**WEATHERIZATION ASSISTANCE PROGRAM**

**PLUMBER QUALIFICATION FORM**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and contact information of all owners, principle members, partners, officers, etc.:

|  |  |
| --- | --- |
| Name and Title | Contact Information (Address, Phone, Email) |
|  |  |
|  |  |
|  |  |

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City Zip Code

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Cell Fax

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many jobs can you carry out concurrently for the UCAN Weatherization Program? \_\_\_\_\_\_\_

CCB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oregon Business Registry Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your three most recent plumbing jobs completed:

|  |  |  |
| --- | --- | --- |
| Customer Name | Address | Phone Number |
|  |  |  |
|  |  |  |
|  |  |  |

Provide banking reference(s):

|  |  |  |
| --- | --- | --- |
| Bank Name | Name of Bank Representative | Phone Number |
|  |  |  |
|  |  |  |

**Previous Experience**

1. Has your company performed plumbing weatherization services for UCAN? \_\_\_\_\_\_ If yes, during which years?\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs has your company completed? \_\_\_\_\_
2. Does your company have experience working as a contractor for another provider of Oregon Weatherization Assistance Program services? \_\_\_\_\_\_ If yes, during which years? \_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs did your company complete? \_\_\_\_\_\_\_ Please provide the name of any other provider you have performed WAP services for and their contact information.

If the answers to both 1. and 2. above are “No”, please answer 3. **Otherwise, leave 3. blank.**

1. Does your company have prior experience providing plumbing services? \_\_\_\_\_\_ If yes, during which years? \_\_\_\_\_\_\_\_\_\_ If yes, approximately how many jobs has your company completed? \_\_\_\_\_\_\_

**Woman or Minority Owned Business**

Is your company a Woman Business Enterprise company? \_\_\_\_\_

Is your company minority owned? \_\_\_\_\_

If Yes, please provide your certification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Pricing**

What hourly rate do you propose to charge for this work?

**APPLICANT CERTIFICATIONS**

As applicant for RFQ #2022, I certify that there are no CCB enforcement disciplinary sanctions that have been taken by the Oregon Construction Contractors Board for violations of Oregon law associated with CCB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Disciplinary actions include any of the following:

* Civil penalties resulting in a fine,
* Refusal to reissue license,
* License revocation,
* Department of Justice assurance of voluntary compliance,
* Criminal conviction,
* Public work disbarment,
* Civil injunction,
* UTPA violation
* Suspended and required to carry a higher bond.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, the applicant may submit information explaining the circumstances, and UCAN will determine whether the application may still be scored.

As applicant for RFQ 2022, I certify that the company or a principle member of the company has not:

* Been debarred, suspended, declared ineligible or suspended from federal transactions in the previous three years,
* Been convicted or had a civil judgment made for fraud or criminal offense involving a public transaction/contract in the previous three years,
* Been convicted of embezzlement, theft, forgery, bribery, falsification/destruction of records, making false statements or receiving stolen property in the previous three years,
* Had a public transaction terminated in the previous three years.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, UCAN will reject the application for qualification.

As applicant for RFQ #2022, I certify that neither I nor any of the employees I will use on any work that might be assigned to me by UCAN is a registered sex offender:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to sign the above certification, UCAN will reject the application.

As applicant for RFQ #2022, I certify that neither I nor employees I use on work for UCAN will have:

* Been convicted of murder,
* Been convicted of assault in the first degree,
* Been convicted of kidnapping,
* Been convicted of arson,
* Been convicted of robbery in the first degree,
* Been convicted of theft by extortion.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If the applicant is unable to sign the above certification, the applicant may submit information explaining the circumstances, and UCAN will determine whether the application may still be scored.

As applicant for RFQ #2022, I certify that no employee or board member of UCAN, or any immediate family of either, will obtain any benefit as a result of the work I obtain as a Contractor for UCAN.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to certify that no conflict of interest, as described above, will arise from their work for UCAN, UCAN will reject the application.

As applicant for RFQ #2022, I certify that I have reviewed the contract attached to the RFQ, and am willing to enter into the contract promptly, without changes, upon receiving notice that my application for qualification is approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Party Authorized to Bind Applicant Date

If applicant is unable to certify that they have reviewed the contract and are willing to sign it without changes as described above, UCAN will reject the application.

**ADDITIONAL REQUIRED APPLICATION ATTACHMENTS**

In addition to any other attachments applicant is required to submit to complete its application, applicant must submit the following attachments:

1. Evidence of an insurance policy providing the amount of insurance stated in the RFQ for commercial general liability, automobile liability, workers’ compensation and employer liability.
2. Evidence of its CCB license.

**APPROVAL OF RFQ TERMS**

In signing below, I agree to all terms and conditions of United Community Action Network’s Weatherization Program Request for Qualifications for Plumbers #2022 and any associated attachments. I also certify that I have authority to legally bind

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (name of applicant company)

I certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements in this application, I am subject to immediate termination from the list of qualified contractors, and such other penalties as may be prescribed by law.

Signature Typed Name

Title Date