

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
Request for Proposal # 2014-004



DUE DATE: Wednesday, November 19, 2014, 4:00 p.m. CST

ALAMO AREA COUNCIL OF GOVERNMENTS

Procurement Department
8700 Tesoro Dr., Suite 700
San Antonio, TX 78217

(210) 362-5200

Request for Proposal Release Date:	Wednesday, November 5, 2014, 10:00 a.m.
Written Clarifications & Additional Information Requests due by:	Tuesday, November 11, 2014, 10:00 a.m.
Clarification Responses posted on AACOG website no later than:	Wednesday, November 12, 2014, 5:00 p.m.
Proposal Due Date:	Wednesday, November 19, 2014, 4:00 p.m.

**** All times are as observed by AACOG at its 8700 Tesoro Drive, San Antonio, Texas 78217 location. ****

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I. General Information

- A. AACOG is a voluntary association of governmental units representing Bexar County and the surrounding twelve counties.
- B. The Alamo Area Council of Governments (AACOG) is requesting proposals from firms (general contractors) to provide for the installation of weatherization Energy Conservation Measures (ECM's) such as Heating, Venting, and Air Conditioning (HVAC) work, stoves, water heaters and enclosures, doors, windows and window repair, mechanical ventilation, space heater removal, air sealing, minor home repairs to protect ECM's installed. Work will be performed in homes and apartments (complexes) for the AACOG Weatherization Assistance Program (WAP) commencing January 1, 2015 and ending December 31, 2015. The contract may be renewed in one year increments up to four (4) times contingent upon the contractor's (and his/her subcontractors') performance, program compliance, continued program funding, and approval by the AACOG Board of Directors.
- C. Requests for Proposals (RFP) are issued under the authority of the Government Code, Chapter 2254, Subchapter B, which delineates the statutory requirements governing invitations for proposals and request for offers by state agencies.
- D. It is the policy of AACOG to encourage participation by small and historically underutilized businesses (HUBS), as defined in Government Code, Chapter 2161, as contractors to AACOG.

“Historically underutilized business (HUB): means an entity with its principal place of business in this state that is:

- a corporation formed for the purpose of making a profit in which 51 percent or more of all classes of the shares of stock or other equitable securities are owned by one or more economically disadvantaged persons who have a proportionate interest and actively participate in the corporation's control, operation, and management;
 - a sole proprietorship created for the purpose of making a profit that is completely owned, operated, and controlled by an economically disadvantaged person;
 - a partnership formed for the purpose of making a profit in which 51 percent or more of the assets and interest in the partnership are owned by one or more economically disadvantaged persons who have a proportionate interest and actively participate in the partnership's control, operation, and management;
 - a joint venture in which each entity in the venture is a historically underutilized business, as determined under Government Code Chapter 2161; or
 - a supplier contract between a historically underutilized business as determined under Government Code, Chapter 2161 and a prime contractor under which the historically underutilized business is directly involved in the manufacture or distribution of the goods or otherwise warehouses and ships the goods.
- E. It is the goal of AACOG to include HUBs in at least 10 percent (10%) of the total value of contracts awarded annually.
 - F. AACOG maintains an active program for the identification and placement of small and HUB businesses on bidders' mailing lists, and to provide information and other assistance to facilitate the use of such firms as contractors to the maximum extent practical. Small and HUB business seeking contracting opportunities should file a "Request to be Added to Bidder/Vendor List" with the AACOG Procurement Department, 8700 Tesoro Dr., Suite 700, San Antonio, TX 78217.

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- G.** The bidder/proposer affirms that he has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with this bid.
- H.** Proposers certify as a condition of award that they have not engaged in collusion with other vendors or anyone else in relation to the preparation and/or submittal of their bid for this project.

II. Scope of Services/Project

A. Weatherization Assistance Program Background

The Weatherization Assistance Program (WAP) is a free service to low-income, eligible clients. The program provides for installation of Energy Conservation Measures (ECM's) in low-income households throughout the AACOG 12-county region. The twelve counties are: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson.

Contractors will be required and must be prepared to install ECM's in single-family homes including site built, manufactured and mobile homes as well as multi-family complexes (apartments). The materials used must comply with Federal specifications noted in the 10 CFR 440. All measures must be installed pursuant to and in compliance with the federal Weatherization Assistance Program regulations, policies and procedures, as well as with applicable state, local and AACOG requirements. Appliances must be Energy Star certified. The contractor will be held responsible for securing all necessary permits, hiring all necessary work crews, including licensed HVAC personnel, electricians and plumbers.

Contractors will be required to thoroughly review the Work Order and the client's home prior to commencing any installation of AACOG-prescribed weatherization measures and ensure that all measures have been installed completely and satisfactorily prior to submitting a Building Weatherization Report (BWR) and requesting a Final Inspection to be performed. All work will be inspected by an AACOG Inspection Professional prior to invoicing. Any deficiency in the contractor's work, work product, appliances, etc., work quality or performance, client satisfaction, or compliance will require immediate resolution by the contractor (including additional work) at no additional cost to AACOG or the weatherization client.

The contractor will be required to provide a one-year warranty on all materials installed, including labor. Consequently, any work deficiency or appliance malfunction, etc., will require the contractor to return to the client's home and promptly resolve and make the work right at no additional cost to AACOG or the weatherization client.

B. Weatherization Assistance Program Energy Conservation Measure Installation

Weatherization work may include: installation of attic, wall and floor insulation; replacement and/or repair of HVAC systems, including central systems and duct work; central and vented wall furnaces, removal of unvented space heaters; venting items to code; removal and replacement of window A/C units; replacement of refrigerators; gas stoves and water heaters; replacement and/or repair of windows, doors or storm windows; installation of solar screens; weather-stripping, caulking, and other air infiltration reduction measures. Other items may include tub surround work, door adjustments, jamb-ups, minor roof repairs, sheetrock work, installation of gas and electrical lines, digital thermostats, smoke and CO detector installation etc.

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C. Contractor Requirements

The following minimum specifications and requirements will be binding upon any AACOG weatherization contractor selected pursuant to this solicitation. This document will be incorporated, by reference, into any contract for weatherization services, which results from this procurement process.

1. Contractors must be licensed, certified and prepared to adhere to Lead Safety Practices when performing work on older housing stock. Contractors should expect unannounced monitoring of records and work sites by AACOG staff as well as various agencies from the U.S. Government and the State of Texas. All work will be inspected by an AACOG Inspection Professional prior to invoicing.
2. The contractor must furnish all materials necessary for delivery of weatherization services in the 12-county AACOG area. All materials must meet applicable U.S. Department of Energy (DOE) standards and must comply with the Texas Department of Housing & Community Affairs (TDHCA) materials standards set forth in the TDHCA Texas Weatherization Field Guide, the Texas Mechanical Systems Guide, the Lead-Safe Weatherization Minimum Standards, and Appendix A.
3. AACOG will not be billed for materials transportation or delivery costs. Materials must be new and in good condition. AACOG will not be charged for items, which are damaged prior to or during installation, or for wasted or unused (excess/leftover) materials. All weatherization materials must be installed in accordance with the standards contained in the TDHCA field guides (referenced above). AACOG will pay only for those materials which meet applicable standards and which are acceptably and properly installed on eligible dwelling units. It is AACOG's intent to secure a quoted (i.e., bid) price for all customary weatherization materials. Incidental items not included in AACOG's solicitation (i.e., nails, screws, fasteners, miscellaneous hardware, etc.) will not be billed to AACOG.
4. Contractors are responsible for providing all documentation related to the standards for the installation of materials pursuant to the federal Weatherization Assistance Program. Documentation must be complete and legible. Photographs of all ECM's installed, including labels showing serial numbers, model numbers, efficiency ratings and other specifications are required
5. The contractor must furnish all labor pursuant to completion of weatherization activities within the AACOG 12-county service area. The contractor must provide on-site supervision.
6. The contractor's field staff or work crew must be proficient and trained in the proper installation of comprehensive weatherization measures as well as the knowledge to understand the use and application of weatherization diagnostic equipment and tools. The contractor is required to conduct blower door tests prior, during and after the work (air sealing) has been completed. The air exchange rate must satisfy the desired range as prescribed by AACOG. The contractor must also conduct a carbon monoxide test on all combustion appliances in each dwelling. When CO levels exceeding 50 ppm (parts per million) are detected the contractor will disregard all air-sealing requirements and notify AACOG prior to initiating weatherization activities. Should knob-and-tube wiring be discovered during the pre-installation assessment, the contractor must immediately contact AACOG prior to the installation of any weatherization measures.
7. Upon completion of a project, the contractor must remove all debris from the job site and dispose of it in a proper and responsible manner. The contractor will take all precautions necessary to protect all existing trees, shrubbery, plants, sidewalks, buildings, vehicles, etc., in the area where work is being done, as well as the building covered by the contract and its contents, and must rebuild, repair, restore and make good at his/her own expense all injury and damage to same which may result from work being performed under this contract.

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8. The contractor must own an acceptable refrigerant recovery unit and must dispose of any recaptured refrigerant as required by local code and/or state law.
9. AACOG will not be charged separately for contractor's participation in the use of the blower door, duct blower or conduct of required diagnostic tests, for carbon monoxide or indoor relative humidity (IRH) testing, for the costs of job-related transportation, for tools or equipment needed to perform weatherization work, for disposal of debris removed from the job site, for staff training or for fringe benefits.
10. The contractor is responsible for any job-related illness or injury to workers in his/her employment and/or weatherization clients, and shall indemnify and hold harmless AACOG, AACOG Weatherization staff and weatherization clients in the event an on-the-job illness or injury occurs.
11. The contractor must submit a summary with an itemized listing of materials and labor costs (Building Weatherization Report or BWR) for each weatherization dwelling unit completed. All weatherization work is performed on a cost-reimbursement basis. No draws and or advances will be provided under this or any subsequent agreement. Payment for labor and materials will be made when the completed work on the dwelling unit has passed a Final Inspection performed by AACOG, and AACOG has received funds from the TDHCA or other applicable funding sources. Payment will normally be made within a 90-day timeframe from the date of invoicing.
12. Each unit assigned pursuant to this contract must be completed in a timely and expeditious manner. The contractor is expected to provide monthly progress reports to AACOG indicating work schedule and work status. AACOG will provide the contractor with an energy audit or listing of all the work measures authorized to be performed by the contractor on the particular dwelling unit. The contractor (work crew supervisor) is responsible for advising AACOG of any recommended changes; however no changes will be authorized or paid for by AACOG without AACOG's prior written approval. Failure of the contractor to perform the work in accordance with the energy audit or instructions provided by AACOG will be grounds for termination of the weatherization contract.
13. The contractor will submit BWRs only for those units fully completed and ready for AACOG's Final Inspection. Following passing the Final Inspection, the contractor will be contacted and directed to submit the invoice(s) to AACOG in a regular and timely manner for payment. The contractor must designate a financial/administrative point of contact for accounting purposes.
14. The contractor is responsible for correcting any work deficiencies identified by the AACOG Inspection Professional. Deficiencies may include quality of workmanship, size of HVAC systems, incomplete work, etc. Failure to take required corrective action within a reasonable time period (5-7 working days) may result in termination of the contract. The contractor is also responsible to guarantee his/her work. Therefore, any calls from clients regarding problems with installed materials, equipment or appliances are required to be under a one-year warranty by the contractor. Any problems of this nature will require the contractor to return to the dwelling unit for corrective action at no cost to AACOG or the client. A **two hundred fifty (\$250.00) re-inspection fee** will be assessed should AACOG need to conduct a second Inspection of the dwelling unit as a result of contractor deficiencies. A **two hundred fifty (\$250.00) fee** will be assessed to the contractor for each subsequent re-inspection that AACOG is required to conduct in order to obtain a passing Final Inspection.
15. The contractor must recognize the special needs and concerns of low-income, elderly and handicapped clients and must ensure that clients are at all times treated respectfully and professionally. The contractor's staff must conduct themselves in a professional manner at all times.

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16. The contractor must retain all work and cost records for a minimum period of **four (4) years** after payment for the dwelling unit has been made and all other pending matters are closed. This requirement is to assure fair settlement of disputes or complaints that may arise, as well as to fulfill federal audit requirements.
17. The Weatherization Assistance Program is federally funded. Any known or suspected incident of fraud or program abuse involving the contractor or the contractor's staff or subcontractors will be reported to the appropriate state or federal investigative body or official.
18. The contractor must meet the Copeland "anti-kickback" requirements and must provide assurances via notarized affirmation affidavits.
19. The contractor must meet Contract Hours and Safety Standard Act requirements and must provide assurances via notarized affirmation affidavits.
20. The contractor is responsible for adhering to the Lead Safe Weatherization Practices as outlined in the Lead Safe Weatherization Jobsite Handbook by Montana State University Extension Service.
21. The weatherization work measures may include work requiring the professional expertise or skills of a licensed HVAC company, plumber or electrician. The contractor is responsible for ensuring that this be provided. If the contractor chooses to subcontract this type of work, **prior written approval from AACOG is required**. Subcontractors are subject to the same standards as the general contractor. Therefore, financial capacity, compliance applicable laws, rules and regulations, installation standards, etc., will be required of subcontractors as well.
22. NON DISCRIMINATION AND AFFIRMATIVE ACTION - This contractor and all covered subcontractor shall abide by the requirements of 41CFR Section 60-1.4(a) (7), 60-250.4 as amended (41 CFR 61-300) and 60-741.4, if applicable, 29 C.F.R. Part 471, Appendix A to Subpart A, 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment qualified protected veterans, qualified individuals with disabilities and all individuals without regard to race, color, religion, sex, or national origin.

III. Proposal Response Submission Instructions

Listed below is a summary of instructions for submittal including important information regarding to be included in a proposal submitted in response to this Request for Proposal. AACOG reserves the right, in its sole judgment and discretion, to waive minor technicalities and errors in the best interest of the agency.

- A. Responses to the proposal are due **no later than Wednesday, November 19, 2014, 4:00 p.m.** and must be bound, sealed and addressed to Procurement Department, AACOG, 8700 Tesoro Dr., Suite 700, San Antonio, Texas 78217. **Submission must include the following:**
 1. **One Original Proposal Response including all supporting documentation with signatures in blue ink**
 2. **Four (4) hard copies of the complete response**

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3. **One electronic .pdf copy of the complete response on disc or flash/jump drive**
 4. **One electronic copy of the completed Price List Bid Proposal in the Excel Spreadsheet format on disc or flash/jump drive**
- B.** Specifications may be obtained at www.aacog.com (click on "Bid Opportunities") or AACOG, 8700 Tesoro Drive Suite 700, San Antonio, Texas 78217 after **Wednesday, November 5, 2014, 10:00 a.m.** Proposers who require additional information or clarification **must** submit requests **in writing only**, either by fax at (210) 225-5937 or email procurement@aacog.com, as soon as possible, but **no later than Tuesday, November 11, 2014, 10:00 a.m.** **No verbal requests for clarification will be addressed.** Responses to the requests for clarification will be posted at www.aacog.com (click on "Bid Opportunities") no later than Wednesday, November 12, 2014, **4:00 p.m.** Deadline for receipt of proposals is **Wednesday, November 19, 2014, 4:00 p.m.** All times are as observed by AACOG at its 8700 Tesoro Drive, San Antonio, TX 78217 location.

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- C. Proposals will be considered only from parties that:
1. Are free of all obligations and interests that might conflict with the best interests of AACOG (this also applies to any current or planned subcontractors);
 2. Have the capacity of providing services on a timely basis throughout the 12 county AACOG region; and
 3. Warrant that they nor any member of their controlling management presently has a relationship with any member of the AACOG Board of Directors or an AACOG officer with contractual authority and will not enter into any such relationship, directly or indirectly, which would create or provide the appearance of a conflict of interest in the performance of any agreement with AACOG. If Proposer cannot make such representation, the person(s) having a relationship with the AACOG Board member or officer, shall file the attached Conflict of Interest Questionnaire with their response to this request for proposals. Nothing contained in this paragraph shall relieve Contractor of its obligation to file a Conflict of Interest Questionnaire at a later date if such conflict arises; and
 4. Have no prior adverse business relationship with AACOG's Weatherization Assistance Program.
- D. Proposals/offers should be sent through the mail or hand delivered. Telefax and email proposals/offers will not be accepted. Contractors should take into account mailing/delivery times in order to assure that proposals/offers are received on time.
- E. If forwarded by priority mail (next day, Federal Express, etc.), the sealed envelope must be enclosed in another envelope addressed as specified. AACOG accepts no responsibility for late or misdirected mail.
- F. Proposers are encouraged to hand deliver their Proposals. Since parking is not always available nearby, proposers are reminded to give themselves ample time to respond by the stated day and time. **Proposals received after 4:00 p.m., Wednesday, November 19, 2014 will not be considered.**
- G. The submission of a proposal shall be prima facie evidence that the proposer has full knowledge of the scope, nature, quantity and quality of work to be performed; the detailed requirements of the specifications; and the conditions under which the work is to be performed.
- H. The submission of a proposal shall be prima facie evidence that the proposer is willing and able to comply with the requirement that the proposing firm must have the financial capacity (operating cash flow) to allow for payment of up to 90 days after date of AACOG's final inspection and/or until AACOG is reimbursed by the funding source for payment of all services.
- I. The term "As Specified" or "A/S" will not be accepted.
- J. This RFP is a firm offer that shall be irrevocable and open for acceptance for ninety (90) calendar days from the date set for submission of Proposals.
- K. Proposer warrants that any materials in the RFP response shall not violate or infringe upon the trademark, copyright, patent, or other intellectual property rights or rights of privacy or publicity of any third party. Proposer assumes full and sole responsibility for obtaining approval for the

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reproduction of trademark, copyright, patent, or other intellectual property rights or rights of privacy or publicity of any third parties. Proposer assumes full and sole liability and agrees to indemnify AACOG for any trademark, copyright, patent, or other intellectual property rights or rights of privacy or publicity damages, costs, attorney's fees or infringements claimed by any third party.

- L. The proposer shall furnish AACOG such additional information as AACOG may reasonably require.
- M. AACOG reserves the right to conduct personal interviews of any or all proposers prior to selection. AACOG will not be liable for any costs incurred by the proposer in connection with such interview (i.e. travel, accommodations, etc.).
- N. AACOG will not be liable for any costs incurred in preparing proposals or associated travel costs.
- O. AACOG reserves the right to conduct pre-contract negotiations with any and/or all potential proposers.
- P. AACOG will not be liable for any costs not included in the proposal and subsequent contracted for costs.
- Q. AACOG reserves the right to reject any and all proposals and to accept proposals it considers most favorable to AACOG's interest. AACOG further reserves the right to reject all proposals and seek new proposals when such procedure is reasonably in the best interest of AACOG.
- R. Proposals will be evaluated using a predetermined point ranking method to ascertain which proposers best meet the needs of the requester.
- S. Contract(s) will be awarded to the proposer(s) whose proposal conforms to the RFP and is most advantageous to AACOG.
- T. A written award of acceptance mailed or otherwise furnished to the successful bidder(s) and a fully executed contract is required prior to commencement of any work under this RFP.
- U. Proposals may be withdrawn prior to the deadline.
- V. Proposals will remain on file in accordance with the Texas Open Records Act.
- W. A written award of acceptance mailed or otherwise furnished to the successful bidder(s) and a fully executed contract is required prior to commencement of any work under this RFP.
- X. AACOG reserves the right to cancel an awarded contract with a thirty (30) day written notice if performance is unsatisfactory. No penalty and/or fee may be imposed if contract is cancelled or not renewed.
- Y. **Contract period** - It is anticipated that the initial contract period will be for one year. Contract may be renewed for no more than four additional years, in one-year increments under the same terms and conditions. Agreement on each optional year must be in writing by AACOG.

IV. Proposal Response Content Requirements

To achieve a uniform review process and obtain the maximum degree of comparability, proposals must be

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organized using the following section headings in the order presented. Proposers should be attentive to the instructions for each section and careful to ensure all information required for each section is provided.

A. Title Page

List the RFP subject, name of the proposer's firm, local address, telephone number, fax number, email address, name of contact person, job title, and date.

B. Table of Contents

Clearly identify the material by section and page number.

C. Letter of Transmittal

Essentially this is a "cover letter" that should be limited to no more than two pages.

1. Briefly state the proposer's understanding of the service to be provided and make a positive commitment to perform the work in a timely manner, etc.
2. Give the names of the persons who will be authorized to make representations for the proposer, their titles, addresses, fax numbers, email addresses (if applicable), and telephone numbers.

D. Profile of the Proposer

1. State whether your organization is national, regional, or local.
2. Indicate the number of people (by level) located within the local office that will be involved in the program, and include their email addresses (If, applicable), telephone numbers and mobile telephone numbers.
3. Provide a list of the local office's current and prior governmental clients, indicating the type(s) of service performed and the year(s) of engagement.
4. Indicate the local office's experience in providing additional services to governmental entities by listing the name of each entity, the type(s) of service performed and the year(s) of engagement.
5. Describe the professional experience and certification(s) of each person involved in the program, including years and length of experience, type of experience, etc. Provide technician(s)' technical certifications (ASE or equivalent) required for employment with proposer.

E. Evidence of Past Performance and Future Performance Capability

F. Bid Document – Bid Price Sheet

The Bid Price Sheet must be completed in its entirety – each listed item must be addressed to include price for material and labor. Bid prices must be honored for not less than the entirety of the initial contract period. AACOG is exempt from state and local sales taxes, therefore sales taxes must not be included in this bid or the final product. Quoted prices will be the delivered

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price at any work site within the AACOG 12-county region, and may not include separate packaging, handling, shipping and/or delivery charges.

Important: All materials quoted must meet the U.S. Department of Energy (DOE) materials specifications (refer to 10 CFR 440 available on the AACOG website at www.aacog.com; and click on “Requests for Proposals”) and must comply with the minimum standards set forth in the Texas Department of Housing & Community Affairs (TDHCA) Texas Weatherization Field Guide, the Texas Mechanical Systems Field Guide and the Lead-Safe Weatherization Minimum Standards also available on the AACOG website at www.aacog.com. (Click on “Requests for Proposals” for more information.) The documents are also available for review at the AACOG offices located at 8700 Tesoro Drive, Suite 700, San Antonio, Texas. Proposer’s documentation (photos, material specifications, energy efficiencies, etc.) must accompany the bid package.

G. Insurance Pre/Post Response Submittal Documentation Requirements

1. **REQUIRED COVERAGE** - As a part of the Contract requirements, the Vendor must obtain, at its own cost and expense, and keep in force and effect during the term of this Contract the insurance coverage as specified on the Insurance Requirement page.
2. **EFFECT OF INDEMNIFICATION OBLIGATIONS** - No provision, term, or condition in the Contract regarding indemnification obligations shall be construed to limit the application of insurance procured by the Contractor in accordance with requirements set forth in the Contract.
3. **ADDITIONAL NAMED INSURED, SUBROGATION** - With the exception of the Workers’ Compensation policy, AGENCY shall be an additional named insured on all policies, and subrogation against AGENCY must be waived.
4. **CERTIFICATES OF COVERAGE** - At least thirty (30) days prior to the Effective Date of the Contract, and at least thirty (30) days prior to the commencement of any renewal terms of the Contract, the Contractor shall furnish AACOG with certificates of insurance certifying that the Contractor carries the required insurance policies and coverage.
5. **NOTIFICATION OF CANCELLATION** - Each insurance policy shall contain a covenant by the insurance company issuing the policy that the policy will not be modified or canceled unless thirty (30) day’s prior written notice of modification or cancellation is given to AACOG. In the event the Contractor receives notice of modification or cancellation of any of the policies required under the Contract, then, prior to the effective date of modification or cancellation of the policy, the Contractor shall obtain a policy of insurance affording the required coverage from an insurance carrier acceptable to AACOG. If the Contractor fails to obtain such an insurance policy, AACOG may immediately terminate the Contract without further notice to the Contractor.

H. Financial Capacity

I. Certification Sheet

J. Acknowledgement Form

K. Conflict of Interest Questionnaire, if a conflict exists. You may review the Agency’s current Board of Directors at <http://www.aacog.com/AboutAACOG/Board/default.asp>.

L. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Contracts and Grants

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Pursuant to OMB Circular No. A-110 the Contractor shall comply with the non-procurement debarment and suspension common rule, "Debarment and Suspension." This common rule restricts sub-awards and Contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

M. Request to be Added to Bidder's/Vendor's List and W-9 Form

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A. TITLE PAGE

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B. TABLE OF CONTENTS

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C. LETTER OF TRANSMITTAL

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D. PROFILE OF THE PROPOSER

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E. EVIDENCE OF PAST PERFORMANCE AND FUTURE CAPACITY

AGENCY REFERENCES

List below the Agency name and Staff Contact including address and phone number of at least four (4) weatherization “performance” references for which or whom the proposer has performed weatherization services in the past twelve (12) months. For each reference, check the tasks/activities, which were completed by your company alone. If you had a subcontractor performing the work, use a separate sheet to include full name (legal name) of subcontractor, employees responsible, address, phone number, license, financial and personnel capacities (resumes, etc.). **Provide explanation/description of work, tools used, materials used, etc., on a separate sheet.**

REFERENCE (NAME OF AGENCY/COMPANY/CLIENT FOR WHICH/WHOM WORK WAS PERFORMED)	Federal WAP EXPERIENCE (explain on a separate sheet)	INSULATION- WALLS/ ATTICS (explain on a separate sheet)	HVAC/ DUCT WORK /CENTRAL SYST EMS (explain)	ELECTRICAL /GAS LINES/APPLIANCE CONNECTS (explain)
Agency and Staff Contact Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street:				
City, State, Zip Code:				
Phone Number:				
Email address of Contact:				
Agency and Staff Contact Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street:				
City, State, Zip Code:				
Phone Number:				
Email address of Contact:				
Agency and Staff Contact Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street:				
City, State, Zip Code:				
Phone Number:				
Email address of Contact:				
Agency and Staff Contact Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street:				
City, State, Zip Code:				
Phone Number:				
Email address of Contact:				

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CLIENT REFERENCES

List below the client homes including address and phone number of at least four (4) weatherization “performance” references for which or whom the proposer has performed weatherization services in the past twelve (12) months. For each reference, check the tasks/activities, which were completed by your company alone. Provide explanation/description of work, tools used, materials used , etc., on a separate sheet.

REFERENCE:		BLOWER DOOR	DUCT BLASTER	AIR SEALING	MECH. VENT	HVAC
Name:						
Street:						
City, State, Zip Code:		<input type="checkbox"/>				
Phone Number:						
Name:						
Street:						
City, State, Zip Code:		<input type="checkbox"/>				
Phone Number:						
Name:						
Street:						
City, State, Zip Code:		<input type="checkbox"/>				
Phone Number:						
Name:						
Street:						
City, State, Zip Code:		<input type="checkbox"/>				
Phone Number:						
Name:						
Street:						
City, State, Zip Code:		<input type="checkbox"/>				
Phone Number:						

QUESTIONS TO BE ASKED OF REFERENCES

No points will be awarded for references that cannot be verified, or who indicated that the work performed or staff conduct was unsatisfactory. All listed tasks or activities must have been completed in order for the reference to qualify. No points will be awarded for non-qualified references. **Additional references may be listed on a separate sheet** to ensure that at least three (3) reference contacts may be made. Each reference will be contacted. Questions include the following:

1. Specifically, what work did this firm (or individual) complete? Explain.
2. Please rate the quality of the work completed. Was the contractor’s work:
Excellent Good Fair Poor _____(Explain)
3. Did the contractor complete the work in a timely and efficient manner? Explain.
4. Were the contractor and/or contractor’s staff courteous, respectful, and responsive? Explain.
5. Was the contractor’s work guaranteed and/or was there a warranty offered? Explain.
6. Have you had to recall the contractor to repair or replace completed work? Explain. How responsive were they?
7. Did the contractors clean up before departing from the work site? Explain.

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
Request for Proposal # 2014-004

CONTRACTOR EXPERIENCE

State the number of years the proposer (firm) has performed residential or home repair or weatherization:

YEARS. Please attach information that can be used to verify the years of experience entered. Please specify areas:

- ___ Number of years in home repair (EXPLAIN)
- ___ Number of years in multi-family repair (EXPLAIN)
- ___ Number of years in weatherization. (EXPLAIN)

EXPERIENCE OF FIELD STAFF/WORK CREWS

State the number of years for each of the proposer's field staff/work crews have performed residential or home repair. Be sure to indicate the total number of work crews and the size of each work crew on hand.

YEARS. Please attach information that can be used to verify the years of experience entered. Please specify areas:

- ___ Number of years in home repair (EXPLAIN)
- ___ Number of years in multi-family repair (EXPLAIN)
- ___ Number of years in weatherization. (EXPLAIN).

- Will you personally supervise the home repair work performed pursuant to this solicitation? If so, please attach a resume showing relevant technical knowledge and expertise. If not, please provide the name of the individual who will provide personal on-site supervision and attach a resume showing the named individual's relevant technical knowledge and expertise.

Name: _____

- Will you personally perform the weatherization work pursuant to this solicitation? If not, please name the staff/crew members who will perform the weatherization activities and enter the requested information for each staff member. Attach a resume for each individual documenting knowledge and expertise.

Name	Home Repairs Experience	Blower Door Trained	Duct Blower/Blaster Trained	Resume Attached
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE: Points will be awarded for documented experience in home repair and/or documented training in blower door and duct blower/blaster use.

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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Will you or your firm personally perform the HVAC work pursuant to this solicitation? Explain and list the employee(s) or individuals below, and attach a resume for each individual documenting his/her technical knowledge and expertise, particularly with respect to conducting and interpreting the Manual J.

Name	TACL #	Resume Attached
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Points will be awarded for documented licensed HVAC employee assigned to this contract. Please attach copy of HVAC License.

TOOLS AND EQUIPMENT

Tools/Equipment	Company-Owned?	If yes, enter quantity on hand.	If no, do you have immediate access?	Source if not Owned
Digital Gauged Blower Door	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Digital Gauged Duct Blower/Blaster	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insulation Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Freon Reclaimers	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pressure Pans	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monoxers with Printers/ Leak Detectors/ Puffers/ Respirators/ Drill Shroud	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Digital Cameras (PC compatible)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IR Cameras	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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F. BID DOCUMENT

**THE BID PRICE SHEET IS CONTAINED IN A SEPARATE EXCEL SPREADSHEET
PROPOSERS ARE TO COMPLETE THE DOCUMENT IN EXCEL AND PROVIDE AN ELECTRONIC COPY
ALONG WITH THE HARD COPY OF THE RESPONSE TO THE RFP**

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR

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G. INSURANCE REQUIREMENTS

A. Commercial General Liability Insurance to include coverage for Premises Operations, Independent Contractors, and Broad Form Contractual Liability (defense costs excluded from face value of the policy)

- \$1,000,000 per occurrence
- \$2,000,000 aggregate
- \$2,000,000 Products & Completed aggregate
- \$1,000,000 Personal & Advertising Injury
- \$ 50,000 Fire Liability
- \$ 5,000 Medical Payment

B. Workers' Compensation and Employers Liability

Workers' Compensation	State Statutory Limits
Employers' Liability – each person	\$1,000,000
Employers' Liability – Disease Policy limit	\$1,000,000
Employers' Liability – Disease each person	\$ 100,000

C. Automobile Liability (covers all owned, non-owned and hired vehicles)

- \$100,000 Bodily Injury each person limit
- \$300,000 Bodily Injury each accident limit
- \$100,000 Property Damage each accident

All coverage must be with insurance companies or carriers rated for financial purposes as a "A-" or better whose policies cover risks located in the State of Texas.

All policies, except Workers' Compensation, must include:

- A. Punitive Damage Coverage
- B. Primary and Non-Contributory Wording
- C. Cross Liability Coverage and Severability Endorsements

All policies shall endorse AGENCY as Additional Insured, with a Waiver of Subrogation, and a thirty (30) day notice of cancellation, material change or non-renewal in favor of AGENCY. If Vendor fails to obtain insurance policies required, AGENCY may immediately terminate the Contract without further notice to the Vendor.

No provision, term, or condition in the Contract regarding indemnification obligations shall be construed to limit, or to quantify the liability obligation assumed by the Vendor in accordance with requirements set forth in the Contract.

The undersigned authorized representative of the entity subcontracting herein certifies that the above stated insurance requirements can and shall be obtained by the entity upon notification of contract award and submitted to AGENCY prior to start date of contracted services. The undersigned further certifies that this same insurance will be maintained in effect at all times during full term of Contract.

Name of Organization/Firm

Signature of Authorized Representative

Date

Print Name and Title of Authorized Representative

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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INSURANCE REQUIREMENTS (2 OF 2)

Submit copy of current insurance certificates with the RFP Response

**WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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H. FINANCIAL CAPACITY

Provide a copy of your most recent financial statement showing your company's net worth/assets and liabilities/available operating capital and line of bank credit of a minimum of **\$250,000**. Include an official bank statement, a bank letter signed by a senior bank officer, and/or a copy of a certified audit or financial report/previous tax year's report. **In addition**, provide documentation (a certified letter/notarized affidavit) of your company's line of credit with trade suppliers (Home Depot, Lowe's, etc.) for up to 90 days.

List **three** trade references from which you (or your firm) have purchased construction materials within the past twelve (12) months. Each reference will be contacted and the listed questions will be asked. No points will be awarded for references that cannot be contacted. Additional references can be listed at the proposer's option to ensure that 3 references can be contacted.

REFERENCE:	1	2	3
Name: _____			
Street: _____			
City, State, Zip Code: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number: _____			Amount _____
Name: _____			
Street: _____			
City, State, Zip Code: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number: _____			Amount _____
Name: _____			
Street: _____			
City, State, Zip Code: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone Number: _____			Amount _____

QUESTIONS TO BE ASKED OF REFERENCES

No points will be awarded for references that cannot be verified, or who indicate an unfavorable response. No points will be awarded for non-qualified references. **Additional references may be listed on a separate sheet** to ensure that at least three (3) reference contacts may be made. Each reference will be contacted. Questions include the following:

"Has this firm (or individual) been timely in meeting their financial obligations to You/your Company?"

"Would you characterize this firm (or individual) as honest, fair and responsible?"

"Have you or would you extend credit to this individual and if so, in what amount and under what terms?"

"How long have you been conducting business (providing a line of credit) to this company/firm?" _____

"Do you have any comment?" _____

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*****OPTIONAL ADDITIONAL TRADE/CREDIT REFERENCES*****

REFERENCE:	1	2	3
Name: _____ Street: _____ City, State, Zip Code: _____ Phone Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
Name: _____ Street: _____ City, State, Zip Code: _____ Phone Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____
Name: _____ Street: _____ City, State, Zip Code: _____ Phone Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount _____

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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I. CERTIFICATION SHEET

All specifications and terms and conditions of the RFP have been read.

Our Company accepts the specifications and conditions unless otherwise accepted in writing to the Executive Director, Alamo Area Council of Governments (AACOG).

Company Name:		
Mailing Address:		
City:	State	Zip Code
Phone:	Fax:	
Web Site:		
Email:		

Name of Representative authorized to sign for bidder:

(Print name)	(Signature)

(a) Does your "residence state" require bidders whose principal place of business is in Texas to underbid bidders whose residence state is the same as yours by a prescribed amount or percentage to receive a comparable contract? "Residence State" is defined as the state in which the principal place of business is located. YES NO

(b) What is that amount or percentage?

I certify that the above information is correct:

Name	
Position	
Signature	
Date	

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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J. ACKNOWLEDGEMENT FORM

Having carefully examined the terms and conditions and specifications within this RFP document, the undersigned Proposer's Agent hereby proposes and agrees to furnish the proposed product(s)/service(s) in strict compliance with the specifications as quoted.

The Proposer affirms that, to the best of his knowledge, the response has been arrived at independently and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them an unfair advantage over other bidders in the award of this RFP.

The Proposer affirms that he/she has not participated in any act of favoritism, gratuity, or inside dealings with any member of the staff of AACOG or its Board of Directors.

Company Name:
President/Designee:
Position:
Signature:
Date:

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR CONTRACTS AND GRANTS

NAME OF INDIVIDUAL, AGENCY, BUSINESS OR ORGANIZATION	Doing business as (DBA), if applicable:	
ADDRESS	Applicable Procurement or Solicitation #, if any:	Federal Employer Tax Identification #:

READ CAREFULLY BEFORE SIGNING THIS CERTIFICATION. Federal regulations require contractors, bidders, and subgrantees to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this certification, the prospective vendor/grantee is attesting/acknowledging the representations set out below.
2. This certification is a material representation of fact upon which the Alamo Area Council of Governments (AACOG) will rely on when this transaction is entered into. If it is later determined that the prospective vendor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to Federal or State departments or funding agency(s), AACOG may pursue on its own available remedies, including contract termination, suspension and debarment.
3. **The prospective vendor/grantee shall provide immediate written notice to AACOG, Chief Financial Officer, 8700 Tesoro Drive, Suite 700, San Antonio, TX 78217, if at any time it learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
4. The terms “covered contract”, “debarred”, “suspended”, “ineligible”, “participant”, “person”, “principal”, “proposal”, and “voluntarily excluded”, as used in this certification, have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. You may contact the person to which this proposal or contract is submitted for assistance in obtaining a copy of this regulation.
5. The prospective vendor/grantee agrees, by submitting this certification, that should the proposed contract/grant be entered into, it shall not knowingly enter into any lower-tier-covered transaction or sub-contract with a person or entity that is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, unless pre-authorized by the appropriate federal or state department or agency, or by AACOG.

Do you have or do you anticipate having sub-vendors/sub-grantees under this proposed agreement?

Yes No

6. The prospective vendor/grantee further agrees by submitting this certification, that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Contracts and Grants,” without modification, in all lower-tier covered transactions and sub-contracts and in all solicitations for lower-tier covered transactions and sub-contracts.
7. A vendor/grantee may rely upon a certification of a prospective participant that it is not proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from the transaction, unless it knows that the certification is erroneous. Each vendor/grantee is required to check the list of parties excluded from Federal and State Procurement and Non-procurement Programs. **AACOG checks this list for all parties to which it provides funds that are derived directly or indirectly from the Federal Government.**
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records in order to render in good faith the certification required by this certification document. Participants are not required to have knowledge and information exceeding that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a transaction knowingly enters into a lower-tier transaction or contract with a person who is proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from participation, in addition to other remedies available to the Federal Government, AACOG or its applicable funding agency(s) may pursue available remedies, including contract termination, suspension and/or debarment.

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY
EXCLUSION FOR CONTRACTS AND GRANTS**

Check the statement that applies to the potential vendor/grantee:

1. The prospective vendor/grantee certifies by submission of this certification, that neither it nor its principals:
- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal or State department or agency; and
 - (b) Have, within a three-year period preceding this certification, been convicted of or had a civil judgment rendered against them for fraud; committed a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract; violated Federal or State antitrust statutes; committed embezzlement, theft, forgery, bribery, falsification or inappropriate destruction of records; or received stolen property; and
 - (c) Is presently indicted for or otherwise charged by a government entity (Federal, State, or local) with the commission of any of the offenses enumerated in the preceding paragraph (b) of this certification; and
 - (d) Have, within a three-year period preceding this certification, had one or more contracts or transactions (Federal, State, or local) terminated for cause or default.
2. The potential vendor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential vendor/grantee must attach a signed and dated explanation for each of the above terms, 1(a) through 1(d), to which it cannot certify.

NAME OF POTENTIAL VENDOR/GRANTEE:	
-----------------------------------	--

Signature of Authorized Representative	Printed/Typed Name & Title of Authorized Representative

Date: _____	
-------------	--

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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M. REQUEST TO BE ADDED TO VENDOR/BIDDER LIST

AACOG requires all vendors interested in conducting business with the agency to complete a "Request to be Added to Bidder/Vendor List" packet prior to being eligible to receive opportunities to bid for agency projects.

In addition, AACOG has a centralized purchasing function and *requires* that a purchase order number be issued and authorized before any order is processed. The contact for Purchase Order numbers is the Procurement Department, 210.362.5200, procurement@aacog.com.

NOTE: AACOG programs are on a cost reimbursement from the funding sources. AACOG will bill the funding source for purchases subsequent to receipt of goods or services and invoices. Invoices are required for all purchases. Payment will be forwarded to the vendor upon reimbursement from the funding source. Vendors should note that this process may take sixty (60) to ninety (90) days for payment to be processed. Contact for status of payments is Accounts Payable at 210.362.5280.

RETURN THIS FORM TO: Alamo Area Council of Governments
8700 Tesoro Drive, Suite 700
San Antonio, TX 78217
ATTN: Procurement Department
Phone: 210.362.5200
Fax: 210.225.5937
Email: procurement@aacog.com

I, _____, hereby attest that I have read and understand the above terms for conducting business with the Alamo Area Council of Governments.

Signature/Date

COMPANY NAME:	
Send Payment(s) to - ADDRESS:	
CITY/STATE/ZIP CODE:	
Send POs to- ADDRESS:	
CITY/STATE/ZIP CODE:	
TELEPHONE NUMBER:	
FAX NUMBER:	Preferred method for receipt of purchase orders Yes <input type="checkbox"/> No <input type="checkbox"/>
WEB SITE ADDRESS:	
EMAIL ADDRESS:	Preferred method for receipt of purchase orders Yes <input type="checkbox"/> No <input type="checkbox"/>
REPRESENTATIVE:	

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REQUEST TO BE ADDED TO VENDOR/BIDDER LIST

PLEASE LIST THE TYPE OF PRODUCTS/SERVICES YOU PROVIDE.

Attach any catalogs/brochures/samples – description of products/services required below

- | | |
|---|---|
| <input type="checkbox"/> Office Supplies
<input type="checkbox"/> Office Furniture
<input type="checkbox"/> Copier Paper/Specialty Paper
<input type="checkbox"/> Computers
<input type="checkbox"/> Computer Supplies
<input type="checkbox"/> Computer Software
<input type="checkbox"/> Copier Machines (and supplies)
<input type="checkbox"/> Audio/Visual Duplication
<input type="checkbox"/> Audio/Visual Equipment
<input type="checkbox"/> Data & Phone Cabling
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> General Contractor
<input type="checkbox"/> Weatherization Contractor
<input type="checkbox"/> Aging Contractor
<input type="checkbox"/> Psychological Services
<input type="checkbox"/> Outreach Items
<input type="checkbox"/> Printing Services
<input type="checkbox"/> Security Detail
<input type="checkbox"/> Criminal Justice Supplies
<input type="checkbox"/> Consultant (_____))
<input type="checkbox"/> Vehicle Repairs |
|---|---|

Please assist us by completing the following:

1. **Type of Request:**
 New Vendor Change of Address Updated Information

2. **Ownership:**
 Sole Proprietorship Partnership Corporation
 Governmental Agency *Non-Profit Other

3. **Tax Identification Number:** _____
 Attach completed W-9 form unless tax exempt. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

DUNS Number, if applicable: _____

4. **Have you done business with AACOG in the past?**
 Yes No

5. **Is your business currently certified with the State of Texas' Centralized Master Bidder's List?**
<http://www.window.state.tx.us/procurement/prog/cmb1>
 Yes No

****Please return confirmation of your CMBL certification with this vendor application.**

6. **Is your business currently certified as a HUB with the State of Texas?**
<http://www.window/state.tx.us/procurement/prog/hub/hub-certification>
 Yes No N/A

7. **Is your business currently certified as a HUB outside the State of Texas?**
 Yes No Name of State

WEATHERIZATION ASSISTANCE PROGRAM CONTRACTOR
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REQUEST TO BE ADDED TO VENDOR/BIDDER LIST

8. If YES to either question 6 or 7, enter Historically Underutilized Business (HUB), Ethnicity, and Gender status, if applicable:

Asian Pacific American (AS)	Hispanic Americans (HI)	<input type="checkbox"/>	American Woman (WO)	<input type="checkbox"/>
Black American (BL)	Native American (AI)	<input type="checkbox"/>	Male (M) /Female(F)	_____
Veterans 20% Service-Connected Disability		<input type="checkbox"/>		

**Non-profit organizations are not eligible for HUB certification*

****A copy of your HUB certification is required in order to be included as a HUB.**

9. If applicable, please note if your Texas-based Small, Minority, and/or Women-Owned Business Enterprise (SMWBE) is certified with any of the organizations listed below:

- City of Austin
- City of Houston
- Dallas/Fort Worth Minority Supplier Development Council
- El Paso Hispanic Chamber of Commerce
- South Central Texas Regional Certification Agency (SCTRCA)
- Southwest Minority Supplier Development Council
- Texas Department of Transportation (TXDOT)
- Women's Business Council – Southwest
- Women's Business Enterprise Alliance

****Please return confirmation of this certification with this vendor application.**

****If you hold certification with any of the entities noted above, you may qualify to automatically receive HUB Certification with the State of Texas. Please contact TPASS's Statewide HUB Program at 888-863-5881 for further information.***

10. Is your principal place of business in the State of Texas?

Yes No

11. Is your organization delinquent on State of Texas Franchise taxes?

Yes No

12. Are you or anyone in your organization related to an AACOG employee or a member of AACOG's governing board?

Yes No

If YES, list AACOG employee or Board member's name and relationship:

Name	Relationship

13. Are you or anyone in your organization a former Workforce Solutions-Alamo employee and/or board member?

Yes No