

### 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

## 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?	X	
	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 leak 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

Contractor's Signature

8/21/24

Date

PIOTR BLASZCZYK

Print Name



DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES

LIHEAP

INDEMNITY CLAUSE AGREEMENT Type text here

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 AND 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

24-066-W

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, PIOTR BLASZCZYK (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

8/21/24

DUPAGE COUNTY DEPARTMENT OF COMMUNITY SERVICES  
LIHEAP  
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 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



## SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Full Name of Offeror	HEALTHY AIR HEATING AND AIR, INC.
Main Business Address	124 N Bloomingdale Rd
City, State, Zip Code	Bloomington, IL 60108
Telephone Number	630-980-4575
Fax Number	630-980-5577
Proposal Contact Person	PIOTR BLASZCZYK
Email Address	healthyairheatingandair@gmail.com

The undersigned certifies that he is:

☐ the Owner/Sole Proprietor
 ☐ a Member of the Partnership
 ☒ an Officer of the Corporation
 ☐ a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

PIOTR BLASZCZYK

(President or Partner)

\_\_\_\_\_  
(Vice-President or Partner)

\_\_\_\_\_  
(Secretary or Partner)

\_\_\_\_\_  
(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.) Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties

listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

**PROPOSAL AWARD CRITERIA**

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X \_\_\_\_\_ PRESIDENT  
(Signature and Title)

CORPORATE SEAL  
(if available)

**PROPOSAL MUST BE SIGNED FOR CONSIDERATION**

Subscribed and sworn to before me this 21 day of AUGUST AD, 2024

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
(Notary Public)