TAZWOOD COMMUNITY SERVICES, INC.
Weatherization Program
NOTICE OF INTEREST

I, the undersigned, wish to participate as a contractor in the Illinois Home Weatherization Assistance Program (IHWAP).

I am aware that Tazwood Community Services, Inc. serves more than one county in its service area and am willing to do work in all counties this agency serves. The counties are as follows:

Tazewell

Woodford

McLean

Livingston

Peoria

I understand that as a contractor for the 2027 IHWAP, I must abide by all program requirements as stipulated by Tazwood Community Services, Inc. and the Department of Commerce and Economic Opportunity. I understand that failure to do so will result in my termination as a contractor for the 2027 program.

I wish to participate in the following bid proposals:

_____ HVAC

_____ Plumbing

_____ Refrigeration

_____ Architectural

_____
NAME (PLEASE PRINT)

_____
SIGNATURE DATE

STATEMENT OF VENDOR'S QUALIFICATIONS

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 for each, and the month and year completed:

_____

_____

_____

_____

_____

11. List your 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 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:
____Forced Air ____Forced Water ____Steam Boiler ____Gravity Furnace
____Conversion ____Wall Furnace ____Space Heater ____Gravity Water (Boiler)
____Central Air Conditioning ____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 completed contracts for the Illinois Home Weatherization Assistance Program for the (current year) program need not complete numbers 16 and 17 below:

16. Financial Reference: (Must list two) Reference name, address, and phone number:

_____

_____

_____

17. Work References: (Must list two) Reference name, address, and phone number:

_____

_____

_____

PLEASE NOTE: all Vendors must complete Parts 18 and 19.

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

19. The undersigned 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):
_____

PROPOSED SUBCONTRACTORS

Name and Address of Contractor_____

_____

_____

_____

Contractor must, at minimum, identify who will perform the following, even if it is the contractor himself/herself.

TYPE OF WORK	SUBCONTRACTORS	ADDRESS and PHONE of SUB CONTRACTORS
Carpentry (Infiltration)	_____	_____
Heating and Cooling	_____	_____
Install Insulation	_____	_____
Electrician	_____	_____
Plumber	_____	_____
Other (describe):	_____	_____

Note: Contractor must provide a SAM.gov screenshot for all subcontractors to ensure they are in good standing to conduct business with Federal pass-through entities.

Tazwood Community Services, Inc.
Illinois Home Weatherization Assistance Program
Contractor Background and Contact Information

Company Name: _____

Company Address: _____

Company Phone: _____

Certified IHWAP Workers	OSHA 10 Hour Certification	OSHA 30 Hour Certification	OEA Mechanical Training Cert.
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Point of Contact	Primary	Secondary
Name:		
Phone:		
E-Mail:		
Title:		

Approximately how many homes could you complete per month: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize release of information regarding the undersigned's financial and technical resources to Tazwood Community Services, Inc. for the purpose of determining eligibility as a contractor with Tazwood Community Services, Inc. for the _____ Illinois Home Weatherization Assistance Program. A photo static copy of this document shall suffice as proper authorization for the release of the above information.

_____

Company Name

_____ _____

Authorized Signature Date

INSURANCE REQUIREMENTS

The contractor shall maintain, during the entire period of performance under this contract, the following minimum insurance.

Type	Minimum Liability Amounts
Comprehensive General Liability	$500,000 per person $1,000,000 per accident $500,000 property damage
Workers' Compensation	Illinois Statutory Requirements
Comprehensive Automobile Liability	$250,000 per person* $500,000 per accident* $250,000 property damage*

The contractor shall furnish the Grantee Agency with a certificate or written statement of the above required insurance prior to signing contract agreement. The certificate of insurance shall contain a statement to the effect that the Grantee Agency will receive written notification at least seven (7) days in advance of cancellation or of any material change in the policy. A copy of the above insurance must be made available to the Grantee Agency within seven (7) days after notification of contract award offer.

Name of Insurance Company _____

Address _____

_____

Phone Number _____

*Must conform to current Illinois Secretary of State requirements.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

BUSINESS NAME:_____

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

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.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

_____ _____

Name **Title**

_____ _____

Signature **Date**

CERTIFICATION REGARDING WEATHERIZATION MATERIALS

I, the undersigned, certify that:

1. All weatherization materials supplied for the duration of this contract beginning _____, and ending _____, meet all federal standards as specified in **Appendix A of 10 CFR 440**.

1. I understand that supplying materials that DO NOT meet federal standards constitutes a criminal offense.

2. I have in my possession a copy of **Appendix A of 10 CFR 440** and understand that materials found to be in violation of said **Appendix A of 10 CFR 440** will result in immediate cancellation of my contract. All unused materials will be returned for immediate refund. All costs relating to the removal and replacement of any installed inferior materials will be the sole responsibility of _____ and reimbursable to the agency.
   Supplier

This certification is a material representation of fact upon which reliance was placed when this transaction was made and entered into. Any supplier who fails to file this certification with Tazwood Community Services, Inc., will not be awarded a contract.

Agency

_____
Contractor or Supplier

_____ _____
Signature of Certifying Official Date

Tazwood Community Services, Inc.
Agency

_____ _____ _____
Signature of Agency Official Title Date