



HOMEWISE SINGLE-FAMILY CONTRACTOR APPLICATION	
Applicant Organization Name (print)	
Print Contact Person	
Title	
Address	
E-mail	
Telephone #	
Employer E.I.N #:	
<p>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.</p>	
Printed Name of Legal Authority:	Signature of Legal Authority
Title	Date
SUBSCRIBED and SWORN to before me this _____ day of _____ 20	
Notary Public	My commission expires

Notary Seal

General Information

Firm Name

Business Address

Business Phone Number

Fax Number

Cell phone

E-mail address

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 Company		
Name of Bonding Company	\$ Bond Amount	
Agent	Phone #	
Address		
Provide a copy of the following required documents:		
<ol style="list-style-type: none"> 1. Insurance documents * 2. Contractor's Registration License 3. Corporation License 4. State Tax Certification 5. W-9 Form 		
<p>*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.</p>		

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 #

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:
 - a) Working with lead paint in accordance with Lead Safe Weatherization practices
 - b) Using the blower door to perform pressure diagnostics and air sealing
 - c) Installing insulation, including experience and equipment for installing high density insulation
 - d) Combustion safety testing

Describe your company's current capacity to perform single-family weatherization jobs as described in 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?

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

Weatherization Job #2

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

PAST COMPLETED WEATHERIZATION JOBS

Weatherization Job #3

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