

**HOMEWISE**

**SINGLE-FAMILY CONTRACTOR APPLICATION**

|  |  |  |
| --- | --- | --- |
|  | | |
| Applicant Organization Name | | |
|  |  |  |
| Print Contact Person |  | Title |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Address |  | E-mail |
|  |  |  |
| Telephone # |  | Employer E.I.N #: |

The Applicant states that he/she is (a partner or officer of the firm, of, etc.) the party making the application, that such application is genuine and not collusive or sham: that said Applicant has not colluded, conspired, connived or agreed, directly or indirectly, with any applicant or person, to put in a sham proposal or to refrain from applying, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the proposed price of affiant or of any other Applicant, or to fix any overhead, profit or cost element of said proposed price or of that or any other Applicant, or to secure any advantage against the City of Seattle, or any person interested in the proposed contract: and that all statements in said application are true.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name of Legal Authority: |  | Signature of Legal Authority |
|  |  |  |
| Title |  | Date |

SUBSCRIBED and SWORN to before me this day of , 20 .

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| --- | --- | --- |
|  |  |  |
| Notary Public |  | My commission expires |

Notary Seal

**GENERAL INFORMATION**

|  |
| --- |
|  |
| Firm Name |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Address |  | E-mail address |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Phone Number |  | Fax Number |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Cell phone |  | Pager Number |

|  |
| --- |
|  |
| Federal Tax Id Number |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This firm is a: | Corporation |  | Partnership |  | Sole Proprietorship |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| State Certified Women or Minority Owned Firm? | |  |  | Yes |  | No |
| If Yes, Certification Number: |  | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business License # |  | Type of Business License |
|  | | |
| State Registration # | | |

Names and address of all principals, partners, officers, etc.:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title |
|  | | |
| Address | | |
|  |  |  |
| Name |  | Title |
|  | | |
| Address | | |
|  |  |  |
| Name |  | Title |
|  | | |
| Address | | |

|  |  |  |
| --- | --- | --- |
| How long has your organization been in business as a contractor? |  | # of years |

|  |  |  |
| --- | --- | --- |
| How many years has your organization been a weatherization contractor? |  | # of years |

**INSURANCE AND BONDING**

Liability& Property Damage Insurance Co.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| $ Amount | Policy No. | Expiration Date |
|  | |  |
| Insurance Agent | | Phone # |
|  | | |
| Address | | |

Automobile Insurance

|  |  |  |
| --- | --- | --- |
|  |  |  |
| $ Amount | Policy No. | Expiration Date |
|  | |  |
| Insurance Agent | | Phone # |
|  | | |
| Address | | |

Pollution Occurrence Insurance

|  |  |  |
| --- | --- | --- |
|  |  |  |
| $ Amount | Policy No. | Expiration Date |
|  | |  |
| Insurance Agent | | Phone # |
|  | | |
| Address | | |

Bonding Co.

|  |  |
| --- | --- |
|  |  |
| Name of Bonding Company | $ Bond Amount |
|  |  |
| Agent | Phone # |
|  | |
| Address | |

**Provide a copy of the following required documents:**

|  |  |
| --- | --- |
|  | Insurance documents \* |
|  | Contractor’s Registration License |
|  | Corporation License |
|  | State Tax Certification |
|  | W-9 Form |

\*Proof of insurance in the amounts specified in this document is required. Additionally, the Program may, at its discretion, require a Payment and Performance bond on any job or group of jobs. Contractor must have the capacity to obtain such a bond if required, in an amount of at least $35,000.

**REFERENCES**

**Bank Reference(s):**

|  |  |
| --- | --- |
|  | |
| Name | |
|  |  |
| Address | Phone # |

|  |  |
| --- | --- |
|  | |
| Name | |
|  |  |
| Address | Phone # |

Attach a statement from your banker or accountant detailing your firm’s capacity to maintain production and an adequate cash flow while awaiting payment. At a minimum, your statement should detail your firm’s capacity to carry an **additional** $50,000 worth of work for the Program beyond any work performed for any other agencies or utilities.

**Supplier References:**

|  |  |
| --- | --- |
|  | |
| Name | |
|  |  |
| Address | Phone # |

|  |  |
| --- | --- |
|  | |
| Name | |
|  |  |
| Address | Phone # |

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| Name | |
|  |  |
| Address | Phone # |

**DESCRIPTION OF EXPERIENCE & CAPABILITIES:**

Please answer the following questions and attach them with this application.

1. Describe your strategy for providing weatherization services noted in this documentation. What tasks do you intend to have your own crews perform, and what tasks do you plan to subcontract. Note any limitations of your company to provide these services.
2. List all relevant certifications (including dates) that your company has, including the required Lead Safe Weatherization and Building Performance Institute certifications.
3. Describe your company’s experience with the following:
4. Working with lead paint in accordance with Lead Safe Weatherization practices
5. Using the blower door to perform pressure diagnostics and air sealing
6. Installing insulation, including experience and equipment for installing high density insulation
7. Combustion safety testing
8. Describe your company’s current capacity to perform single-family weatherization jobs as described is this documentation. Approximately how many jobs can your company complete in a month? What capabilities do you have to scale up to handle more jobs if necessary?
9. Describe your company’s overall business plan. Who is your main customer base? How many customers a year do you serve? What are your main strategies for attracting new customers? How does HomeWise fit into your company’s business plan? What percentage of your customers do you expect to come from HomeWise?

**Attach a copy of each relevant certification your company has (BPI, LSW, etc.)**

**PAST COMPLETED WEATHERIZATION JOBS**

Include information about three (3) single-family weatherization jobs your company has done in the past.

**Weatherization Job #1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Customer Name | | | | | | | | |
|  | | | | | | | |  |
| Address | | | | | | | | Phone # |
| May we contact the client? | |  | Yes | |  | No |
| Approx. $ amount |  | | | | | | | |
| Funding Agency (if any) |  | | | | | | | |
| Agency Contact Name |  | | | | | | | |
| Agency phone # |  | | | | | | | |
| May we contact the agency? | |  | Yes | |  | No |
| What specifications were followed? | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Description of Weatherization work | | | | | | | | |
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**Weatherization Job #2**

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|  | | | | | | | | |
| Customer Name | | | | | | | | |
|  | | | | | | | |  |
| Address | | | | | | | | Phone # |
| May we contact the client? | |  | Yes | |  | No |
| Approx. $ amount |  | | | | | | | |
| Funding Agency (if any) |  | | | | | | | |
| Agency Contact Name |  | | | | | | | |
| Agency phone # |  | | | | | | | |
| May we contact the agency? | |  | Yes | |  | No |
| What specifications were followed? | | | |  | | | | |
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| Description of Weatherization work | | | | | | | | |
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**Weatherization Job #3**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Customer Name | | | | | | | | |
|  | | | | | | | |  |
| Address | | | | | | | | Phone # |
| May we contact the client? | |  | Yes | |  | No |
| Approx. $ amount |  | | | | | | | |
| Funding Agency (if any) |  | | | | | | | |
| Agency Contact Name |  | | | | | | | |
| Agency phone # |  | | | | | | | |
| May we contact the agency? | |  | Yes | |  | No |
| What specifications were followed? | | | |  | | | | |
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|  | | | | | | | | |
| Description of Weatherization work | | | | | | | | |
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