

REFERENCES

The bidder must list three (3) references, listing firm name, address, telephone number and contact person to whom they have provided similar equipment, material, or services for a period of not less than six (6) months.

COMPANY NAME:	"Nicol" Southern CO
ADDRESS:	1844 Ferry Rd.
	Naperville, IL 60563
CONTACT PERSON:	Janet Sebahar, Trade Ally Outreach Manager
TELEPHONE NUMBER:	(331) 262-5290

COMPANY NAME:	CMC Energy Services INC.
ADDRESS:	8700 West Bryn MAWR, STE 800N
	Chicago, IL 60631
CONTACT PERSON:	Rick Hild, Quality Assurance Supervisor
TELEPHONE NUMBER:	(877) 700-2620 (773) 827-9053

COMPANY NAME:	Resource Innovations
ADDRESS:	400 North Michigan Avenue, STE 5600
	Chicago, IL 60611
CONTACT PERSON:	April Walcott, IL HES Retrofits Program Manager
TELEPHONE NUMBER:	(501) 442-6820

PROPOSED SUBCONTRACTORS

Name and Address of Contractor

Comfort 1st Insulation
612 Harrison Ave
Rockford, IL 61104

Contractor must, at minimum, identify who will perform the following, even if it is the contractor himself/herself.

TYPE OF WORK	SUBCONTRACTORS	ADDRESS and PHONE of SUBCONTRACTORS
Carpentry (Infiltration)	<hr/>	<hr/> <hr/>
Heating and Cooling	<hr/>	<hr/> <hr/>
Install Insulation	<u>Comfort 1st Insulation</u>	<u>612 Harrison Ave, Rockford, IL</u> <u>61104 - (815) 986-8586</u>
Electrician	<hr/>	<hr/> <hr/>
Plumber	<hr/>	<hr/> <hr/>

Note: Contractor must provide a SAM.gov screenshot for all subcontractors to ensure they are in good standing to conduct business with Federal pass-through entities.

APPENDIX A QUESTIONNAIRE

No.	Question	Yes	No
1.	Do you have at least three years of experience providing contractor services in DuPage County, Illinois?	X	
2.	Do you have at least one year of experience providing weatherization services through the Illinois Home Weatherization Assistance Program?	X	
3.	Do you have at least 3 current employees who have completed the following trainings or maintain the following certifications?		
	a. Environmental Protection Agency, Renovation, Repair and Painting - Lead	X	
	b. Occupational Safety and Health Administration (OSHA) - 10-hour training	X	
	c. OSHA Confined Space Entry Training x 1		X
	d. Building Performance Institute (Certification)	X	
	e. IHWAP Contractor training x 1, owner		X
4.	Have you ever defaulted on a contract with an Illinois Home Weatherization Program Agency?		X
5.	Have you ever been suspended or debarred from the Illinois Home Weatherization Program or any other state, federal or local agency?		X
6.	Does your agency currently have appropriate equipment for Weatherization diagnostics including blower door kits, digital manometers, Exhaust flow fan hoods, infrared cameras, combustion analyzers and gas leak detectors?	X	

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT OF INTENT

I, Michael Callahan Contract / 1st Insulation (contractor) am submitting my firm to be considered for the following sections of this proposal as a vendor for the Weatherization Program 2024-2025 with DuPage County.

☒ Section 1: Architectural

☐ Section 2: Mechanical

Signature on File

Contractor

Date

3/28/24

ETHICS STATEMENT / AGREEMENT

Prior to the approval of any purchase, it will be the responsibility of the program director to determine if:

1. The expenditure is budgeted.
2. The funds are available for expenditure.
3. The expenditure is allowable under the grant.
4. The expenditure is necessary to the program.

DuPage County Community Services (DCCS) weatherization funds will not be utilized to purchase goods and/or services for employees and/or their families even if reimbursement is received for such goods and/or services. Goods and services purchases with DCCS weatherization funds are to be used solely for the benefit of the agency and its programs. The use of agency goods and services for personal use by agency employees or board members is not allowed under any circumstances. All purchased items are to be received by authorized employees who indicate which items were received, attach a copy of the purchase order to the invoice, and forward it to the Program Director for approval of payment. Payment is then made as described in the "Cash Disbursement Section".

I have read the above statement, agree with the statement, and will abide by the guidelines set forth with this statement for the duration of my contract/employment with DuPage County Department of Community Services Weatherization Program.

Signature on File

Contractor's Signature

Date

8/28/24

Print Name

Michael Callahan

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT TO ATTEND WEATHERIZATION TRAININGS

I agree to attend or send a representative to any and all training mandated by the State of Illinois Weatherization program.

Signature on File

Signature

8/28/24
Date

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
CERTIFICATION REGARDING WEATHERIZATION MATERIALS

I, the undersigned, certify that:

1. All weatherization materials supplied for the duration of this contract (and any extensions thereto) meet all federal standards as specified in Appendix A of 10 CFR 440.
2. I understand that supplying materials that DO NOT meet federal standards constitutes a criminal offense.
3. I have in my possession a copy of Appendix A of 10 CFR and understand that materials found to be in violation of said Appendix A of 10 CFR 440 will result in immediate cancellation of my contract. All unused materials will be returned for immediate refund. All costs relating to the removal and replacement of any installed inferior materials will be the sole responsibility of Comfort 1st Insulation and reimbursable to the COUNTY.

This certification is a material representation of fact upon which reliance was placed when this transaction was made and entered into. Any supplier who fails to file this certification with DuPage County will not be awarded a contract.

Comfort 1st Insulation

Contractor or Supplier

Signature on File

8/28/24

Signature of Certifying Official

Date

INDEMNITY CLAUSE AGREEMENT

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
SAFETY DATA SHEETS

All vendors, contractors, and/or suppliers must present Safety Data Sheets (SDS) in the printed format of their choice. Each form should include the following minimum information:

- Name and/or product number.
- Name and address of manufacturer.
- Description of hazardous material contained in the product.
- Effects of the hazardous material.
- Telephone number of manufacturer where additional information can be obtained.

SDS are required for any materials containing potentially hazardous substances. All labor vendors, suppliers, and/or contractor must provide SDS to their work crew employees and to DuPage County Department of Community Development. Upon Contract Award, labor vendors, suppliers, and/or contractors must also assure DuPage County Community Development, in writing, that their work crew employees have received the SDS.

I, Michael Callahan (print name) agree to guidelines/stipulations and agree to provide said SDS to DuPage County Department of Community Services Weatherization Program.
Signature on File

Contractors' Signature

8/28/24

Date

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
CHANGE ORDER PROCESS

I have read and understand the change order process for all Weatherization Program 2024-2025.

Signature on File

Contractors' Signature

Date

3/23/24

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
WEATHERIZATION STANDARDS

I verify that I have received a copy of the latest Illinois Home Weatherization Assistance Program – Field Standards Manual.

Updated scope docs 2024\PY2025 Operations Manual-FINAL 7-1-24.pdf

Signature on File

Contractors' Signature

Date

3/28/24

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
AGREEMENT TO WORK FOR BID PRICES

I, Michael Callahan (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services Weatherization Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

Energiv Coordinator, DCCSWP
Signature on File

Date

Contractor

Date

8/28/24

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES
WEATHERIZATION PROGRAM
UNACCEPTABLE WORK STATEMENT

Work deemed unacceptable by the final inspector will affect job payment. Contractor understands that payment for work is dependent on whether the work order successfully passes final inspection and that a call-back work order is placed in a pending payment status. No work order will be partially paid for until all work has passed final inspection.

Signature on File

Signature

3/28/24

Date