ _____ _____ _____ _____ _____			

DESCRIBE THE WORK TO BE PERFORMED (include activity/work and cost). ADDITIONAL ATTACHMENTS (such as an Official Estimate) MAY BE PROVIDED FOR SUPPORTING DOCUMENTATION IN LIEU OF THE DETAILS BEING PROVIDED BELOW. **A COMPLETED AND APPROVED APPLICATION IS REQUIRED BEFORE WORK CAN BEGIN.**

1. _____
2. _____
3. _____
4. _____

By my signature, I certify that the information stated herein is accurate and correct.

 Authorized Signature

 Title

 Print/Type Name

 Date

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