REFERENCES

references, listing firm name, address, telephone number and contact person to whoment, material, or services for a period of not less than six (6) months.
"Nicol" Southern 10
MICON Javthern (0
1844 Ferry Rd.
1
Naperville, IL 60563
Lanet Sebahar, Track Ally Outleach Manager
(331) 262-5290
2410 -
CMC Energy Services INC.
8700 West Bryn MAWIZ, STE BOON
Min T
Chicago, IL 60631
Pier III O 11 Aug
FIES HILD, Quality HIBURACE Supervisor
(877) 700-2120 (222) 202 00-
Rick Hild, Quality Assurance Supervisor (877) 700-2620 (773) 827-9053
Resource Innovations
400 North Michigan Avenue, STE 5600
Chicego, IL 60611
A. 3. 4.3.1. 4.1
NOC 1/6/6-1 III- 37 1
April Walcott, IZ HES Retrofits Flogram Manager (501) 442-6820

PROPOSED SUBCONTRACTORS

Name and Address of Contractor	Confort 1st Insul	lation
	612 Harrison Ave	
· -	612 Harrison Ave RockErd, IL 6/104	
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)		
Heating and Cooling		
Install Insulation	Confort 1st Insulation	612 Harrison Ave., Packford, TL 61104 - (815) 986-8586
Electrician		
Plumber		

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		×
	d. Building Performance Institute (Certification)	X	
	e. IHWAP Contractor training x1, owner		×
4.	Have you ever defaulted on a contract with an Illinois Home Weatherization Program Agency?		×
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 Junest Insulation following sections of this proposal as a vendor for the Weal	(contractor) am submitting my firm to be considered for the therization Program 2024-2025 with DuPage County.
Section 1: Architectural	
Section 2: Mechanical	
Signature on File	,
	3/25/24
Contractor	Date

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

	8/28/24
Contractor's Signature	Date
Michael Callahan	
Print Name	

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		8/28/24	
Signature	Auguste of a malarise and environ August a democratical and a malarise and a mala	Date 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 Control Ist 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.

Confact Ist Insulation

Contractor or Supplier

Signature on File

Signature Signature on File

Signature of Certifying Official

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES WEATHERIZATION PROGRAM

INDEMNITY CLAUSE AGREEMENT

The Contractor shall, at all times, to the extent permitted by law, fully indemnify, hold harmless, and defend the County and its officers, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by the Contractor and its employees, or because of any act or omission, neglect or misconduct of the Contractor, its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise, and any claims that may be made by the employees themselves or by the Illinois Department of Labor for the Contractor's violation of the Illinois Prevailing Wage Act (820 ILCS 130/1 et seq.).

Such indemnity shall not be limited by reason of the enumeration of any insurance coverage or bond herein provided.

Nothing contained herein shall be construed as prohibiting the County, its officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions or suits brought against them. The Contractor shall likewise be liable for the cost, fees and expenses incurred in the County's or the Contractor's defense of any such claims, actions, or suits.

The Contractor shall be responsible for any damages incurred as a result of its errors, omissions or negligent acts and for any losses or costs to repair or remedy construction as a result of its errors, omissions or negligent acts.

The County does not waive its defenses or immunities under the Local Government and Governmental Employees Tort Immunity Act, 745 ILCS 10/1 et seq. by reason of indemnification or insurance.

Confest 15T Insclation	8/28/24
Name of Company	Date
Signature on File	3/23/24
Contractor Signature	Date
Signature on File	8/23/24
Energy Coordinator	Date

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 contracts must also assure DuPage County Community Development, in writing, that their work crew employees have received the SDS.

I, Michael Collaba provide said SDS to DuPage County Department of Communit Signature on File	(print name) agree to guidelines/stipulations and agree to y Services Weatherization Program.
— —	8/28/24
Contractors' Signature	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	3/23/24
	5/25/29
Contractors' Signature	Date

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	
eventure.	3/23/24
Contractors' Signature	Date

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

I, Michael Calladan (upon by the DuPage County Community Services Weatheriz catalog of the prices and have submitted all of the required page	
Energy Coordinator. DCCSWP Signature on File	Date
Contractor	Date Date

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	
оченноварнова	- 3/28/24
Signature	Date