

### 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:	DUPAGE COUNTY
ADDRESS:	421 N COUNTY FARM RD
	WHEATON, IL 60187
CONTACT PERSON:	DAVID WATKINS
TELEPHONE NUMBER:	630-407-6469

COMPANY NAME:	C,E,D,A
ADDRESS:	567 WEAT LAKE ST SUITE 1200 CHICAGO, IL 60661
CONTACT PERSON:	Nina Hill-Jackson
TELEPHONE NUMBER:	773-550-2397

COMPANY NAME:	DEL MAR BUILDERS
ADDRESS:	905 W 175 ST SUITE 2SW HOMEWOOD, IL 60430
CONTACT PERSON:	RYAN DEYOUNG
TELEPHONE NUMBER:	708-774-1711

### PROPOSED SUBCONTRACTORS

Name and Address of Contractor Healthy Air Heating & Air, Inc.  
124 N Bloomingdale Rd Bloomingdale, IL 60108

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)	<u>Healthy Air Heating &amp; Air, Inc.</u>	<u>124 N Bloomingdale Rd</u> <u>Bloomingdale, IL 60108</u> <u>630-980-4575</u>
Heating and Cooling	<u>Healthy Air Heating &amp; Air, Inc.</u>	<u>124 N Bloomingdale Rd</u> <u>Bloomingdale, IL 60108</u> <u>630-980-4575</u>
Install Insulation	<u>Healthy Air Heating &amp; Air, Inc.</u>	<u>124 N Bloomingdale Rd</u> <u>Bloomingdale, IL 60108</u> <u>630-980-4575</u>
Electrician	<u>Healthy Air Heating &amp; Air, Inc.</u>	<u>124 N Bloomingdale Rd</u> <u>Bloomingdale, IL 60108</u> <u>630-980-4575</u>
Plumber	<u>Healthy Air Heating &amp; Air, Inc.</u>	<u>124 N Bloomingdale Rd</u> <u>Bloomingdale, IL 60108</u> <u>630-980-4575</u>

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?	✓	
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 Weatherization diagnostics including blower door kits, digital manometers, Exhaust flow fan hoods, infrared cameras, combustion analyzers and gas leak detectors?	✓	



**DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES  
WEATHERIZATION PROGRAM  
AGREEMENT OF INTENT**

I, PIOTR BLASZCZYK (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

8/21/2024

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

Contractor's Signature

Date

8/21/24

PIOTR BLASZCZYK

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

8/21/24

Signature

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 Healthy Air Heating & Air, Inc. 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.

**Healthy Air Heating & Air, Inc.**

Contractor or Supplier  
**Signature on File**

8/21/24

Signature of Certifying Official

Date



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.

Healthy Air Heating & Air, Inc.

8/21/24

Name of Company  
Signature on File

Date

8/21/24

Contractor Signature

Date

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

I, PIOTR BLASZCZYK (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

Date

8/21/24

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

8/21/24

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

8/21/24

Contractors' Signature

Date

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

I, PIOTR BLASZCZYK (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.

\_\_\_\_\_  
Energy Coordinator, DCCSWP  
**Signature on File**

\_\_\_\_\_  
Date

8/21/24

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
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

Signature

Date

8/21/24