

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:	CEIDA
ADDRESS:	567 W. Lake St. Suite 1200
	Chicago, IL 60661
CONTACT PERSON:	Terry Petersen
TELEPHONE NUMBER:	312-515-5229

COMPANY NAME:	WCCC
ADDRESS:	2455 Glenwood
	South, IL.
CONTACT PERSON:	Craig Wagner
TELEPHONE NUMBER:	815-722-0722 x 2230

COMPANY NAME:	Elevate
ADDRESS:	322 S. Green St. Suite 300
	Chicago, IL 60607
CONTACT PERSON:	Louie Molenda
TELEPHONE NUMBER:	224-281-2245

APPENDIX A QUESTIONNAIRE

NO.	Question	Yes	No
1.	Do you have at least three years of experience providing contractor services in DuPage County, Illinois?	✓	
2.	Do you have at least one year of experience providing weatherization services through the Illinois Home Weatherization Assistance Program?	✓	
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	✓	
	b. Occupational Safety and Health Administration (OSHA) - 10-hour training	✓	
	c. OSHA Confined Space Entry Training	✓	
	d. Building Performance Institute (Certification)	✓	
	e. IHWAP Contractor training	✓	
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?		✓
6.	Does your agency currently have appropriate equipment for LHEAP Furnace Program, gas leakers detectors and combustion gas analyzer.	✓	

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) LIHEAP 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 LIHEAP 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 LIHEAP Program.

Signature on File

Contractor's Signature

Date

Print Name

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES

LIHEAP

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.

My Green House HVAC LLC.

8-29-24

Name of Company

Date

Signature on File

8-29-24

Contractor Signature

Date

Energy Coordinator

Date

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES

LIHEAP

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, Jose Perez - My Green House LLC (print name) agree to guidelines/stipulations and agree to provide said SDS to DuPage County Department of Community Services LIHEAP Program.

Signature on File

Contractors' Signature

Date

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES

LIHEAP

AGREEMENT TO WORK FOR BID PRICES

I, Jose Perez - MyGreen House HVAC LLC (contractor) agree to work for the prices that have been agreed upon by the DuPage County Community Services LIHEAP Program and current contractors. I have been given a catalog of the prices and have submitted all of the required paperwork.

The County shall pay one (1) time assessment fee of \$150.00 for inspection(s) of clients' heating systems.

Energy Coordinator, DCCSWP
Signature on File

Date

8-21-24

Contractor

Date