

Exhibit A: Weatherization and Specialty Contractor Response Form

Name of Business: _____ Date: _____

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

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

Applicant address: _____
Street City State/ZIP

Phone Numbers: _____
Cell Office

Email Address: _____
 Office Hours: _____ Year Established: _____

Do you have experience working on manufactured and stick built homes? Yes No
 Have you contracted with a weatherization assistance program in the past? Yes No
 Years of experience contracting with weatherization or low-income assistance programs?

Identify what work you would like to perform:

Electrical	General Weatherization	Woodstove
Plumbing	HVAC	Repair/Handyperson

Please indicate all the counties/communities you will work in:

Umatilla County	Morrow County	Gilliam County	Wheeler County

How many employees do you employ? _____

What is the average tenure of your field staff? _____

CCB License Number _____

Oregon Business Registry Number _____

Employer Identification Number _____

Lead-Based Paint Renovation License Status _____

DUNS Number _____

Is yours an Emerging Small Business, minority-owned business or women-owned business?
 If yes, please indicate ownership status, (COBID number if applicable) and employment regarding women and/or minorities.

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APPLICANT CERTIFICATIONS

As applicant for WX 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,
- 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 CAPECO will determine whether the application qualified.

As applicant for WX 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, CAPECO will reject the application for qualification.

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

Signature of Party Authorized to Bind Applicant

Date

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

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

- 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, and CAPECO will determine whether the application may still be qualified.

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

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 CAPECO, CAPECO will reject the application.

As applicant for WX RFQ, I certify that I have reviewed the contract attached to the RFQ, and am willing to enter into the contract within 30 days of receiving notice that my application for qualification is approved.

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, CAPECO will reject the application.

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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 an insurance policy providing the amount of insurance stated in the RFQ for commercial general liability, automobile liability, worker's compensation and employer liability.
2. Evidence of bonding as required in the RFQ.
3. Evidence of its CCB and specialty license certificate.
4. Evidence of field staff certifications and trainings.
5. Completed Copy of Exhibit B Price List

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APPROVAL OF RFQ TERMS

In signing below, I agree to all terms and conditions of CAPECO's Weatherization Program Request for Qualifications #WX-RFQ and any associated attachments. I also certify that I have authority to legally bind

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