

**CADA Seeks Contractors for Housing Programs
Bidders Conference Planned
Contractors Must Attend**

**Thursday, June 7, 2018
CADA Administrative Office
Rich Square, North Carolina 27869**

Choanoke Area Development Association of North Carolina Incorporated., (CADA) has received funding from the US Department of Energy and The North Carolina Housing Finance Agency to weatherize home and rehabilitate the homes of eligible residents in **Bertie, Edgecombe, Halifax, Hertford, Martin and Northampton Counties**. CADA seeks local contractors in the following trades to implement weatherization standard measures; **Evaluation, Cleaning and Tuning of HVAC Systems, HVAC's, Electricians, Plumbers, Insulation and Incidental Repairs**.

Contractors are also needed for the Urgent Repair, Essential Single Family Rehab and Disaster Recovery Essential Family Rehab Programs. All contractors must have the capacity, equipment and trained staff to install measures in accordance with program standards and the requirement of the State of North Carolina and must provide evidence of trained staff or be willing to train staff to meet required certifications and agree to a minimum of 40 annual continuing education for staff assigned to work with CADA. Contractors must provide proof of required insurances and equipment prior to contracting and beginning work.

Bid requirements will be discussed. Bid packages will be available Thursday, June 7, 2018 at this required meeting. Bid will be due by 12:00 noon on Thursday, June 21, 2018.

Contact Marion Williams at 252.539.4155 extension 521 to register for the meeting. Contractors must also submit a completed CADA's Contractor Application if they do not have a current application on file with CADA. A minimum of three references is required. Minority and female owned businesses/contractors are encouraged to attend and submit bids.

For additional information contact: Roy Worrells: rworrells@nc-cada.org, Melvin Powers: mpowers@nc-cada.org, Matt Duncan: mduncan@nc-cada.org. Telecommunication Device for the Deaf (TDD) **1.800.735.2962**.

CADA SEEKS CONTRACTORS FOR HOUSING PROGRAM BIDDERS CONFERENCE 1:00 PM THURSDAY, JUNE 7, 2018.

Choanoke Area Development Association of NC (CADA) seeks bids for the services/trades for housing programs administered by CADA in **Bertie, Edgecombe, Halifax, Hertford, Martin, and Northampton Counties**. A Bidders Conference to explain the programs and the bid process is scheduled for 1:00 PM June 29, CADA Administrative Office, Rich Square, NC.

- I. 2018-2019 Weatherization Program (All listed counties)
 - ECTS-Evaluation, Cleaning and Tuning of HVAC Systems
 - Installation of Insulation
 - Repair and Replacement of HVAC systems
 - Electrical Repairs
 - Plumbing Repairs
 - Incidental Repairs
- II. Urgent Repair Program (Bertie, Halifax, Hertford, Martin, Northampton)
- III. Essential Single Family Rehab Program (Bertie, Halifax, Hertford, Northampton)
- IV. Disaster Recovery Essential Single Family Rehabilitation Program (all listed counties)

The scope of work for each trade/service/program will be explained at the bidders' conference and is outlined in the bid package. Only contractors/vendors licensed for an identified trade may apply. Bid packages with required documents including ranking criteria are available at the CADA Office in Rich Square, NC 27869 or may be downloaded from the CADA Website www.nc-cada.org. **Bids will be due by noon on Thursday, June 21, 2018.**

CADA is an equal opportunity agency. Businesses owned by minorities and women are encouraged to apply.

For additional information contact: Roy Worrells (rworrells@nc-cada.org), Matt Duncan (mduncan@nc-cada.org), or Melvin Powers (mpowers@nc-cada.org). Phone Contact information is (252) 539-4155 or TDD (800) 735-2962 or 711.



The following items are to be returned with your Bid

- Sub-contractors Profile and Certification: Complete pages 1-2 of the document and attach documents identified in the document including proof of ownership and types of ownership

- Proof of training and licensures including Renovator Certification for business and employee(s)

- Proof of current insurances as defined in the sample contract document:
Worker's Compensation
Commercial General Liability
Automobile
Pollution (if applicable)

- Schedule B – Subcontractor's Compensation Schedule (part of sample contract document)

- Three references

- Complete and sign Subcontractor Section on Page 8 of 8

North Carolina Weatherization Assistance Program Subcontractors Profile & Certification

1. Contractors Name: Choanoke Area Development Association of North Carolina Incorporated. (CADA)

Subcontractors Information

2. Business Name: _____

3. Owner(s) Name: _____

4. Address: _____

5. Telephone: _____ Fax: _____

6. Email Address: _____

7. Company Structure (corporation), partnership, sole proprietorship): _____

8. Business Type: _____

9. Years In Business: _____

10. Federal Tax Identification Number: _____

11. Type of Work to be Performed: _____

<input type="checkbox"/>	Blower Door directed Air Sealing
<input type="checkbox"/>	Attic Insulation
<input type="checkbox"/>	Sidewall Insulation
<input type="checkbox"/>	Floor Insulation
<input type="checkbox"/>	Duct Sealing and Insulation

<input type="checkbox"/>	Water Heater Insulation
<input type="checkbox"/>	Pipe Insulation
<input type="checkbox"/>	General Heat Waste
<input type="checkbox"/>	General Storm Installation
<input type="checkbox"/>	Other

12. Years of Weatherization Work Experience, if none, list similar related experience:
 a. List all agencies in which your company served as a Weatherization Assistance Program Subcontractor in North Carolina in the past 3 years.

Agency	Main Contact Person	Telephone Number

North Carolina Weatherization Assistance Program Subcontractors Profile & Certification

13. Identify equipment owned by subcontractors that will be used in performing weatherization work:

Equipment	Manufacturer	Model	Year Purchased	Condition
Blower Door				
Insulation Machine				
Generator				
Combustion Analyzer				
Dust Blaster				
Infrared Camera				
Other:				
Other:				

- 14. Attach a copy of licenses (including general contracting licenses)

- 15. Attach a copy of insurances (Worker’s Compensation, Commercial General Liability, Automobile, & Pollution Occurrence)

- 16. Attach a copy of the invoice to be used by the contractor.

North Carolina Weatherization Assistance Program Subcontractors Profile & Certification

Subgrantee Subcontractor Certification

As chief executive officer of the above name organization, I certify that competitive procurement procedures outlined in 10CFR600 and the procurement policies and procedures of our organization were followed in the procurement of the subcontractor identified above and further that after review of the business credentials, liability, workmen's compensation and pollution occurrence insurance coverage held by subcontractor and to the best of my knowledge the subcontractor identified herein possesses the skills; knowledge; experience; abilities; tools and equipment and appropriate state and local business license and credentials to perform the weatherization work identified in item 12 above in accordance with the NC Weatherization Program Installation Standards. I certify that my staff has verified that this subcontractor is not listed on Excluded parties List System or the Suspension of Funding List.

Typed Name of Executive Director

Signature of Executive Director

Date



Choanoke Area Development Association of North Carolina Inc.
Post Office Box 530 * Rich Square, North Carolina 27869
Telephone: 252.539.4155 * Fax: 252.539.2048

Quote for Evaluation, Cleaning and Tuning of HVAC Systems

Based on the scope of work for Evaluation, Cleaning and Tuning of HVAC System provided by Choanoke Area Development Association of NC, Incorporated for the Weatherization Assistance Program (WAP)

Name of Company: _____

Company Address: _____

HEREBY PROPOSES TO:

Provide Evaluation, Cleaning and Tuning of HVAC Systems in the following counties

(Check all that are applicable)

- Bertie
Edgecombe
Halifax
Hertford
Martin
Northampton

The bid prices for labor per hour are:

ECT Specialist: \$ _____ Hour

Laborer/Helper: \$ _____ Hour

*** Attach copies of the required licenses and certifications***

Signature Owner/Administrator Date

List the equipment that you own:

- 1.
2.
3.
4.

Licenses and certifications

Form for Ranking Bids Submitted for RFP for ECTS-Evaluation, Cleaning, and Tuning of HVAC Systems

Purpose: The purpose of this form is to provide a formal method for evaluating bids received in response to an RFP for ECTS-Evaluation, Cleaning, and Tuning of HVAC Systems.

Points scale: 25 possible points.

Name of Company _____
Date of bid: _____

EXPERIENCE: MAXIMUM 5 POINTS _____

- 15 plus years in operation _____ 5 points
- 10 years but less than 15 _____ 4 points
- 5 years but less than 10 _____ 3 points
- Less than 5 years , but more than 2 years ___ 2 points
- Less than 2 years _____ 0 points

WOMEN OR MINORITY OWNED BUSINESS _____ 5 POINTS _____

THREE ACCEPTABLE REFERENCES ___ 5 POINTS _____

RESPOSNSIVE PRICING: MAXIMUM 5 POINTS _____

- Lowest _____ 5 points
- Second lowest _____ 4 points
- Third lowest _____ 3 points

STAFF WITH WAP TRAINING: MAXIMUM 5 POINTS _____

- More than one employee with training _____ 5 points
- At least one employee with WAP training _____ 4 points

TOTAL POINTS: _____

RECOMMENDATION: _____

DATE OF REVIEW: _____

REVIEWERS: _____

North Carolina Weatherization Assistance Program Heating, Ventilation, and Air Conditioning System Evaluation Report

Every Weatherized dwelling in NC shall have all HVAC systems evaluated by a licensed HVAC technician (limitations apply). HVAC evaluations and related services provided under the NCWAP, shall comply with the American National Standards Institute/Air Conditioning Contractors of America (ACCA) Standard-4 (2008) and the NC Weatherization Installation Standards. An NCWAP HVAC Evaluation Report shall be completed by a technician in conjunction with every evaluation performed and shall accompany any request for payment. NCWAP shall define an Evaluation as incorporating all Inspection, Maintenance, and Testing procedures mandated by ACCA Standard-4, as applicable per system type.



**North Carolina
Weatherization
Assistance Program**

I. Job Information: All fields required. Shaded fields to be completed by the Weatherization Service Provider (WSP).

Client Name: _____ Job Number: _____
 Street Address: _____ Date Assigned: _____
 City, ST Zip: _____ Assigned By: _____
 Company Name: _____ Target Completion Date: _____
 Technician Name: _____ Actual Completion Date: _____
 Returned Completed Report To: _____ via fax/email Actual Time of Service Appt: _____ am/pm

II. System Identification: All fields required. Use additional sheets as needed where five or more systems are present.

No. of Primary Systems Present⁴ _____ No. of Unvented Space Heaters Present _____
 No. of Supplemental Systems Present⁺ _____ Are Unvented Space Heaters the Primary Heat Source?⁶ Yes No

System 1 <i>(Check all that apply)</i>	System 2 <i>(Check all that apply)</i>
<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil (No. _____) <input type="checkbox"/> Kerosene <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet) Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____	<input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Boiler <input type="checkbox"/> Space Heater <input type="checkbox"/> Unvented Space Heater <input type="checkbox"/> Water Heater Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____
System 3 <i>(Check all that apply)</i>	System 4 <i>(Check all that apply)</i>
<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil (No. _____) <input type="checkbox"/> Kerosene <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet) Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____	<input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Boiler <input type="checkbox"/> Space Heater <input type="checkbox"/> Unvented Space Heater <input type="checkbox"/> Water Heater Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____

⁴ Refer to the North Carolina Weatherization Installation Standards (NCWIS) for guidance on allowable system types that may contribute to a Primary Heat Source.

⁺ Refer to the NCWIS for guidance on allowable system types that may contribute to a compliant Supplemental Heat Source.

⁶ Presence of an Unvented Space Heater(s) as the Primary Heat Source in a Weatherized dwelling shall be strictly prohibited. Refer to the NCWIS for guidance on allowable Unvented Space Heater usage. Evaluations that identify prohibited usage shall cease immediately, and the Weatherization Service Provider shall be immediately notified.

III. System Evaluation: Record results of Inspection, Maintenance, and Testing completed on each system type/component.

FP = Functioning Property NR = Needs Repair RR = Replacement Recommended CP = Cleaning Performed

COMPLETE FOR ALL SYSTEMS AS APPLICABLE									
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Controls and thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zone controls and dampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main trunk line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet/fasteners/panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan belt tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature rise _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contacts/relays /capacitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registers and duct boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan on/off temperatures _____ °F _____ °F				

COMPLETE FOR CENTRAL ELECTRIC SYSTEMS									
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Variable frequency drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow across element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE FOR HEAT PUMPS / CENTRAL AIR CONDITIONING SYSTEMS									
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Condenser unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerant line insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condenser fan motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airflow across coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condenser coil & fins*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporator coils & fins*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reversing valve operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superheat/subcool results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate ports—indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan speed _____ RPM				
Defrost cycle settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure drop across coils _____ psi				
Refrigerant lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature drop across coils _____ °F				

* Straighten fins as needed.

COMPLETE FOR NATURAL GAS AND PROPANE FURNACES									
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Gas leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner (corrosion, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condensate piping/drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustion air intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner blow wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main burner ignition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90+ unit pipe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of flame rollout? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Hot surface igniter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney lined? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Combustion chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance from combustibles <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Burner gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent system code compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Inlet gas pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel usage (clock meter) _____ therms/h				
Manifold pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is usage within 10% of nameplate? <input type="checkbox"/> Yes <input type="checkbox"/> No				

COMPLETE FOR SOLID FUEL FURNACES (WOOD/COAL/PELLET)									
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Condition of chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel type <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> Pellet				
Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat exchanger cracked* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat resistant shielding <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Correct vent type? <input type="checkbox"/> Yes <input type="checkbox"/> No					Gaskets <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Vent meets code (1/4" rise per foot) <input type="checkbox"/> Yes <input type="checkbox"/> No					Circulating fan <input type="checkbox"/> Pass <input type="checkbox"/> Fail				

III. System Evaluation Continued:

FP = Functioning Properly NR = Needs Repair RR = Replacement Recommended CP = Cleaning Performed

COMPLETE FOR OIL FURNACES

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Combustion chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustion air intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photocell resistance _____ Ω	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Ceramic insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace oil burner nozzle*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Electrode positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace fuel filter*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Clean combustion air inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Burner head/nozzle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil residue in chamber?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleed oil line*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Test inducer fan motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ignition transformer voltage __ V	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Test blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance from combustibles	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Oil pressure (measure/adjust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Oil pump pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent meets code (1/4" rise per foot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Fuel pump pressure cutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Primary burner safety control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

* Required maintenance items

COMPLETE FOR ALL VENTED SPACE HEATERS

System 1					System 2				
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas leak(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Gas leak(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Clearance from combustibles?	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			Clearance from combustibles?	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vent meets code (1/4" rise per foot)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Vent meets code (1/4" rise per foot)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of elbows in vent system? _____					Number of elbows in vent system? _____				

COMPLETE FOR HYDRONIC LOOP BOILERS

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Reducing valve screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure reducing valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water temperature change _____ °F				
Bladder expansion tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water loop pressure change _____ psi				
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

COMPLETE FOR ALL VENTED FUEL-FIRED SYSTEMS*

Ambient CO _____ ppm	Ambient temperature _____ °F
Spillage test <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not applicable	CAZ volume (if applicable) _____ ft ³
Worst case CAZ _____ Pa	Additional venting needed _____ in ²
Draft (at worst case) _____ Pa	Pressure switch <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not applicable

PORT 1	PORT 2	PORT 3	PORT 4
Steady state efficiency _____ %	Steady state efficiency _____ %	Steady state efficiency _____ %	Steady state efficiency _____ %
CO _____ ppm	CO _____ ppm	CO _____ ppm	CO _____ ppm
O ₂ _____ %	O ₂ _____ %	O ₂ _____ %	O ₂ _____ %
CO ₂ _____ %	CO ₂ _____ %	CO ₂ _____ %	CO ₂ _____ %
Stack temperature _____ °F	Stack temperature _____ °F	Stack temperature _____ °F	Stack temperature _____ °F

* Refer to the NCWIS for guidance on compliant combustion testing standards and methods.

IV. Declaration of System Compliance: Official summary of conditions post-Evaluation (Inspection, Maintenance, and Testing).

System No. 1		System No. 2		System No. 3		System No. 4	
Passes	Fails	Passes	Fails	Passes	Fails	Passes	Fails
Provide a detailed description of deficiencies identified in each failed system (continue on back if additional space is needed):							

VIII. MINOR Repairs Completed: Authorized repairs completed at time of Evaluation, beyond the mandated scope of services.*

Detailed Description of Minor Repairs Completed:	Materials Installed			
	Material Description	QTY	Unit	Total Cost
	Actual Labor Hours			
Comments:	Total Materials:			
	Total Labor:			
	Total Actual Cost:			

* Refer to NCWAP guidance for limitations on allowable Minor Repairs that may be performed in conjunction with standard HVAC Evaluations.

V. MAJOR Repair/Replacement Recommended: Must be fully justified by the description of the failure written above. ■

Detailed Description of Major Repair/Replacement Recommended:	Estimated Material Costs			
	Material Description	QTY	Unit	Total Cost
	Estimated Labor Hours			
Comments:	Total Estimated Materials:			
	Total Estimated Labor:			
	Total Estimated Cost:			

■ Refer to NCWAP guidance for limitations on allowable Major Repairs or Replacements performed, which are subject to competitive bidding requirements.

VI. Certification of Compliant Evaluation:

Technician Certification:

As an HVAC technician licensed by the State of North Carolina, and as an employee/proprietor of _____, I certify that I have personally evaluated all HVAC systems present in the subject dwelling, including all inspection, maintenance, and testing mandated under ACCA Standard-4. I understand that any subsequent services, for which the property owner/client may be eligible, shall be determined at the sole discretion of the WSP, and neither I nor any representative of my firm, shall be at liberty to state or imply that additional services can, should, or will be provided. I further attest that the evaluation, report, and repairs performed (if any) are complete, accurate, and of good quality, in accordance with NCWAP guidelines.

Technician Printed Name: _____ Date: _____

Technician Signature: _____ Date: _____

Property Owner Certification:

As owner of the property referenced herein, I understand and agree that I previously authorized the local Weatherization Service Provider to enlist the services of a licensed HVAC technician to evaluate and service the HVAC systems present in my dwelling on my behalf, as a requirement of the Weatherization Assistance Program services for which I may be eligible. I understand that no warranty either expressed or implied shall accompany this evaluation, nor any repairs made hereunder, and that any subsequent services for which I may be eligible shall be determined at the sole discretion of the WSP, in compliance with NCWAP standards and guidelines. I further certify that to the best of my knowledge, the evaluation as recorded in this report is now complete, and I agree and attest that the nature and quality of all work performed is acceptable to me.

Property Owner Printed Name: _____ Date: _____

Property Owner Signature: _____ Date: _____

NORTH CAROLINA WEATHERIZATION ASSISTANCE PROGRAM SUBCONTRACTOR AGREEMENT - HVAC

This Agreement is hereby entered into by and between (Choanoke Area Development Assoc.) (herein "Contractor") and (Subcontractor) (herein "Subcontractor"). The agreement is subject to the availability of funds from the Award Agreement # DE-EE0007939 and Award Agreement # 18B1NCLIEA & 19B1NCLIEA.

WITNESSETH

WHEREAS, the Contractor has entered into a Weatherization Assistance Program Agreement with the North Carolina Department of Environmental Quality ("DEQ") (the "WAP Contract"), whereby it has agreed to perform certain weatherization activities pursuant to the Weatherization Assistance Program in North Carolina and;

WHEREAS, the Contractor, as a result of the utilization of its agency procurement procedures determined that the Subcontractor is a good value; and

WHEREAS, the Subcontractor has agreed to undertake the services set forth in Schedule A and to fulfill all responsibilities of this Agreement relating to the Project.

NOW, THEREFORE, in furtherance of the Weatherization Assistance Program, and in consideration and the mutual promises and obligations herein provided, the parties do mutually agree as follows:

1. Use of this Contract Document

The Subcontractor acknowledges and agrees that, unless and until executed by the parties, this contract document is a template that DEQ has provided to the Contractor for guidance purposes only (the "Guidance Template"), and that the Subcontractor alone is ultimately responsible for determining whether this or any other contract document used to effect an agreement with the Contractor is legally sufficient for the Subcontractor's purposes.

The Subcontractor further acknowledges and agrees that adoption of this Guidance Template to effect an agreement with the Contractor will not provide safe harbor to either the Contractor or the Subcontractor in the event that either party fails to comply with any of the laws, regulations, rules or policies—whether local, state or federal—applicable to the parties and/or their contractual arrangement. Conversely, the Subcontractor acknowledges and agrees that the Contractor and Subcontractor are under no legal obligation whatsoever to adopt this Guidance Template as the requisite contract document memorializing the parties' agreement. Rather, the Contractor and Subcontractor may elect to execute a different contract document, including any substantive variation of this Guidance Template, so long as such document constitutes a legally binding contract and contains all of the terms, conditions, duties and other contract provisions required under the laws, regulations, rules and policies—whether local, state or federal—applicable to the parties and/or their contractual arrangement.

2. Applicability of WAP Contract

In those instances where services for which the Contractor is responsible under the WAP Contract are to be carried out by the Subcontractor pursuant to the terms of this Agreement, the provisions of the WAP Contract shall be binding on the Subcontractor to the extent applicable under the laws, regulations, rules and policies—whether local, state or federal—governing the parties' contractual

arrangement. Upon request, the Contractor shall provide the Subcontractor with a copy of the WAP Contract within a reasonable period of time.

3. Term of Agreement

This Agreement shall begin on July 1, 2018 (Commencement Date) and shall terminate on June 30, 2019 (Termination Date) with the exception of all provisions regarding records retention and guarantees of work which shall survive the termination of this Agreement.

4. Compensation

The Contractor agrees to pay the Subcontractor for services rendered under the terms and conditions of this Contract, subject to any additions and deductions, the reimbursement cost of materials and labor hours set forth in Schedule B (Price Agreement).

5. Entire Agreement

This Agreement and, to the extent applicable, the WAP Contract, together with any attachments appended prior to the execution of the present Agreement, constitutes the entire Agreement between the parties and shall not be changed, modified or altered in any manner except by an instrument in writing executed by the parties.

6. Notices

Any notice to be given pursuant to this Agreement shall be deemed sufficient if given in writing to the address indicated in this Agreement, or such other address as may be specified in writing, and if given by certified mail, return receipt requested, and unless date of receipt is specified herein, such notice shall be deemed given when mailed.

7. Subcontractor's Obligations

The Subcontractor agrees:

- A. To perform the services provided for in Schedule A (Scope of Services) attached. The services provided by the Subcontractor may not be contracted out to any other organization or company.
- B. To comply with all applicable laws, ordinances, codes and regulations of local, state and federal governments, including the obtaining of all required permits and licenses and the requirements of this Agreement, at no additional cost to the Contractor, except that that actual permit and license fees specific to a site of work may be charged to the Contractor.
- C. To use lead safe weatherization in all homes built prior to December 31, 1978, where the possibility of generating dust, both indoors and outdoors, exists. There is no *de minimus* level recognized; however, the preparation area and clean up area should be sized appropriately for the job. Pictures of the lead safe set up must be taken and provided to the Contractor in electronic form when the invoice is submitted.
- D. To provide and maintain commercial insurance during the term of the contract. This insurance shall be maintained at the sole cost of the Subcontractor and with such terms and limits as may be reasonably associated with the contract. The Subcontractor must list the Contractor as a certificate holder on all relevant policies. At a minimum, the Subcontractor shall provide and maintain the following coverage and limits:
 - (1) **Worker's Compensation** – The Subcontractor shall provide and maintain Worker's Compensation Insurance as required by the laws of North Carolina, as well as employer's liability coverage and minimum limits of \$300,000.00, covering all of Subcontractor's employees who are engaged in any work under the contract. Sole proprietorships and partnerships with less than three (3) employees, in addition to the sole proprietor or partners, are not required to have Worker's Compensation.

- (2) **Commercial General Liability** – General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of \$100,000.00 Combined Single Limit of Limit. (Defense cost shall be in excess of the limit of liability.)
- (3) **Automobile** – Automobile Liability Insurance, to include liability coverage, covering all owned, hired and non-owned vehicles used in performance of the contract. The minimum combined single limit shall be \$500,000.00 bodily injury and property damage; \$500,000.00 uninsured/under insured motorist; and \$1,000.00 medical payment.

Providing and maintaining adequate insurance coverage is a material obligation of the Subcontractor. The Subcontractor may meet its requirements of maintaining specified coverage and limits by demonstrating to the Contractor that there is in force insurance with equivalent coverage and limits that will offer a least the same protection to the Contractor. All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in North Carolina. The Contractor shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under any such insurance policies, except as they may conflict with existing North Carolina laws or this contract. The limits of coverage under each insurance policy maintained by the Subcontractor shall not be interpreted as limiting the Subcontractor's liability and obligations under the contract.

- E. To indemnify and hold harmless the Contractor and any of its officers, agents and employees, from any claims of third parties arising out of any act or omission of the Subcontractor in connection with the performance of this Agreement.
- F. To perform the work in a workmanlike manner acceptable to the Contractor. The Subcontractor shall promptly correct all work rejected as defective or non-conforming as identified by the Contractor during any inspection, within fifteen (15) days of receipt of the written notice of the defect by the Subcontractor, but in no event later than the Termination Date of this Agreement, at no additional cost to the Contractor.
- G. To guarantee all materials installed and labor performed to be free from defects for a period of one year from the date of final acceptance of all the work required by this Agreement on the unit, or the building containing the unit, if later.

At any time up to one (1) year from the date of installation and upon written notice from the Contractor, the Subcontractor shall correct any faulty workmanship in regard to mechanical equipment and weatherization measures. Any manufacturer warranties are in addition to this stated warranty. This one-year warranty provided by the Subcontractor shall run concurrent with the first year of the manufacturer's warranty and does not in any way extend the period of the manufacturer's warranty.

Defective work or materials shall be repaired or replaced, at the election of the Contractor, within thirty (30) days of receipt of the written notice of the defect by the Subcontractor, at no additional cost to the Contractor.

- H. Acceptance of faulty work, or failure on the part of the Contractor to discover defects, will not relieve the Subcontractor of responsibility to correct the defects as set forth herein within the guarantee period.
 - 1. All work assigned to the Subcontractor will be identified by a Job Number and the Subcontractor shall similarly label all invoices, work orders, etc. with the same number for purposes of identification.

2. The Subcontractor shall provide all required information on forms supplied by the Contractor, or shall supply to the Contractor the information necessary for the completion of such forms.

- I. To provide all labor, tools and equipment necessary to perform this Agreement in an efficient, workmanlike and expeditious manner.
- J. To ensure employees do not smoke or use other tobacco products (including, but not limited to, pipes, cigars, snuff, or chewing tobacco) on any part of the jobsite. A weatherization jobsite includes the home and the property in which the home is located.

8. Payment Schedule

A. That the Subcontractor shall not be entitled to any partial payment. Payment will be upon completion of all (100%) of services performed on each home. The Subcontractor must submit Contractor's Invoice that specifies measure labor & material costs for payment.

1. If the Subcontractor Invoice does not separate sales tax, then a certified statement of sales taxes paid must accompany the Invoice.

B. The Contractor agrees to make payment within sixty (60) working days after the Contractor's receipt of all billing documentation above.

C. Assignment

This Agreement is intended to secure the services of the Subcontractor because of its ability and reputation and none of the Subcontractor's services or obligations under this Agreement shall be assigned, subcontracted or transferred.

D. Records

The Subcontractor shall retain all papers and records in connection with work performed for a minimum of three (3) years and access will be provided to DEMLR, the US Department of Energy and any of its authorized agents or representatives, or other Federal or State representatives for the purpose of audit, examination, excerpts or transactions.

9. Contractor's Obligations

The Contractor agrees:

- A. To provide work orders specifying the quantity and method of all work requested of the Subcontractor in conformance with the Divisions policies.
- B. To conduct a timely post-inspection to determine the acceptability of the services performed by the Subcontractor no later than ten (10) business days after notification by the Subcontractor of completion (the "Final Inspection").
- C. To pay the Subcontractor promptly according to this Agreement.
- D. Not to condition payment under this Agreement on the Division certification or approval.

10. Conduct of Agreement

A. Solicitation

The Subcontractor shall not actively solicit business from the clients during the course of the Subcontractor's performance of this Agreement. This provision shall not prevent Subcontractor from providing additional services to the clients at the request of the clients, which additional services shall be performed at the sole cost of the clients. The Contractor is not obligated to pay for any work not initiated by the Contract and outside the scope of work provided on a work order.

B. Delays

When good cause is shown for delay in the work by the Subcontractor, the Contractor shall make a determination specifying alternative payment procedures and/or an extension of time allocated for performance of this Agreement based on confirmation of the delay. Such delays may include, but are not limited to, any of the following: changes in the work, labor disputes, fire, flood, unavoidable casualty or damage to materials, an act or neglect of the property owner or such cause beyond the control of the Subcontractor.

C. Liquidated Damages

It is understood that actual damages due to delay in the performance of the work are uncertain and difficult to ascertain. The reasonably foreseeable damages due to such delay are agreed to be the sum of one hundred dollars (\$100) per day per dwelling unit. The Contractor may withhold and retain such liquidated damages out of any monies due to the Subcontractor under this Agreement.

D. Termination

1. For Fault

If the Contractor determines that the Subcontractor has failed to perform or will fail to perform all or any part of the Subcontractor's services or obligations required under this Agreement, the Contractor may terminate or suspend this Agreement in whole or in part upon written notice by certified mail to the Subcontractor specifying the portions of this Agreement terminated, suspended or reduced. Such notice shall specify the violation(s) of this Agreement, and, in the case of termination, shall specify a reasonable period of not more than ten (10) days nor less than five (5) days from receipt of the notice, at which time the Agreement shall be deemed terminated. In the event of such termination, any materials, supplies, tools or equipment provided by the Contractor shall be returned forthwith by the Subcontractor.

2. Not for Fault

Whenever the Contractor determines that termination of this Agreement in whole or in part is in the best interest of the Contractor or the Division, or in the event that termination is required by a Federal Subgrantee, the Contractor may terminate this Agreement by written notice to the Subcontractor specifying the services terminated and the effective date of the termination. Upon termination, the Subcontractor shall be entitled to and the Contractor shall pay, the eligible costs incurred in compliance with this Agreement until the date of the termination, plus any costs the Subcontractor incurs directly resulting from such termination, provided however, that the total amount paid to the Subcontractor shall not be more than the amount of Total Compensation specified in this Agreement.

3. Termination for Circumstances Beyond the Control of the Subcontractor

The Subcontractor shall be liable for default unless nonperformance is caused by an occurrence beyond the reasonable control of the Subcontractor and without its fault or negligence, such as acts of God or the public enemy, acts of the Government in either its

sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, unusually severe weather, and delays of common carriers. The Subcontractor shall notify the Contractor in writing as soon as it is reasonably possible after the commencement of any excusable delay, setting forth the full particulars in connection therewith, shall remedy such occurrence with all reasonable dispatch, and shall promptly give written notice to the Contractor of the cessation of such occurrence."

SCHEDULE A

Scope of Services

The Subcontractor agrees to provide the services and/or materials described in detail below:

1. **Evaluate, clean and tune (ECT)** heating/cooling equipment per ANSI/ACCA Standard 4 (Maintenance of Residential HVAC Systems) and North Carolina Weatherization Assistance Program Guidelines, providing full documentation of tests performed, conditions observed and recommended actions.
 - a. Evaluation should include a visual inspection of existing ductwork, and, if applicable, notifying the Contractor of any deficiencies noted.
 - b. Evaluation should include combustion and safety testing, if applicable.
 - c. Conduct minor repairs to the heating/cooling system as determined by the ECT. For the purposes of this agreement, minor repairs are defined those repairs that and may be performed by Subcontractor performing the ECT service at the time of the initial service at no additional cost.
 - d. Specify any additional work needed by electrician and/or plumber to achieve efficient, safe and code compliant operation of the unit. Any electrical and/or plumbing services must be separately contracted with by the Contractor; if the Subcontractor has a preference for a specific electrical or plumbing service provider, he/she may submit that request to the Contractor.
 - e. Follow procedures for servicing, repairing, and disposing of any and all refrigerant-containing devices, units, and systems as outlined by federal, state, and local laws and regulations now in effect or hereinafter enacted which pertain to the Federal Clean Air Act of 1990.
 - f. Remove any and all non-functioning equipment and parts associated with system, including obsolete ductwork, unless otherwise specified by the Contractor.
2. Replace non-functioning HVAC equipment with equipment of comparable size and type according to Manual J calculations and having an efficiency rating meeting or exceeding Section 7610 of the NC Weatherization Installation Standards. New System must use the same fuel type (oil, propane, electric, etc) as the existing system unless prior approval is granted by Contractor to convert fuel type. If provided, the air filters for the new system shall be rated at MERV 6. Installation must meet ANSI/ACCA Standard 5 (Installation of Residential HVAC Systems) and North Carolina Weatherization Assistance Program Guidelines.
 - a. Specify any additional work needed by electrician and/or plumber to achieve efficient, safe and code compliant operation of the unit. Any electrical and/or plumbing services must be separately contracted with by the Contractor; if the Subcontractor has a preference for a specific electrical or plumbing service provider, he/she may submit that request to the Contractor.
 - b. Remove any and all non-functioning HVAC equipment and parts associated with system, including obsolete ductwork.
 - c. Follow procedures for servicing, repairing, and disposing of any and all refrigerant-containing devices, units, and systems as outlined by federal, state, and local laws and regulations now in effect or hereinafter enacted which pertain to the Federal Clean Air Act of 1990.
 - d. Provide original documentation of the Manual J calculation, new HVAC system operation manual and warranty information to the Contractor with the invoice.

**SCHEDULE B
Subcontractor Compensation**

All labor rates quoted must include all overhead cost including travel, worker compensation, equipment, maintenance, administrative costs, and worker pay. These price categories should be adequate for installing insulation in most weatherization situations. If a particular category will not apply, indicate by stating (N/A) "not applicable" in the price sections. Please avoid adding unnecessary price categories.

TASK 1: Evaluate, clean and tune (ECT) heating/cooling equipment per ACCA/ANSI Standard 4 and North Carolina standards, providing full documentation of tests performed and recommendations.

Set Price per unit	
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TASK 2: Diagnose heating/cooling equipment with repairs and/or parts replacement, as necessary. Task 2 is only to evaluate an inoperable system, not to clean and tune it.

Set Price per unit	
--------------------	--

TASK 3: Replace existing non-functioning heating/cooling equipment with new HVAC equipment. The cost should include labor for sizing central systems using ACCA Manual J. Ensure that efficiency meets or exceeds the requirements in section 7610 of the North Carolina Weatherization Installation SWS.

Repair work in which only an air handler or condenser shall be replaced, shall not be required to meet the efficiency requirements.

		Option 1*	Option 2*	Option 3*
Electric Heat Pump (split)	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Natural Gas Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
	AC included?			
Natural Gas Package	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Packaged Heat Pump	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Natural Gas Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			

Fuel Oil Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
	AC included?			
Propane Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Fuel Oil Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Electric Mini Split	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Central AC	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Propane Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
	AC included?			
Vented Solid Fuel Oven (Wood/Coal)	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Unit Natural Gas Boiler	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			

* Please consider options for variously sized site-built vs. manufactured homes. Note that the Weatherization Assistance Program **does not** install electric furnaces and the heating efficiencies requirements are often **greater** than the mechanical code.

** Labor Cost can be Flat Rate or Hourly Rate.

IN WITNESS THEREOF, the parties have executed this Agreement

SUBCONTRACTOR

SIGNED: _____ DATE: _____
NAME (PRINTED): _____ TITLE: _____
BUSINESS: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____ EMAIL: _____
LICENSE #: _____

CONTRACTOR – To be signed after state review

SIGNED: _____ DATE: _____
NAME (PRINTED): _____ TITLE: _____
BUSINESS: _____



Choanoke Area Development Association of North Carolina Inc.
Post Office Box 530 * Rich Square, North Carolina 27869
Telephone: 252.539.4155 * Fax: 252.539.2048

NAME: _____
ADDRESS: _____
TAX ID#: _____
D.O.B.: _____
DATE: _____

For Organization Use Only	
Date Received:	_____
Date Approved:	_____
Approved By:	_____
Section 3 _____	MBE _____ WBE _____

Rehabilitation Contractor Registration Application

The undersigned contracting firm hereby applies to be placed on the Approved Contractors Register maintained by CADA for the purpose of performing rehabilitation work coordinated by CADA under the guidelines of its various housing rehabilitation assistance programs. It is certified that the information given below is complete and factual, and no unfavorable information has been withheld.

Contact License No. or Social Security No.: _____

Business Phone/Cell No : _____

Business Name: _____

Business Address: _____

Description of Service

Names, addresses, titles, and years of construction experience of all owners, partners, and/or stock holders:

(Use additional sheet if necessary)

Name	Title	Address	Experience

References:

(Company Name, City, Contact Person/Title, & Phone Number)

Banks/Savings & Loans Companies:

Rehabilitation Contractor Registration

Materials Dealers: _____

Sub-Contractors: _____

Three recent customers: *(for whom major rehab work was performed)*

1. Name: _____
Address: _____
Phone No.: _____

Price of work: \$5,000-\$10,000 \$10,000-\$20,000 Above \$20,000

2. Name: _____
Address: _____
Phone No.: _____

Price of work: \$5,000-\$10,000 \$10,000-\$20,000 Above \$20,000

3. Name: _____
Address: _____
Phone No.: _____

Price of work: \$5,000-\$10,000 \$10,000-\$20,000 Above \$20,000

MBE designation:

Does this business qualify for Minority Business Enterprise (MBE) designation? YES NO

MBE designation refers to a business enterprise which is at least 51% owned by one or more minority individuals, or in the case of any publically owned business, at least 51% of the voting stock is owned by one or more minority individuals, and management and daily operations are controlled by one or more such individuals. "Minority individuals" includes: Blacks – Non Hispanic Origin, Native Americans, Hispanics, Asians, or Pacific Islanders. "Control" means exercising the power to make policy decisions. "Operate" means being actively involved in the day-to-day management.

WBE designation:

Does this Business qualify for Women Business Enterprise (WBE) designation? YES NO

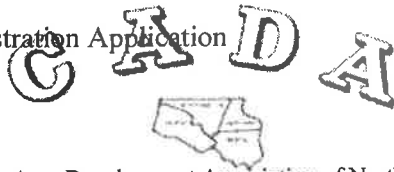
WBE designation refers to a business enterprise that is at least 51% by a woman or women who also control and operate it. "Control" means exercising the power to make policy decisions. Operate means being actively involved in the day-to-day management.

Section 3 designation:

Does this business qualify for a Section 3 designation? YES NO

Section 3 designation refers to a business incorporating on or all the following:

- (1) 51% owned by a section 3 resident – meaning an individual with low income below 80% of the median for the area and a resident of _____ County(ies); or
- (2) At least 30% of the permanent full-time employees are residents of the County(ies) listed at (1) above; or
- (3) Has a commitment to subcontract in excess of 25% of the dollar award of all sub-contracts with Section 3 businesses.



Choanoke Area Development Association of North Carolina Inc.
 Post Office Box 530 * Rich Square, North Carolina 27869
 Telephone: 252.539.4155 * Fax: 252.539.2048

Rehabilitation Contractor Registration Application (continued)

Insurance Coverage

Worker's Compensation

Insurance Agency:		Agent:	
Phone No.:		Policy No.:	
Insurer:			

Copy Attached: YES NO

Liability/Property Damage

Insurance Agency:		Agent:	
Phone No.:		Policy No.:	
Insurer:			

Coverage: Property Damage:		Bodily Injury/Death	
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Copy Attached: YES NO

The undersigned contracting firm agrees that in consideration for being placed upon the Approved Contractors Register it will be subject to the current Bid Policy and practices of the Housing Division or the Community Development Department of the Choanoke Area Development Association, Inc. In bidding on and/or carrying out rehabilitation projects coordinated by Choanoke Area Development Association, Inc. the Contractor will serve, in a sense, as an agent of Choanoke Area Development Association, Inc. and must uphold standards of business and comportment suitable to that role. The Contractor understands that. Once listed on the Approved Contractors Register, he/she may be assigned to one of several status levels ranging from "Approved Active" to "Debarred" depending on recent performance, scheduling and eligibility, and that different privileges come with each status level.

Firm: _____

By: _____
 (Name) (TITLE)

Signature: X _____
 (DATE)

Have you received any training in regards to work with Lead Based Paint? YES NO
 If so, please attach any certification you have received.

Please return application and attachments to: **CADA Housing Program**
P.O. Box 530
Rich Square, NC 27869

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
	-
	-
Employer identification number	
	-
	-

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

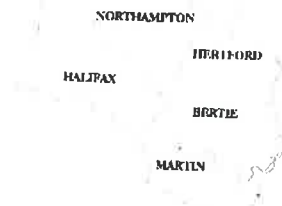
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 1109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Choanoke Area Development Association of NC, Inc.
Post Office Box 530, Rich Square, North Carolina 27869
Telephone: 252.539.4155, Fax: 252.539.2048
www.nc-cada.org

PURPOSE: Procedures to file a protest of bid results.

This information is provided to all bidders for Request for Proposals for Choanoke Area Development Association of NC (CADA) who may have been unsuccessful or who may not agree with the requirements that they must meet prior to being awarded work. Appeals by proposing organizations denied funding are limited to procedural appeals only; such appeals shall be based solely on allegations of irregularities in the solicitation and awards procedure and not on the relative merit of the offers submitted. If an offeror believes to have been harmed by the violation or misapplication of procedure or regulation of this program, the offeror has the right to file a grievance based on the procedures approved by the CADA Board of Directors.

Procedures:

1. Within 10 days of receiving notice of bid results, a formal written letter of protest must be submitted to:

CADA

Sallie P. Surface, Executive Director

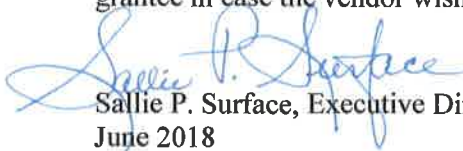
Post Office Box 530 Rich Square North Carolina 27869

2. Protest Letter must contain the following information:

- Notice of Protest and specific reasons for filing the protest.
- Statement stating that the letter is a protest letter.
- A detailed statement of the grounds for protest.
- A specific request for a ruling by the protest committee and a statement of the relief requested.

If this information is not furnished in the letter, CADA may refuse to consider the protest.

3. Within five (5) working days after the receipt of the Protest Letter, the Executive Director will forward the Protest Letter to the Protest Committee. The CADA Finance Committee serves as the Protest Committee.
4. Within 10 business days after the Executive Director has forwarded the Protest Letter to the committee, the committee will meet to evaluate the protest. Written minutes of the meeting to evaluate the protest will be kept. The Protest Committee may request additional information and may ask to meet with the vendor who filed the protest.
5. The committee will issue a written decision to the protesting bidder within five (5) working days of the committee meeting to evaluate the Protest. The committee will also report the decision to the CADA Board.
6. The decision of the Protest Committee will be final. The vendor will be provided contact information for the grantee in case the vendor wishes to protest to the funding source.


Sallie P. Surface, Executive Director
June 2018

9 APPEAL PROCEDURES NOTICE OF RIGHT TO APPEAL

The Choanoke Area Development Association, Inc. is the contractor for many programs that provide a variety of services to eligible low-income individuals and/or families in Bertie, Halifax, Hertford and Northampton counties. All programs that provide these services are funded by the federal, state, or county governments or a combination of all three. Each funding source has established eligibility criterion and guidelines that must be adhered to by this Association. Therefore, the Choanoke Area Development Association may deny or terminate services to any individual and/or family for the following reasons:

- (a) Failure to meet eligibility guidelines mandated by the funding source.
- (b) Failure to provide sufficient information to determine eligibility.
- (c) Incomplete applications.
- (d) Supplying fraudulent information.
- (e) Proven intent to defraud.
- (f) Misrepresentation of purpose.

If an individual and/or family feel that they have been denied services or services have been terminated unjustly, they have the right to appeal. The appeal process provides an opportunity for potential clients or client to challenge the contractor's decision to deny or terminate services.

APPEAL PROCEDURE

- If an individual/family has been denied services, they will be notified in writing within ten (10) working days after denial stating the reason for denial of assistance for services.
- The individual/family must file notice of intent to appeal in writing within five (5) working days of date of notice of denial with the department head/center manager within the county in which they reside.
- Department heads/center managers must transmit notice of intent to appeal to the Executive Director within two (2) working days.
- The hearing will be held within five (5) working days after notice of the scheduled meeting.
- The client or potential client will have the right to present any documents or information in support of the denial of services.
- All information will be documented and evaluated; and, the client will be notified of results in writing within ten (10) working days of the scheduled hearing.
- All information resulting from the appeal will be filed in the client's folder.

Bertie Co. CADA NC Works Career Ctr.	Olivia Taylor, Center Manager	252.794.5616
CADA Executive Director	Sallie P. Surface, Executive Director	252.539-4155
CADA Head Start	Dianne Bynum, Head Start Director	252.539-4155
CADA Housing Choice Voucher Prog.	Wendy Futrell, Program Manager	252.539-4155
Community Services Block Grant	Christopher Moody, Program Manager	252.539-4155
Deputy Director	Melvin Powers	252.539.4155
Halifax Co. Community Service Center	Gail Walker, Center Manager	252.537.1111
Hertford Co. Community Service Center	Jacqueline Melton, Center Manager	252.332.2692
Housing Production Programs	Brenda Greene, Program Manager	252.539-4155
Northampton Co. Community Service Ctr.	Christopher Moody, Program Manager	252.539-4155
Parents as First Teachers	Pamela Taylor, Manager	252.209-8569
URP & SFR Housing Services	Jacqueline Melton, Program Manager	252.332-.2692
Weatherization Prog.00200	Roy Worrells, Program Manager	252.539-4155
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