

**NORTHWESTERN ILLINOIS COMMUNITY ACTION AGENCY**  
**2020 Illinois Home Weatherization Assistance Program (IHWAP)**  
**NOTIFICATION OF INTEREST**

I, the undersigned, wish to participate as a Contractor in the Illinois Home Weatherization Assistance Program (IHWAP). 9/1/2019-6/30/2020

I am interested in participating in the following Illinois Counties.

**JoDavieess**                      Architectural\_\_\_\_\_      Mechanical\_\_\_\_\_

**Stephenson**                      Architectural\_\_\_\_\_      Mechanical\_\_\_\_\_

I understand that as a contractor for the **2020 IHWAP**, I must abide by all program requirements as stipulated by **Northwestern Illinois Community Action Agency** and the Office of Energy Assistance. I understand that failure to do so will result in my termination as a contractor for the **2020** program.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature Date

**DEADLINE!! These documents must be received and recorded no later than 3:00 p.m. July 19, 2019**  
**Submit to NICAA 27 S. State Ave. Freeport, IL 61032 ATTN: Bob Cuny**

**I the undersigned have read and understand the above mentioned information.**

**Contractor**

**Signature**\_\_\_\_\_

Once you have submitted the enclosed documents and are approved you will receive a copy of the bid package which will detail requirements and potential pricing The approved contractors will be required to attend a mandatory negotiation meeting where pricing and any questions will be answered. The new program year will begin Septemeber 1<sup>st</sup>. 2019. and end June 30<sup>th</sup>. 2020 unless extended by NICAA.

**Northwestern Illinois  
Community Action Agency**  
**STATEMENT OF VENDOR'S QUALIFICATIONS**  
**2020 Weatherization**

All applicable questions must be answered and the data given must be clear and comprehensive. If necessary questions may be answered on separate, attached sheets. The Vendor may submit any additional information desired.

**All Vendors must complete parts 1-12 and 18-21 or the application will not be accepted.**

1. Company Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

3. Principal Employees of Firm:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. When Organized? \_\_\_\_\_

5. If a corporation, where incorporated. \_\_\_\_\_

6. How many years has your company been engaged in the contracting business under the present firm or trade name? \_\_\_\_\_

7. Contracts on hand: (Schedule these, showing amount of each contract and the appropriate anticipated dates of completion). If no contracts are on hand, please indicate below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Type of work generally performed by the company. \_\_\_\_\_

9. Has your company ever failed to complete any work awarded? \_\_\_\_\_

If so, where and why? \_\_\_\_\_

10. List the more important projects recently completed by your company, stating the approximate cost of each, and the month and year completed.

11. List major equipment available for this contract: \_\_\_\_\_  
\_\_\_\_\_

12. List experience in construction work or HVAC work similar in importance to this project.

\_\_\_\_\_

**PLEASE NOTE: Questions 13-15 are required for the HVAC contractors only:**

13. Is your firm able to provide work on heating systems whose fuel source is (Check all that apply) a. \_\_\_ Natural Gas b. \_\_\_ Propane c. \_\_\_ Oil d. \_\_\_ Coal  
e. \_\_\_ Wood

14. Is your firm able to provide work on the following types (Check all that apply)  
\_\_\_ Forced Air \_\_\_ Forced Water \_\_\_ Steam boiler \_\_\_ Gravity Furnace  
\_\_\_ Conversion \_\_\_ Wall Furnace \_\_\_ Space Heater \_\_\_ Gravity boiler  
\_\_\_ Central A/C \_\_\_ Water Heater

15. Please indicate any HVAC licenses you or your employees hold and the city, Village, or County, where the license is current.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: VENDORS THAT HAVE SUCCESSFULLY CONTRACTED FOR THE ILLINOIS HOME WEATHERIZATION ASSISTANCE PROGRAM FOR THE CURRENT YEAR PROGRAM NEED NOT COMPLETE NUMBER 16 & 17 BELOW.**

16. Financial References: (Must List Two) Reference Name, Address and Phone Number

\_\_\_\_\_  
\_\_\_\_\_

17. Work References: (Must List Two) Reference Name, Address, and Phone Number.

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**PLEASE NOTE: ALL VENDORS MUST COMPLETE PARTS 18 & 19.**

18. Will your company, upon request, fill out a detailed financial statement and furnish any other information that may be required. \_\_\_\_\_

19. The under signed, hereby authorizes and requests any person, firm, or corporation to furnish any information requested in verification of the recitals comprising this Statement of Contractor's Qualifications.

By: \_\_\_\_\_ Date: \_\_\_\_\_

20. Social Security# (if no FEIN #) \_\_\_\_\_

21. FEIN# (IF Applicable) \_\_\_\_\_

# 2020 Affidavit of Minority Status

I, \_\_\_\_\_, owner of \_\_\_\_\_  
Name of Principal owner Name of Company

Do herby certify that \_\_\_\_\_ is  
Name of Company Address

recognized as a minority owned company or corporation for purposes of doing work in the

2020 Illinois Weatherization Program being administered by Northwestern Illinois Community

Action agency. This document will expire June 30<sup>th</sup>, 2020 and can be extended if deemed

necessary by the Agency

## Principles of Company

Signature	Printed Name	Title
Signature	Printed Name	Title
Signature	Printed Name	Title
Signature	Printed Name	Title

## Notary required

(Acceptable verification documents must be submitted. ie certification from any other municipality or government entity.)

## **Northwestern Illinois Community Action Agency**

is currently seeking Architectural contractors interested in participating in the 2020 Weatherization program. The following are some of the tasks that will be required to become an active **Architectural sub-contractor**.

### **Exterior Architectural Work**

#### **The main objective is to reduce the amount of energy consumed in the clients home.**

Air Sealing of the building shell, including caulking, weather-stripping and other air infiltration measures on windows and doors.. Sealing Air leaks found after performing blower door depressurization test. (Blower door test required)

Thermal Insulation: such as cellulose in walls, floors, ceilings, attics and foundations.

Dense Pack Insulation where siding is unzipped and holes drilled in the exterior substrate or holes drilled in the interior walls and carriage rails installed to hide holes.

Replacement or Repair of Exterior Doors. (Infiltration qualification required.)

Repair or replacement of Windows. (Infiltration qualification required.)

### **Interior Architectural Work**

Replacement of Incandescent Light Bulbs with LED's.

Thermal insulation in walls, floors, ceilings, attics crawl spaces, foundations.

Sealing air leaks using weather stripping, door sweeps, caulk and 2 part foam. Sealing major air leaks associated with bypasses, ducts, etc.

Replace CO and smoke detectors.

Performing procedures to prevent infiltration of Radon.

### **Equipment, training, certifications required to perform tests and tasks for weatherization.**

- 1-Blower Door (Must be acquired prior to contract signing)
2. Insulation blowing machine. (Must be capable of dense packing)
3. Health and Safety training (CPR)
4. Contractor training (Provided by State when available and must be acquired within one year and renewed every 3 years.)
5. OSHA 10 for workers. OSHA 30 for on site Supervisors.
6. RRP Lead Safe worker certification & training (May be provided by State when available. Must be acquired within one year)
7. RRP Firm certification
8. Insurance Requirements (See attached)
9. Debarment Requirements (See attached)

## **Northwestern Illinois Community Action Agency**

is currently seeking Mechanical contractors interested in participating in the 2020 Weatherization program. The following are some of the tasks that will be required to become an active **Mechanical sub-contractor**.

### **Mechanical Work**

**The main objective is to reduce the amount of energy consumed in the clients home.**

Installation of Water Heaters

Electrical in reference to installation of water heaters, furnaces and exhaust fans..

Installation of ductwork for exhaust fans, furnace and dryers.

Installation and replacement of Furnaces for Weatherization and or Emergency Furnace within a specified time period.

Replacement of bath and kitchen exhaust fans. (Electrical required)

Insulation, Installation & Air Sealing of heat ducts.

Installation of transfer grills for air circulation.

Installation of heat recovery devices, including water heaters, condensing heat exchangers, heat pumps, heat recovery systems..

Repair or replacement of HVAC system, including furnaces, oil, natural gas, propane, boilers, central air, heat pumps, window A/C units

Replacement of CO and smoke detectors.

Perform Manual J Sizing on all Furnace & A/C installations

Install insulation on ducts

Conduct other efficiency improvements on heating and cooling systems.

Modify duct and pipe systems so heating and cooling operate efficiently

Install programmable thermostats.

### **Equipment, training, certifications required to perform tests and tasks for weatherization.**

1-Furnace Analyzer

2. Health and Safety training (CPR)

3. Contractor training (Provided by State when available and must be acquired within one year and renewed every 3 years.)

4. OSHA 10 for workers. OSHA 30 for on site Supervisors.

5. RRP Lead Safe worker certification & training (May be provided by State when available. Must be acquired within one year)

6. RRP Firm certification

7. Manual J software