**WEATHERIZATION ASSISTANCE PROGRAM**

**CONTRACTOR QUALIFICATION FORM**

**DUE March 21, 2025**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services Proposed to Be Offered (choose all that apply):

□ General Weatherization □ Plumbing

Names and contact information of all owners, principle members, partners, officers, etc.:

|  |  |
| --- | --- |
| Name and Title | Contact Information (Address, Phone, Email) |
|  |  |
|  |  |
|  |  |

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Zip Code

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Cell Fax

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many jobs can you carry out concurrently for the UCAN Weatherization Program? \_\_\_\_\_\_\_

CCB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oregon Business Registry Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your three most recent weatherization/specialty jobs completed:

|  |  |  |
| --- | --- | --- |
| Customer Name | Address | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

**If your firm has not been on our qualified list previously, and you are applying to be a General Weatherization Contractor**, provide two supplier references:

|  |  |  |
| --- | --- | --- |
| Supplier Name | Address | Phone Number |
|  |  |  |
|  |  |  |

**Previous Experience**

1. Has your company performed weatherization services for UCAN? \_\_\_\_\_\_ If yes, during which years?\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs has your company completed? \_\_\_\_\_
2. Does your company have experience working as a contractor for another provider of Oregon Weatherization Assistance Program services? \_\_\_\_\_\_ If yes, during which years? \_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs did your company complete? \_\_\_\_\_\_\_ Please provide the name of any other provider you have performed WAP services for and their contact information.

**If the answers to both 1. and 2. above are “No”, please answer 3**. Otherwise, leave 3. blank.

1. Does your company have prior experience performing the work for which you are submitting your proposal? \_\_\_\_\_\_ If yes, during which years? \_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs has your company completed? \_\_\_\_\_\_\_

**Areas of Expertise**

Please check the type of work your company is qualified/licensed to perform and indicate the years of experience your company has in that area.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Work | Y/N | Yrs. | Type of Work | Y/N | Yrs. |
| Roofing-TPO |  |  | Drywall |  |  |
| Attic Insulation |  |  | Mobile Home Insulation |  |  |
| Sidewall Insulation |  |  | Heating/Ventilation-Repair and Replacement |  |  |
| Bypass/Air Sealing |  |  | Plumbing |  |  |
| Door Replacement |  |  | Electrical |  |  |
| Window/Glass Replacement |  |  | Duct Ceiling |  |  |
| Crawlspace Insulation-Fiberglass Batts |  |  | Blower Door |  |  |
| General Carpentry |  |  |  |  |  |

**Certification/Training**

**All applicants:**

Does your company have certifications and trainings required of your specialty? \_\_\_\_

**General Weatherization Contractors applicants only:**

Do you have crew members with Lead Renovator Certification? \_\_\_\_ Will you be able to have at least one crew member at each job with such certification? \_\_\_\_

Do you have crew members with OSHA 10 Training? \_\_\_\_ OSHA 30 Training? \_\_\_\_

Do you have crew members with any other training related to weatherization? \_\_\_\_\_

If so, what training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Woman or Minority Owned Business**

Is your company a Woman Business Enterprise company? \_\_\_\_\_

Is your company minority owned? \_\_\_\_\_

If Yes, please provide your certification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability of a Blower Door Kit**

**Applicant General Weatherization Contractors only:**

Does your company have access to a Blower Door Kit and the knowledge to operate it? \_\_\_\_\_\_

**Pricing**

**Plumbers** -what is your hourly service rate: .

**General Weatherization contractors-Please review the general pricing spreadsheet to familiarize yourself with how we will pay for various services.**

Note: If you are a General Weatherization Contractor that also offers any specialty contractor services, and propose to offer those services as part of your work on Weatherization projects, please indicate the type of service(s) (Plumbing) and the hourly rate(s) below:

Service(s) and hourly rate(s):

**APPLICANT CERTIFICATIONS**

As applicant for this RFQ, I certify that there are no CCB enforcement disciplinary sanctions that have been taken by the Oregon Construction Contractors Board for violations of Oregon law associated with CCB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Disciplinary actions include any of the following:

* Civil penalties resulting in a fine,
* Refusal to reissue license,
* License revocation,
* Criminal conviction,
* Public work disbarment,
* Civil injunction,
* UTPA violation
* Suspended and required to carry a higher bond.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, the applicant may submit information explaining the circumstances, and UCAN will determine whether the application may still be scored.

As applicant for this RFQ, I certify that the company or a principle member of the company has not:

* Been debarred, suspended, declared ineligible or suspended from federal transactions in the previous three years,
* Been convicted or had a civil judgment made for fraud or criminal offense involving a public transaction/contract in the previous three years,
* Been convicted of embezzlement, theft, forgery, bribery, falsification/destruction of records, making false statements or receiving stolen property in the previous three years,
* Had a public transaction terminated in the previous three years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, UCAN will reject the application for qualification.

As applicant for this RFQ, I certify that none of the crew members I will use on any work that might be assigned to me by UCAN is a registered sex offender.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, UCAN will reject the application.

As applicant for this RFQ, I certify that none of the crew members I will use on any work that might be assigned to me by UCAN:

* Has been convicted of murder,
* Has been convicted of assault in the first degree,
* Has been convicted of kidnapping,
* Has been convicted of arson,
* Has been convicted of robbery in the first degree,
* Has been convicted of theft by extortion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If the applicant is unable to sign the above certification, the applicant may submit information explaining the circumstances. UCAN will determine whether the application may still be scored.

As applicant for this RFQ, I certify that no employee or board member of UCAN, or any immediate family of either, will obtain any benefit as a result of the work I obtain as a Contractor for UCAN.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to certify that no conflict of interest, as described above, will arise from their work for UCAN, UCAN will reject the application.

As applicant for this RFQ, I certify that I have reviewed the contract attached to the RFQ, and am willing to enter into the contract by March 31, 2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to certify that they have reviewed the contract and are willing to sign it as described above, UCAN will reject the application.

**ADDITIONAL REQUIRED APPLICATION ATTACHMENTS**

In addition to any other attachments applicant is required to submit to complete its application, applicant must submit the following attachments:

1. Evidence of its CCB license(s).
2. For each area of training/certification, a list of certified/trained crew and documentation of their training/certification as applicable.

Your firm will be required to submit a Certificate of Insurance and endorsement for United Community Action Network prior to beginning work under your new contract (unless UCAN already has these on file).

**APPROVAL OF RFQ TERMS**

In signing below, I agree to all terms and conditions of United Community Action Network’s Weatherization Program Request for Qualifications and any associated attachments. I also certify that I have authority to legally bind my firm.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (name of applicant company)

I certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements in this application, I am subject to immediate termination from the list of qualified contractors, and such other penalties as may be prescribed by law.

Signature Typed Name

Title Date