

## 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:	BASE SOLUTIONS
ADDRESS:	779 CHURCH RD ELMHURST IL 60126
CONTACT PERSON:	DIANA PIATEK
TELEPHONE NUMBER:	(708)384-9960

COMPANY NAME:	WILL COUNTY CENTER FOR COMMUNITY CONCERNS
ADDRESS:	2455 GLENWOOD AVE JOLIET IL 60435
CONTACT PERSON:	CYNTHIA ROBINSON
TELEPHONE NUMBER:	(815)722-0722 EXT. 2233

COMPANY NAME:	MY GREEN HOUSE HVAC
ADDRESS:	5145 S. ARCHER AVE CHICAGO IL 60609
CONTACT PERSON:	MARIA DIAZ
TELEPHONE NUMBER:	(708)654-1915

## 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	
	d. Building Performance Institute (Certification)		X
	e. IHWAP Contractor training		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 LHEAP Furnace Program, gas leaker detectors and combustion gas analyzer.	X	

### 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

09/03/2024

Contractor's Signature

Date

SUSANA JIMENEZ

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.

RUSH HEATING & COOLING INC.

09/03/2024

Name of Company ( / )

Date

Signature on File

09/03/2024

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, SUSANA JIMENEZ (print name) agree to guidelines/stipulations and agree to provide said SDS to DuPage County Department of Community Services LIHEAP Program.  
Signature on File /

09/04/2024

Contractors' Signature

Date

**DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES**  
**LIHEAP**  
**AGREEMENT TO WORK FOR BID PRICES**

I, RUSH HEATING & COOLING INC. (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.

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Energy Coordinator, DCCSWP

Date

RUSH HEATING & COOLING INC.

09/04/2024

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Contractor

Date