



ATTACHMENT A – COVER SHEET FOR QUALIFICATIONS

Qualifications must include this cover sheet (or this sheet reproduced on company letterhead) as PAGE 1 of the response. Vendors may complete all required attachments as a stand-alone response (fillable form .pdf document, written or typed).

[] an individual, [] a corporation (please mark appropriate box), duly organized under the laws of the State of _____.

The undersigned, having carefully read and considered the services as described within the RFP, does hereby offer to perform such services on behalf of the County in the manner described and subject to the terms and conditions set forth in the attached qualification, including, by reference here, the County's RFP document.

NO CONFLICT(S) OF INTEREST: By submission of a qualification, vendor agrees that at the time of submittal, he/she: (1) has no interest (including financial benefit, commission, finder's fee, or any other remuneration) and shall not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of the vendor's services, or (2) benefit from an award resulting in a "Conflict of Interest," including holding or retaining membership or employment on a board, elected office, department, division or bureau, or committee sanctioned by and/or governed by the County.

MICHIGAN ECONOMIC SANCTIONS ACT, 2012 ("IRAN-LINKED BUSINESS"): By submission of a qualification, vendor certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an "Iran linked business," as defined in the Michigan Economic Sanctions Act, 2012 P.A. 517.

DEBARMENT AND SUSPENSION: By submission of a qualification, the undersigned certifies to the best of his/her knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this qualification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated above; and, (4) have not within a three-year period preceding this qualification had one or more public transactions (Federal, State or local) terminated for cause or default.

CERTIFICATION OF INSURANCE AND INDEMNITY REQUIREMENTS: By submission of a qualification, the undersigned certifies and represents an understanding of the County's Insurance and Indemnification requirements as defined within the Master Services Agreement. Potential vendors must understand and agree that fiscal responsibility for claims or damages to any person or to companies and agents shall rest with the vendor.

The vendor must affect and maintain any and all insurance coverage, including, but not limited to, Worker's Compensation, Employer's Liability and General, Contractual and Professional Liability, to support such financial obligations. A certificate of insurance detailing insurance coverages may be



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**RFQu 22-03 Insulation and Home
Efficiency-Related Repair Services**

requested. The certificate must indicate that insurers will provide to the County written notice thirty (30) days prior to terminating any insurance policy.

The undersigned affirms that he/she is duly authorized to execute this qualification, that this company, corporation, firm, partnership or individual has not prepared this qualification in collusion with any other vendor and that the contents of this qualification as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the vendor has full authority to execute any resulting contract awarded as the result of, or on the basis of the qualification.

Qualifications must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days.

Company Name: _____

Contact Name and Title: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____

Federal Employer Identification Number: _____

The submission of a qualification hereunder shall be considered evidence that the vendor is satisfied with respect to the conditions to be encountered and the character, quantity, and quality of the work to be performed.

BY: _____
(Signature of Authorized Representative)

Date

(Printed Name and Title of Authorized Representative)



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ATTACHMENT B – CONTRACTOR INFORMATION AND APPLICATION FORM

Complete the following forms.

OTTAWA COUNTY COMMUNITY ACTION AGENCY
12251 JAMES STREET, STE 300, HOLLAND, MI 49424
Phone: 616.393.4433 Fax: 616.393.5612

Contractor Information and Application Form

Please Note: If applicable, copies of your Contractor's License must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

Please Print Legibly or Type

Type of contract you are applying for (check all that may apply):

- Residential Weatherization Construction: minor repairs, batt insulation, blown insulation, window and door repair and weather-stripping, air sealing, caulking, replacement of windows and doors, minor or incidental structural repairs, duct sealing and/or repair and/or replacement.
- HVAC Mechanical: furnace/cooling system major overhaul, repair or replacement; water heater repair or replacement, etc.
- Other: _____

Business Name: _____

Owner/Representative: _____

Business Address: _____
Number Street City Zip Code

Mailing Address: _____
Number Street City Zip Code

Area Code/Phone Numbers: _____
Office Fax Mobile

Email Address: _____

Federal I.D. #: _____

If not incorporated, Social Security #: _____

Year firm was established: _____

License Information:
Residential Builders/Maintenance & Alteration
License # _____

Expiration Date _____

Mechanical Contractor's License # _____

Expiration Date _____

Other (Specify) _____

License # _____

Expiration Date _____

Have you ever participated in the Weatherization Assistance Program before? Yes No

If yes, when? _____, and where? _____

Have you or any of your employees received a certificate for having attended a Lead Safe Work Practice Training? Yes No If yes, please provide copy of certificate.

Have you or any of your employees attended a DHS-sponsored Indoor Air Quality Training? Yes No If yes, please provide documentation of attendance.

Have you or any of your employees received a certificate for having completed the LRRP requirements? Yes No If yes, please provide copy of certificate.

Have you or any of your employees received a certificate for having completed the MIOSHA requirements? Yes No If yes, please provide copy of certificate

Areas of Expertise: Please check the type of work you are qualified/licensed to perform. Check if the work is performed by company employees (CO) or sub-contractors (SUB), and indicate the years of experience you had in that area of work.

Type of Work	CO	SUB	# of Yrs of Exp
General carpentry			
Roofing			
Attic Insulation			
Sidewall Insulation (dense pack/blown in)			
Bypass/Air Sealing			
Door/window replacement			
IAQ Certification			
Glass Replacement and Glazing			
Drywall			
General Mobile Home Repairs			
Heating & Ventilation – Repair and Replacement			
Plumbing			

Electrical			
Asbestos Abatement			
Lead Abatement			
Blower Door Experience			

Please provide an estimate of the number of Weatherization jobs your company could complete per week, if awarded a contract: _____

How many employees do you employ full-time? _____ part-time? _____

Please list all education and training that you have had specific to Building Science and Weatherization.

<u>Training</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please list all certifications that you have obtained related to Building Science or Weatherization

_____	_____
_____	_____
_____	_____
_____	_____

Please provide additional explanation of relevant prior experience in providing weatherization specific services, including work installing various types of weatherization measures, access to required equipment, etc.

List two major suppliers from whom you purchase most of your supplies:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

List two financial institutions (banks, savings and loan association, etc.) with whom you have established credit:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>Area Code/Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

List the names and addresses of the last three clients for reference purposes:

<u>Name</u>	<u>Address</u>	<u>Area Code/Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever worked for a local unit of government (county, city, township)?

Yes No

If Yes, when and where? _____

What type of job? _____

Does your company have the capability of receiving job orders and submitting job completion reports and related documentation electronically/via email?

Yes No

Comment (optional): _____

Are you registered with a minority/women's business enterprise program or LSA?

Yes No *If your answer is "YES," please submit a copy of certification.*

Does your company qualify as a Small Business" according the Small Business Act (generally defined as having fewer than 500 employees). Yes No

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- Contractor License Class and bond are current, and the undersigned contractor agrees to maintain in current status all licenses and bonds as required by the contracting agency.
- That the work be performed in accordance with the property requirement standards.
- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- The contractor will abide by the federal regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all appliance codes and zoning regulations.
- To guarantee work performed for a period of eighteen (18) months.

Further, I authorize the OCCAA administrators to verify the above information.

Contractor's Signature: _____ Date _____

CONTRACTOR'S NAME: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension. A contract award (see 2 CFR Part 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR Part 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), "Debarment and Suspension."

(Before Signing Certification, Read Attached Instruction)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name

Title

Signature

Date



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**ATTACHMENT C – OTTAWA COUNTY COMMUNITY ACTION AGENCY
WEATHERIZATION CONTRACTOR PRICE LIST**

Complete the following forms.

**OTTAWA COUNTY COMMUNITY ACTION AGENCY
WEATHERIZATION CONTRACTOR PRICE LIST**

Contractor & Submission Date: _____

Indicate the Cost for **Providing** and **Installing** Each Item

All items used must meet or exceed the material specifications and installation standards identified in the State of Michigan Technical Weatherization Policies (TWP) as well the Customer Service Policy Manual (CSPM) the Standard Work Specifications (SWS) and NREL Job Task Analysis (JTA's)

Site Built Home: Measures and Descriptions

Item	Additional Weatherization Measures	Unit	Labor \$	Material \$	Total \$	
	Hourly Weatherization Rate	HR				General Labor
Attic Insulation		Unit	Labor \$	Material \$	Total \$	
1	Blown Cellulose - R-11 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Blown FG R-11 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	FG Batts - R-11 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Cellulose Dense pack R-11	SQFT				Solid Barrier & Air sealing @ top and bottom of RR
2	Blown Cellulose - R-19 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Blown FG R-19 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Fiberglass Batts - R-19 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Cellulose Dense pack R-19	SQFT				R-13 Solid Barrier & Air sealing @ top and bottom of RR
3	Blown Cellulose R-30 (includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification

	Blown FG R-30 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
4	Blown Cellulose - R-38 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Blown FG R-38 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
5	Blown Cellulose - R-49 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
	Blown FG R-49 (Includes CB attic)	SQFT				All attic prep, ventilation measures, air sealing measures, damming & markers. Blower door verification
Sillbox. Foundation, Floor Insulation						
	Sill Insulation - 1" Foam board	SQFT				Foam Seal insert Edges
	Sill Insulation - 2" Spray Foam	SQFT				
8	Fn'd Wall Insulation -Rigid Foam Board R-12	SQFT				
9	Floor Insulation - FG R-11	SQFT				Includes any necessary mesh or supports
	Floor Insulation - Spray Foam -R-11	SQFT				
10	Floor Insulation - FG R-19	SQFT				Includes any necessary mesh or supports
Exterior Wall Insulation						
13	Blown Cellulose - 2x4 Filled	SQFT				
	Blown Fiberglass - 2x4 Filled	SQFT				
	Fiberglass Batts 2x4 Filled: open wall	SQFT				
	Blown Cellulose - 2x4 Filled - Interior or Masonry Wall	SQFT				
	Blown FG - 2x4 Filled - Interior or Masonry Wall	SQFT				
Kneewall Insulation						
14	Kneewall Insulation - FG Batts - R-13	SQFT				Include Bypass Below KW and Air Barrier (ex Tyvek)
	Kneewall Insulation - Spray Foam - R-14	SQFT				Include Bypass Below KW & any necessary flame retardation
	Knee Wall - Air Barrier Skin	SQFT				ex. Tyvek
Duct/Pipe Insulation & Miscellaneous						
15	Duct Insulation	SQFT				R-8 minimum
	Pipe Insulation (w/in thermal boundary)	LF				R-3.5 minimum
	DHW Pressure Relief Drop Leg	EA				Mechanically Attached (ex. Threaded) & to within 6" of floor
	Magnetic Furnace Filter Slot Cover	EA				

	Programmable Thermostat	EA				
	Grill - 10"X20" in Door (one side)	EA				
	Windows/Storms	Unit	Labor \$	Material \$	Total \$	
16	Windows Sealing	EA				caulking & air sealing
17	Window - Plastic Storm	UI				
	Window - Glass Storm	UI				
18	Window Replacement	UI				self storing
19	Window Replacement - Vinyl, Double Pane, Low E	UI				Installation, trim, and all finish details
	Window - Standard Bsm't Storm	EA				
	Window - Non-standard Bsm't Storm	EA				
	Window - Sash Lock	EA				
	Window - Pulley Cover	EA				
	Window - Basement Window Close-out	EA				Pressure Treated Wood Frame & Panel, Caulk, Insulation, & 100% air seal
	Compact Fluorescent Light Bulbs (CFL)					
35	5 Watt Lighting	EA				
	7 Watt Lighting	EA				
	9 Watt Lighting	EA				
	13 Watt Lighting	EA				
	18 Watt Lighting	EA				
	25 Watt Lighting	EA				
	26 Watt Lighting	EA				
	38 Watt Lighting	EA				
	11 Watt Flood Lighting	EA				
	15 Watt Flood Lighting	EA				
	18 Watt Flood Lighting	EA				
	Per Fixture Installation Fee	EA				One fee per fixture regardless of the number of bulbs installed
	Health and Safety	Unit	Labor \$	Material \$	Total \$	
	Smoke Detector	EA				UL Listed, Alkaline (or better) Battery Powered
	Carbon Monoxide Alarm	EA				
	Battery - 9V Alkaline	EA				Includes installation
	Dryer Vent - Hood Only	EA				Plastic Hood, All Edges Caulked

Dryer Vent - Duct Only	LF				Aluminum, Sheet Metal, or UL Approved Aluminum Flex Duct
Dryer Vent - Full Kit	EA				8' Duct, Elbows, Attachments, Hangers, Hood,
Fan Bath: Exhaust Existing Fan	EA				Gabel or Roof Exit, Dampened Hood, Insulated Duct, All Connections & Fasteners
Fan Bath: Replace Existing Fan	EA				1 sone, Collar Plate (if needed), 70 CFM intermittent & 10 CFM continuous
Fan Kitchen: Exhaust Existing Fan	EA				Dampened Hood, Duct, Connections & Fasteners, 120 cfm capable
Fan Kitchen: Replace Existing	EA				2 sone, Capable of 120 CFM intermittent, All Connections & Attachments
Fan Kitchen: Replace Existing Motor	EA				2 sone, Capable of 150 CFM intermittent
Major Bypass Doors					
Door - Exterior - Metal	EA				Pre-hung, Peep Viewer, Casing Interior & Exterior, & Lock Set
Door Interior - Hollow Core	EA				Pre-hung, Casing (both sides), & Lock Set
Door - Vinyl Sliding Glass	EA				Fully trimmed inside/outside
Door: Adjust/Repair Existing Door	EA				Adjust lock set/strike plate & secure hinges
Door - Weather-Strip	SET				Metal Flange & Flex Strip
Door - Sweep	EA				
Door - Bump Threshold	EA				
Door - Shoe/Stop	SET				
Door - Threshold Replacement	EA				
Door: Lock Set	EA				
Storm Door - Remove & Re-install	EA				
Storm Door - Replace Closure	EA				
Storm Door - Replace Handle & Latch or Wind Chain	EA				
Major Bypass/Infiltration - Miscellaneous Air Sealing					
Caulk	LF				
Flue Collar	EA				Non-combustible material & high temp caulk
Outlet & Switch Plate Gasket	EA				

Foam Bypass < 9" sq.	EA				
Patch Holes - Wall/Ceiling < 3/4" diameter	EA				
Drywall Repair - Wall	SQFT				Drywall, Tape, 2-Coat Mud, Sanding, & Paint-Ready finish
Drywall Repair - Ceiling	SQFT				Drywall, Tape, 2-Coat Mud, Sanding, & Paint-Ready finish
Interior Trim	LF				Include Any Necessary Prime Painting
Fireplace - Removable Close-out	EA				
Fireplace - Flue Balloon	EA				
Fireplace - Chimney Spring Loaded Cap	EA				Stainless Steel cord to fire box
2-part Spray Foam for Air Sealing	SQFT				R-7, 1" Thickness ("Flash Coat")
Whole-house Fan Treatment	EA				Fabrication in attic space: Design, Frame, Insulate, & 100% air seal
Whole-house Fan Vinyl Interior Cover	EA				
Access Panel/Door - Crawlspace	EA				Create Opening, 2X8 Frame & 3/4" Panel (Treated),4 Zinc Barrel bolts,100% air seal,& Insulation
Access Panel - Ceiling	EA				Create Opening, Jamb Ext- 5/8" (minimum) Wood & 2" above insulation level, Interior trim per customer, 3/4" CDX Close-out Panel, Insulation,
Access: Pull-down Stair Treatment	EA				Design, Fabricate, 100% Air Sealing
Access Panel/Door - Kneewall	EA				Create Opening, Jamb & Threshold, Interior Trim, Hinges, Insulation, 2 Latching Hardware, 100% air seal
Access: Attic Walk-in Door Treatment	EA				Insulation & 100% air sealing
Additional Attic Insulation / Ventilation		Unit	Labor \$	Material \$	Total \$
Remove Existing Insulation	SQFT				
Recessed Light Cover	EA				
Roof Vent < 60 SQIN/NFA	EA				
Gable Vent < 12"x18"	EA				
Gable Vent > 12"x18"	EA				
Gable Vent - Rescreen w/ Hardware Cloth	EA				
Soffit Vent	EA				All Types Including Baffle, Cutting Hole, & Vent Cover
Roof Ridge Vent	LF				
Additional Foundation Insulation / Ventilation					
6 Mil Polyethylene Ground Cover	SQFT				6" up Wall, 12" Overlap, Tape All Seams, Adhered to Side Walls, Held down w/ solid material
Foundation Vent - Replace Existing	EA				

Fn'd Vent - New Opening & Installation	EA				
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Manufactured Home: Measures and Descriptions

Item	Major Bypass/Infiltration	Unit	Labor \$	Material \$	Total \$	
1	Replacement Door - Combo	EA				Include all trim
2	Replacement Door - Basic (No Storm)	EA				Include all trim
3	Storm Door	EA				
4	DHW Exterior Closet Door Replacement	EA				
5	DHW Interior Closet Fabricate Close-out Door	EA				
6	DHW Closet Floor Replacement	EA				
7	Window: Replacement Crank Handle	EA				
Wall Insulation						
8	Wall Insulation - Faced Batt - R-13	SQFT				Includes All Setup & Prep
9	Wall Insulation - Blown Cellulose (Per Bag)	EA				Includes All Setup & Prep
10	Wall Insulation - Blown Fiberglass (Per Bag)	EA				Includes All Setup & Prep
Foundation/Roof-Attic Insulation						
11	Belly Repair - Complex	SQFT				Fabric, FG R-19, 100% air seal
12	Belly Repair - Simple	SQFT				Peel-N-Stick Fabric repair
13	Floor Insulation - Blown Cellulose - (Per Bag)	EA				Includes All Setup & Prep
14	Floor Insulation - Blown Fiberglass (Per Bag)	EA				Includes All Setup & Prep
15	Roof Insulation - Blown Cellulose (Per Bg)	EA				Includes All Setup & Prep
16	Roof Insulation - Blown Fiberglass (Per Bg)	EA				Includes All Setup & Prep
Duct Seal - Repair & Replacement						
17	Air Seal Ends of Trunk Line	EA				
18	Register Cover	EA				
19	Register Seal w/ Mastic	EA				Butyl Tape or Self-adhesive Mesh, Mastic, Debris removal, Pep boot for adhesive, Note: Foil tape will NOT be accepted
Windows/Storms						
20	Window: Replacement	UI				Self-storing
21	Window: Plastic Storm	UI				
22	Window: Glass Storm	UI				
23	Window Sealing	EA				Caulking & Air Sealing

Miscellaneous						
24	Electric Heat Tape	LF				
25	Storm Clips	EA				
26	Drip Cap Door/Window	EA				
27	Blower door search and seal air infiltration	EA				
28	Hourly labor	EA				

Note: Other materials may be substituted on a case by case basis with the Grantee's prior approval. All Weatherization measures not specified on the price list will be negotiated with the contractor on a job by job basis (e.g., time and materials) or prices will be requested through a supplemental bid. Ottawa County CAA reserves the right to delete any such measure if the price is deemed to be inappropriate.

Contractor Signature:

Date:

OTTAWA COUNTY COMMUNITY ACTION AGENCY

HVAC Price Sheet

Contractor & Submission Date: _____

Indicate the Cost for **Providing** and **Installing** Each Item

All items used must meet or exceed the material specifications and installation standards identified in the State of Michigan Technical Weatherization Policies (TWP) as well the Customer Service Policy Manual (CSPM) the Standard Work Specifications (SWS) and NREL Job Task Analysis (JTA's)

Item	Site Built Home Measures and Description	Unit	Labor	Material	Total
Mechanical Measures					
1	Hourly Labor Rate	HR			
Furnace					
2	Furnace 78% + Efficiency (Natural Gas)	EA			
3	Furnace 78% + Efficiency (Propane)	EA			
4	Furnace 78% + Efficiency (Oil Fired)	EA			
5	Furnace 80% + Efficiency (Boiler)	EA			
6	Furnace 90% + Efficiency (Natural Gas)	EA			
7	Furnace 78% + Efficiency (Manufactured Home)	EA			
8	Furnace 90% + (Manufactured Home)	EA			
9	Propane Conversion Kit	EA			
10	Programable Thermostat	EA			
11	Programable Thermostat: Continuous Circulation Fan Mode Option	EA			
12	Furnace Blower Compartment Sealing	HR			
13	Furnace Tune-up Heating Equipment (Natural Gas) removing cage for clean	EA			
14	Furnace Tune-up Heating Equipment (Oil)	EA			
15	Furnace Filter	EA			
16	Reset Existing AC w/ new Furnace Install	EA			
17	Furnace Magnetic Filter Slot Cover	EA			
	ECM with natural gas furnace	EA			
Ventilation & Structural					
18	Honeywell Y8150 Ventilation Control System	EA			
19	Aprilaire Model 8126A Ventilation Control System	EA			
20	Panasonic Whisper Green Select Bath Fan (FV-05-11VKS1) Installation	EA			
21	Combustion Air Ducts - High & Low - Replacement	LF			
22	Combustion Air Ducts - High & Low - Full Installation	SET			
23	Furnace Closet Door Grill	SQIN			
24	Mastic Holes, Seams & Gaps in Ductwork	HR			
25	Manufactured Home Rebuild DHW Floor	EA			
26	Disconnect DHW/Remove/Re-install	EA			
27	DHW Pressure Relief Drop Leg	EA			
28	Air Seal Furnace/DHW Closet	EA			
29	Chimney Liner (One Story)	EA			
30	Chimney Liner (Two Story)	EA			
	central air conditioning SEER 15 or higher	EA			
	heat recovery ventilation system	EA			
Domestic Hot Water (DHW)					
31	30 Gallon - Electric	EA			
32	40 Gallon - Electric	EA			
33	50 Gallon - Electric	EA			
34	30 Gallon - Manufactured Home - Natural Gas -Atmospheric	EA			
35	40 Gallon - Manufactured Home - Natural Gas - Atmospheric	EA			

36	30 Gallon - Manufactured Home - Natural Gas -Direct Vent	EA			
37	40 Gallon - Manufactured Home - Natural Gas - Direct Vent	EA			
38	30 Gallon - Manufactured Home - Propane -Direct Vent	EA			
39	40 Gallon - Manufactured Home - Propane - Direct Vent	EA			
	40 gallon power vented water heater	EA			
	Tankless on demand water heater				
	heat pump split system				
40	50 gallon Heat pump hybrid Electric	EA			
41	DHW Direct Vent/combuustion Air Conversion Kit Instalation	EA			

Note: Other materials may be substituted on a case by case basis with the Grantee's prior approval. All Weatherization price list will be negotiated with the contractor on a job by job basis (e.g., time and materials) or prices will be requested. Ottawa County CAA reserves the right to delete any such measure if the price is deemed to be inappropriate.

Contractor Signature: _____

Date: _____



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**ATTACHMENT D – AUTHORIZATION FOR CRIMINAL HISTORY SEARCH,
BACKGROUND CHECK AND CENTRAL REGISTRY FORM**

Complete the following forms.

CENTRAL REGISTRY CLEARANCE REQUEST
Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

**COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS**

**OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE**

**SECTION 1
INFORMATION ON PERSON BEING CLEARED**

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

**SECTION 2
REQUESTOR INFORMATION**

Please Check Appropriate Box

<input type="checkbox"/> Child Welfare Agency	<input type="checkbox"/> I would like to pick up my results in _____ county	<input type="checkbox"/> Employer
<input type="checkbox"/> Individual	<input type="checkbox"/> Law-Enforcement/Dept of Corrections	<input type="checkbox"/> Volunteer Agency
<input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input checked="" type="checkbox"/> Other Contractual employer	<input type="checkbox"/> Out-of-State Adoption and Foster Home Screening

Name of Employer/Volunteer Agency/Individual Ottawa County Community Action Agency	Name of CPS/Law-Enforcement or Court
Name 12251 James St Suite 300	Title
Address Holland MI 49424	City State Zip Code
Phone 616-393-5607	Fax 616-393-5612
E-mail mbrothers@miottawa.org	Date 05/6/22

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Authorization for Criminal History Search and Background Check

As a prospective or current employee/volunteer/employee partner of Ottawa County Community Action Agency (OCCAA) whose assigned tasks will/may include having direct contact with children and/or vulnerable adults or access to confidential information, or having supervisory responsibilities of volunteers that have direct contact with agency consumers, I understand that it is OCCAA's policy to secure criminal history information as part of their employee/volunteer/employee partner screening processes. I understand that OCCAA will utilize the information obtained from the criminal history check, from publicly available offender registry information, and other related background information to determine my suitability for an employee/volunteer/employee partner position. I understand that the information provided by me below is specifically required in order to obtain an Internet Criminal History Access Tool (ICHAT) check.

First Name Middle Name Last Name

Maiden name or other names used: _____

Birthdate: _____ / _____ / _____ Race: _____

Sex: _____

Do you have any criminal or felony charges pending? Yes No; If Yes, please list:

I have lived in the state of Michigan continuously for the past 10 years: Yes No

If No, have you ever been convicted in another state or country of a felony or been identified as a perpetrator of domestic or child abuse in the past? Yes No

If yes, please list below, indicating the current status, nature and time period of the conviction(s):

AUTHORIZATION: By signing below,

- I authorize Ottawa County Human Resources personnel and/or OCCAA personnel to utilize the information provided above for the express purpose of obtaining a criminal history file search and for determining my suitability to hold an employee/volunteer/ employee partner position with OCCAA.
- I agree that during the term of my affiliation with OCCAA as an employee/volunteer/employee partner I will notify my supervisor in writing and in a timely manner (within two work days) of any criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.
- Further, I attest that the information provided above is true and complete.

Signature

Date



Ottawa County

**RFQu 22-03 Insulation and Home
Efficiency-Related Repair Services**

ATTACHMENT E – CONFIDENTIALITY STATEMENT

Complete the following forms.



Confidentiality Statement

The office of Ottawa County Community Action Agency contains information that is privileged, confidential, or otherwise protected from use and disclosure. You are hereby notified that any review, disclosure, copying, dissemination or transmission, or the taking of any action in reliance on its contents, or other use, is strictly prohibited.

Acknowledgement and Agreement:

Employee/Volunteer/Contractor acknowledges that he/she has read and carefully considered the terms of the above Confidentiality Statement and that he/she fully understands the terms and conditions herein.

Employee/Volunteer/Contractor agrees that the terms of this Confidentiality Statement are fair and reasonable and will uphold the terms and conditions as required for the protection and the interest of Ottawa County Community Action Agency and its clients.

Employee/Volunteer/Contractor signature

Date

Printed Name



Ottawa County

**RFQu 22-03 Insulation and Home
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ATTACHMENT F – ADDITIONAL DOCUMENTS

Include the following information with the submission of qualifications:

- ✓ *Copy of Insurance Policy*
- ✓ *Copy of Relevant License(s)*
- ✓ *Proof of attendance at Indoor Air Quality Training, MIOSHA, as well as Lead Safe Work Practices training and/or EPA's Lead Renovation, Repair and Painting Rule certification.*
- ✓ *Documentation of Woman/Minority owned business or LSA (if applicable)*