

**Section 8.0 – Proposal Package**  
**8.0 Company Information Sheet**

Legal Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address for RFP Correspondence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner(s): \_\_\_\_\_

RFP Contact Name: \_\_\_\_\_

RFP Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

RFP Contact Email: \_\_\_\_\_

Partners (if applicable): \_\_\_\_\_

Employer FEDERAL Tax ID Number/SSN: \_\_\_\_\_

**If you are a sole proprietor, answer as if you were a company:**

Do you have Contractor Public Liability Insurance?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay for Worker's Compensation Insurance?      Yes \_\_\_\_\_ No \_\_\_\_\_

Is your company current with State sales and franchise taxes?      Yes \_\_\_\_\_ No \_\_\_\_\_

Is your company current with Federal tax filings?      Yes \_\_\_\_\_ No \_\_\_\_\_

Any outstanding judgments that would prevent  
successful completion of this contract if awarded?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any threatened or pending lawsuits?      Yes \_\_\_\_\_ No \_\_\_\_\_

Is your company currently or has it ever been debarred?      Yes \_\_\_\_\_ No \_\_\_\_\_

By signing this application, I certify that I am legally permitted to represent the company in contracting, fully understand and agree to the terms of the RFP and certify that I/my firm have not been debarred or suspended, or have otherwise been excluded from or deemed ineligible for participation in federal assistance programs.

\_\_\_\_\_  
President's Name (please print)

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

**Section 8.0 – Proposal Package**  
**8.1 Weatherization Inspection Experience**

Have you performed weatherization inspections under DOE or TDHCA programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please discuss experience:

\_\_\_\_\_

Have you performed weatherization inspections under the City of Houston Residential Energy Efficiency Program (REEP) or Agencies in Action (AIA) programs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please discuss experience

\_\_\_\_\_

Have you performed weatherization inspections for a utility energy efficiency program (private and/or public)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify program(s) and/or funding source(s):

\_\_\_\_\_

Have you performed real estate inspections? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you used a blower door test as part of a whole-house assessment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

How many houses have you assessed with a blower door test? \_\_\_\_\_

Which of the following assessment software programs have you used?

TDHCA Priority List \_\_\_\_\_  
EZ 3W \_\_\_\_\_  
NEAT \_\_\_\_\_

Check the type of construction that you have assessed, inspected and/or project monitored for the last year.

\_\_\_\_\_ Single Family unit      \_\_\_\_\_ Multi dwelling complex  
\_\_\_\_\_ Mobile home      \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Total number of years performing home inspection, assessment and/or construction monitoring activities: \_\_\_\_\_ Years

Number of years for each activity:  
Weatherization inspections \_\_\_\_\_  
Real estate inspections \_\_\_\_\_  
Architectural inspections \_\_\_\_\_  
Residential building inspections \_\_\_\_\_

Has your weatherization inspection experience taken place primarily in Harris County? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have previous program experience with Sheltering Arms? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

Do you have previous experience with low-income clients inspecting apartments or houses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the type of weatherization inspections performed:  
\_\_\_\_\_  
\_\_\_\_\_

Provide the following information on home inspection, assessment and/or construction monitoring activities for the last 5 years starting with your most recent employer.

Current/Most Recent Employer:

1. Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
\_\_\_\_\_

2. Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
\_\_\_\_\_

3. Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
\_\_\_\_\_

4. Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
\_\_\_\_\_

5. Company: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Service Provided: \_\_\_\_\_  
\_\_\_\_\_

**Section 8.0 – Proposal Package**  
**8.2 Past Weatherization Inspection Experience**

The following questions will be asked when we contact the references listed below:

1. Was the inspector on time, thorough, and efficient with his/her field work?
2. Was the inspector on time, thorough, and efficient with his/her paperwork?
3. Did the inspector effectively handle follow-up items?
4. Did the inspector follow funding guidelines?
5. If the inspector’s recommendations were followed, were there energy savings?
6. Has this person, to the best of your knowledge, demonstrated professional behavior at meetings and at work sites?

List three references - persons or firms - that you have worked for as an inspector and/or an assessor in the past 2 years.

	Company #1	Company #2	Company #3
Name	_____	_____	_____
Company	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Phone – Office	_____	_____	_____
Cell	_____	_____	_____

List three clients whose home you assessed, inspected, and/or monitored during the past 6 months.

	Client #1	Client #2	Client #3
Name	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Phone	_____	_____	_____
	_____	_____	_____

**Section 8.0 – Proposal Package**  
**8.3 Technical Knowledge and Experience**

In reference to the requirements in Section 6.0, please list/describe training, skills, project management assignments, and education attained that are applicable for this contract (please include certification and/or licensure #s):

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Are you Building Performance Institute (BPI) certified?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have an EPA Lead Abatement Certification?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received professional blower door training?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient using the NEAT energy audit system?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in MS Excel and MS Word?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in sending and receiving e-mail and text messages while working in the field?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in WorkZone project management software?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete sections 8.1, 8.2 and 8.3 for each inspector employee in your firm. If your firm is chosen as a finalist for this contract proposal, you will be asked to supply a list of all employees, including office personnel, and will be required to provide proof of a background check for each.

Inspector Employee Names:

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**Section 8.0 – Proposal Package**  
**8.4 Safety and Reporting Compliance**

Providing our clients with the best possible service begins with the Contractors and Inspectors that we retain to perform the weatherization work. Our standards for health and safety include maintaining a drug free workplace, prime contractors and sub-contractors that employ individuals that have passed pre-employment background checks and pre-employment drug screens.

Sheltering Arms Senior Services, TDHCA, the Department of Energy, and other agencies require frequent monitoring and review of records and onsite inspections of this work.

**If you are a sole proprietor, you may skip questions 1 – 7.**

1. Does your company track recordable accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does your company utilize the OSHA301 Report? Yes \_\_\_\_\_ No \_\_\_\_\_

3. How many injuries has your company had in the past 3 years \_\_\_\_\_ Were they OSHA recordable? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did any of the accidents require a doctor's attention or hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does your company maintain an OSHA 300-A log? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Does your company perform background checks on all employees? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does your company require pre-employment drug testing? Yes \_\_\_\_\_ No \_\_\_\_\_

8. The SASS contract with the Department of Energy requires that all test results and records be kept and be readily accessible for three (3) years. Please describe your company's processes and procedures regarding record retention and access for individual client work orders, invoicing, and OSHA records and logs.

9. Please detail the safety training events, safety supervisors' roles and responsibilities, and safety procedures that are in place today to ensure safe work practices in the client's home.

**Section 8.0 – Proposal Package**  
**8.5 Minority and/or Women-Owned Business**

To be defined as a minority or women-owned business enterprise, ownership is established through proof that the minority or woman owns at least 51% of the stock of the corporation, or holds a 51% interest in any partnership. The “control” factor requires proof that the minority or woman holds 51% control of the voting power of the business. To qualify as a minority or women-owned business enterprise, the owner must control the daily management of the company.

Are you a minority-owned business? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a woman-owned business? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a finalist, you may be required to provide proof of ownership ratio for minority or woman-owned status. Acceptable proof would be documents such as Articles of Incorporation filed with the State of Texas, partnership tax returns showing division of revenue and expense, or certifications from the State of Texas or City of Houston.

If you are a minority and/or women-owned business are you certified with any of the following organizations? If you are a finalist, you may be required to provide proof of certification.

Historically Underutilized Business (HUB) Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Minority Business Enterprise Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Women Business Enterprise Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 8.0 – Proposal Package**  
**8.6 Proposal Certification and Agreement for Background Check**

Company Name \_\_\_\_\_

I understand that I am seeking an inspection services contract administered by Sheltering Arms Senior Services, funded by the Texas Department of Housing and Community Affairs (TDHCA) with federal funds from the Department of Energy's WAP AND American Reinvestment and Recovery Act (ARRA) WAP. Contractors and subcontractors must not be debarred, suspended, or ineligible according to the United States General Services Administration's List of Parties Excluded from Federal Procurement or Non-Procurement Programs. Verification of eligibility shall be obtained from the Texas Department of Housing and Community Affairs prior to awarding a contract.

I understand that I must carry adequate general liability and worker's compensation insurance. This insurance must be applicable to work done in Harris County and must be in effect during the entirety of the contract period. Evidence of such insurance must be presented prior to the execution of the contract.

I understand that all work must be completed according to the Texas Department of Housing and Community Affairs and Sheltering Arms Senior Services guidelines and conform to all applicable codes and general specifications.

I have been provided a copy of the inspector proposal package and a sample standard contract, have reviewed the documents, and certify that all work completed will meet or exceed these standards and specifications. I further understand that if work performed is found to be unsatisfactory by Sheltering Arms Senior Services or if the relations between my company, Sheltering Arms' clients, or other parties are found to be unsatisfactory, it may result in debarment from future Sheltering Arms Senior Services' contracts.

I understand that I must prepare weekly status reports using Sheltering Arms Senior Services preferred project management software. I understand that I cannot alter any work or work orders without authorization by Sheltering Arms Senior Services.

I agree to provide proposed services within the time frame specified in the Agency's notice to proceed (NTP.)

I understand that all subcontractors, vendors, or suppliers that provide services on this contract must be paid in full prior to submitting an invoice to Sheltering Arms Senior Services.

I understand that any subcontractors that are used by my company must carry the insurance required.

I understand that any recruitment activity for subcontractors must be posted on the TDHCA and HUB website according to Sheltering Arms' guidelines.

I will abide by the Texas Department of Housing and Community Affairs regulations pertaining to equal employment opportunity.

I acknowledge that I have not been arrested or convicted of a crime, other than minor traffic offenses.

Selected contractor(s) will be required to provide background checks prior to execution of this contract and each six (6) months thereafter for each employee of its firm.

I understand that Sheltering Arms Senior Services reserves the right to reject any and all proposals without penalty.

No member, officer, agency or employees of Sheltering Arms Senior Services shall be personally liable concerning any matters arising out of or in relation to the commitment of weatherization funds with regards to feasibility or validity of the proposed subject.

\_\_\_\_\_  
President's Name (please print)

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

Note: By signing this certification, the inspector/firm affirms that he has not given any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee of Sheltering Arms Senior Services in connection with the submitted proposal. Failure to sign this certification, or signing it with a false statement, shall void the submitted proposal or any resulting agreement, and the inspector/firm will be removed from all supplier/contractor lists.

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**FAIR CREDIT REPORTING ACT:  
GENERAL DISCLOSURE AND AUTHORIZATION STATEMENT**

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**TO: ALL APPLICANTS**

*PLEASE READ CAREFULLY BEFORE SIGNING BELOW*

In processing my application, I understand that Sheltering Arms Senior Services. (“SASS” or the “Company”) may obtain or have prepared a consumer or investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, or mode of living. I understand that upon request to SASS, I will be informed of whether a consumer report was requested and, if so, the name and address of the consumer reporting agency that furnished the report.

I understand that upon written request to SASS, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.). I understand that if such report was requested, I will be informed of the name, address and telephone number of the consumer reporting agency that furnished the report. I also understand that, upon request, I have the right to receive a copy of the report.

By signing below, I am authorizing SASS to obtain a consumer or investigate consumer report on me as part of the Company’s background screening process. If I am offered a contract by SASS, I further authorize SASS to obtain additional consumer or investigative consumer reports on me at any time during the duration of the contract. I also authorize SASS to share any information received in connection with this consumer or investigative consumer report with any third party, as may be required in connection with my contract with the Company.

By my signature below, I also acknowledge that SASS has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

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NAME OF APPLICANT (PLEASE PRINT)

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SIGNATURE OF APPLICANT

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DATE SIGNED