

**Issue Date: November 15, 2017**

**INVITATION FOR BIDS #Y18-146-DG**

**NOTICE IS HEREBY GIVEN** that the Board of County Commissioners of Orange County, Florida, henceforth referred to as the County is accepting sealed bids for:

**WEATHERIZATION ASSISTANCE PROGRAM (WAP) INSPECTIONS  
TERM CONTRACT**

Sealed bid offers in an **original** and **three (3) copies** for furnishing the above will be accepted up to **2:00 PM (local time), Thursday, December 14, 2017**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

Copies of the bid documents may be obtained from the Orange County Procurement Division at the above address. Copies may be requested by phoning (407) 836-5635 or by download from the Internet at:

<http://apps.ocfl.net/orangebids/bidopen.asp>

Carrie Woodell, MPA, CFCM, CPPO, C.P.M.  
Manager, Procurement Division

**NOTICE TO BIDDERS**

To ensure that your bid is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Dorothy Gordon, Senior Purchasing Agent at [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net).

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## GENERAL TERMS AND CONDITIONS

### 1. GENERAL INFORMATION

These specifications constitute the complete set of requirements and bid forms. The bid response page(s), and all forms listed on the bid response page(s) shall be completed, signed, and sealed in an envelope bearing the bid number on the outside and mailed or presented to the Procurement Division on or before the specified time and date. **Failure to comply with the preceding requirements shall result in the rejection of the bid.**

**Bids submitted by e-mail, telephone or fax shall not be accepted. An e-mailed or a faxed bid shall be rejected as non-responsive regardless of where it is received.**

It is the sole responsibility of the Bidder to ensure that their bid reaches the Procurement Division. All bids, unless otherwise specified, must be delivered to the following address no later than the time and date specified in the solicitation:

Procurement Division  
Internal Operations Centre II  
400 E. South Street, 2nd Floor  
Orlando, FL 32801

Bidders are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

**The County shall not be responsible for delays caused by any occurrence. The time/date stamp clock located in the Procurement Division shall serve as the official authority to determine lateness of any bid. The bid time shall be scrupulously observed. Under no circumstances shall bids delivered after the time specified be considered. Late bids will be returned to the Bidder unopened. The decision to refuse to consider a bid that was received beyond the date/time established in the solicitation shall not be the basis for a protest pursuant to the Orange County Code (Procurement Ordinance).**

All bids must be typewritten or filled in with pen and ink, and must be signed in ink by an officer or employee having authority to bind the company or firm. Errors, corrections, or changes on any document must be initialed by the signatory of the bid.

Bidders shall not be allowed to modify their bids after the opening time and date. Bid files may be examined during normal working hours, thirty (30) days after bid opening or upon recommendation for award, whichever occurs first. Bidders desiring to view these documents are urged to schedule an appointment.

For information concerning this bid, please contact the Procurement Division at the address listed above or by calling 407-836-5635. Please specify the bid number for which you are inquiring.

**2. QUESTIONS REGARDING THIS SOLICITATION**

All questions or concerns regarding this Invitation for Bids shall be submitted by email to [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net), no later than 5:00 PM Monday, December 4, 2017 to the attention of Dorothy Gordon, Procurement Division, referencing the IFB number. When required the Procurement Division shall issue an addendum to the Invitation for Bids. The addendum shall be available on the Internet for access by potential Bidders. Bidders are instructed not to contact the initiating division directly. No oral interpretation of this Invitation for Bids shall be considered binding. The County shall be bound by information and statements only when such statements are written and executed under the authority of the Manager, Procurement Division.

This provision exists solely for the convenience and administrative efficiency of Orange County. No Bidder or other third party gains any rights by virtue of this provision or the application thereof, nor shall any Bidder or third party have any standing to sue or cause of action arising there from.

**3. FEDERAL AND STATE TAX**

The County is exempt from Federal and State Sales and Use Taxes for tangible personal property (Certificate of Registry for tax transactions under Chapter 32, Internal Revenue Code and Florida Sales/Use Tax Exemption Certificate). The Manager, Procurement Division will sign an exemption certificate submitted by the Contractor.

Contractors doing business with the County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Contractor be authorized to use the County's Tax Exemption Number in securing such materials.

**4. ACCEPTANCE/REJECTION/CANCELLATION**

The County reserves the right to accept or to reject any or all bids and to make the award to that bidder who, in the opinion of the County, will be in the best interest of and/or the most advantageous to the County. The County also reserves the right to reject the bid of any bidder who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who, in the County's opinion, is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of bidders in order to make a determination as to the foregoing. The County reserves the right to waive any irregularities and technicalities and may, at its discretion, request a re-bid. Award will be made to the lowest responsive and responsible bidder as determined by the County.

The County reserves the right, and the Manager, Procurement Division has absolute and sole discretion, to cancel a solicitation at any time prior to approval of the award by the Board of County Commissioners when such approval is required. The decision to cancel a solicitation cannot be the basis for a protest pursuant to the Orange County Code.

5. **NO BID**

Where more than one item is listed, any items not bid upon shall be indicated as "NO BID".

6. **CONFLICT OF INTEREST**

The award is subject to provisions of applicable State Statutes and County Ordinances. All bidders must disclose with their bid the name of any officer, director, or agent who is also an employee of Orange County. Further, all bidders must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the Bidder's firm or any of its branches. Should the Contractor permanently or temporarily hire any County employee who is, or has been, directly involved with the Contractor prior to or during performance of the resulting contract, the contract shall be subject to immediate termination by the County.

7. **LEGAL REQUIREMENTS**

All applicable Federal and State laws and County ordinances that in any manner affect the items covered herein apply. Lack of knowledge by the Bidder shall in no way be a cause for relief from responsibility.

A. Contractors doing business with the County are prohibited from discriminating against any employees, applicant, or client because of race, religion, color, disability, national origin, gender, or age with regard to but not limited to the following: employment practices, rates of pay or other compensation methods, and training selection.

B. Businesses wishing to participate in the County procurement process as an Orange County Certified M/WBE firm are required to complete a certification application to attain recognition as such. You may contact the Procurement Division or the Business Development Division for information and assistance.

8. **MISTAKES**

In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly. In the event of addition errors, the extended totals will prevail and the Bidder's total will be corrected accordingly.

Bidders must check their bid where applicable. Failure to do so will be at the Bidder's risk. Bids having erasures or corrections must be initialed in ink by the Bidder.

9. **AVAILABILITY OF FUNDS**

The obligations of the County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and the Orange County Board of County Commissioners, or other specified funding source for this procurement.

## 10. **EEO STATEMENT**

It is hereby declared that equal opportunity and nondiscrimination shall be the County's policy intended to assure equal opportunities to every person, regardless of race, religion, sex, sexual orientation and gender expression/identity, color, age, disability or national origin, in securing or holding employment in a field of work or labor for which the person is qualified, as provided by Section 17-314 of the Orange County Code and the County Administrative Regulations.

Further, the Contractor shall abide by the following provisions:

- A. The Contractor shall represent that the Contractor has adopted and maintains a policy of nondiscrimination as defined by applicable County ordinance throughout the term of this contract.
- B. The Contractor shall allow reasonable access to all business and employment records for the purpose of ascertaining compliance with the non-discrimination provision of the contract.

The provisions of the prime contract shall be incorporate by the Contractor into the contracts of any applicable subcontractors.

## 11. **BID TABULATION AND RESULTS**

Bid tabulations shall be available thirty (30) days after opening on the Orange County website at: <http://apps.ocfl.net/orangebids/bidresults/results.asp>, or upon notice of intended action, whichever is sooner.

## 12. **BID FORMS**

All bids must be submitted on the County's standard Bid Response Form. Bids on Bidder's quotation forms shall not be accepted.

## 13. **REFERENCES**

A contact person shall be someone who has personal knowledge of the Bidder's performance for the specific requirement listed. Contact person shall have been informed that they are being used as a reference and that the County may be contacting them. More than one person can be listed but all shall have knowledge of the project. The reference shall be the owner or a representative of the owner. Contractors who provided services under the referenced project (contract) shall not be accepted as references. **DO NOT** list principals or officers who shall not be able to answer specific questions regarding the project. Failure of references listed to respond to the County's inquiries may negatively impact the responsibility of the Bidder.

## 14. **RECIPROCAL PREFERENCE**

In the event the lowest responsive and responsible bid submitted in response to any Invitation for Bids is by a bidder whose principal place of business is in a county other than Orange County, and such county grants a bid preference for purchases to a bidder whose principal place of business is in such county, then Orange

County may award a preference to the (next) lowest responsive and responsible bidder having a principal place of business within Orange County, Florida. Such preference will be equal to the preference granted by the county in which the lowest responsive and responsible bidder has its principal place of business **except as provided below.**

1. **Effective July 1, 2015 the reciprocal local preference will not apply to construction services in which 50 percent or more of the cost will be paid from state-appropriated funds which have been appropriated at the time of the competitive solicitation.**
2. **If the solicitation involves a federally funded project where the funding source requirements prohibit the use of state and/or local preferences, the reciprocal local preference will not be applied.**

**15. POSTING OF RECOMMENDED AWARD AND PROTESTS**

The recommended award will be posted for review by interested parties at the Procurement Division and at:

<http://apps.ocfl.net/OrangeBids/AwardsRec/default.asp> prior to submission through the appropriate approval process and will remain posted for a period of five (5) full business days.

- **Orange County Lobbyist Regulations General Information**  
<http://www.orangecountyfl.net/OpenGovernment/LobbingAtOrangeCounty.aspx>

A lobbying blackout period shall commence upon issuance of the solicitation until the Board selects the Contractor. For procurements that do not require Board approval, the blackout period commences upon solicitation issuance and concludes upon contract award.

The Board of County Commissioners may void any contract where the County Mayor, one or more County Commissioners, or a County staff person has been lobbied in violation of the black-out period restrictions of Ordinance No. 2002-15.

- **Orange County Protest Procedures**  
<http://www.orangecountyfl.net/VendorServices/VendorProtestProcedures.aspx>

Failure to file a protest with the Manager, Procurement Division by 5:00 PM on the fifth full business day after posting, shall constitute a waiver of bid protest proceedings.

**16. BID AND RELATED COSTS**

By submission of a bid, the Bidder agrees that any and all costs associated with the preparation of the bid will be the sole responsibility of the Bidder. The Bidder also agrees that the County shall bear no responsibility for any costs associated with the preparation of the bid including but not limited to any administrative or judicial proceedings resulting from the solicitation process.

**17. CONTRACTUAL AGREEMENT**

This Invitation for Bids shall be included and incorporated in the final contract or purchase order. The order of contract precedence will be the contract (purchase order), bid document, and response. Any and all legal actions associated with this Invitation for Bids and/or the resultant contract (purchase order) shall be governed by the laws of the State of Florida. Venue for any litigation involving this contract shall be the Ninth Circuit Court in and for Orange County, Florida.

**18. PUBLIC ENTITY CRIME**

Section 287.133(3)(d), Florida Statutes, provides that the Florida Department of Management Services shall maintain a list of the names and addresses of those who have been disqualified from participating in the public contracting process under this section.

[http://www.dms.myflorida.com/business\\_operations/state\\_purchasing/vendor\\_information/convicted\\_suspended\\_discriminatory\\_complaints\\_vendor\\_lists/convicted\\_vendor\\_list](http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/convicted_suspended_discriminatory_complaints_vendor_lists/convicted_vendor_list)

A person or affiliate who has been placed on The Convicted Vendor list following a conviction for a public entity crime shall not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, shall not submit bids on leases of real property to a public entity, shall not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and shall not transact business with any public entity in excess of the threshold amount provided in Florida Statute Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on The Convicted Vendor List.

**19. DRUG-FREE WORKPLACE FORM**

The Drug-Free Workplace Form is attached and shall be completed and submitted with your bid.

**20. SUBCONTRACTING**

Bidders subcontracting any portion of the work shall state name and address of subcontractor and the name of the person to be contacted on the attached "Schedule of Subcontractors Form".

**21. CONFLICT OF INTEREST FORM**

Bidder shall complete the Conflict of Interest Form attached hereto and submit it with their bid.

**22. ETHICS COMPLIANCE**

The following forms are included in this solicitation and shall be completed and submitted as indicated below:



- A. **Orange County Specific Project Expenditure Report** -The purpose of this form is to document any expenses incurred by a lobbyist for the purposes described in **Section 2-351, Orange County Code**. This form shall be completed and submitted with all bid responses to an Orange County solicitation. Any questions concerning this form shall be addressed to the purchasing agent identified in the applicable solicitation.
- B. **Relationship Disclosure Form** – The purpose of this form is to document any relationships between a bidder to an Orange County solicitation and the Mayor or any other member of the Orange County Board of County Commissioners. This form shall be completed and submitted with the applicable bid to an Orange County solicitation.

**No contract award shall be made unless these forms have been completed and submitted with the bid.** Any questions concerning these forms shall be addressed to the purchasing agent identified in this solicitation. Also, a listing of the most frequently asked questions concerning these forms is attached to each for your information.

**23. SUBMISSION OF BID**

The bid must be mailed or hand delivered in a sealed envelope to:

**ORANGE COUNTY PROCUREMENT DIVISION**

Internal Operations Centre II  
400 E. South Street, 2nd Floor  
Orlando, Florida 32801

**Bidders must indicate on the sealed envelope the following:**

- A. **Invitation for Bids Number**
- B. **Hour and Date of Opening**
- C. **Name of Bidder**

Bids received after the time, date, and/or at the location specified, due to failure to identify the envelope with the above information shall be rejected.

**24. COPIES**

Copies of documents, records, materials, and/or reproductions requests will be charged in accordance with Orange County's fee schedule. Copyrighted materials may be inspected, but cannot be copied or reproduced per Federal law.

**25. PROPRIETARY/RESTRICTIVE SCOPE OF WORK/SERVICES**

If a prospective bidder considers the scope of work/services contained herein to be proprietary or restrictive in nature, thus potentially resulting in reduced competition, they are urged to contact the Procurement Division prior to bid opening. Specifications which are unrelated to performance will be considered for deletion via addendum to this Invitation for Bids.

**26. ASSISTANCE WITH SCOPE OF WORK/SERVICES**

Any prospective bidder who assisted the County in developing or writing the scope of work/services contained herein are requested to so note such on the bid response page.

**27. PAYMENT TERMS/DISCOUNTS**

The County's payment terms are in accordance with Florida Statute 218, Local Government Prompt Payment Act. Cash discounts for prompt payment shall not be considered in determining the lowest net cost for bid evaluation purposes.

**28. PATENTS AND ROYALTIES**

Unless otherwise provided, the Contractor shall be solely responsible for obtaining the right to use any patented or copyrighted materials in the performance of the contract resulting from this Invitation for Bids.

The Contractor, without exception, shall indemnify and save harmless the County and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Contractor. In the event of any claim against the County of copyright or patent infringement, the County shall promptly provide written notification to the Contractor. If such a claim is made, the Contractor shall use its best efforts to promptly purchase for the County any infringing products or services or procure a license, at no cost to the County, which will allow continued use of the service or product.

If none of the alternatives are reasonably available, the County agrees to return the article on request to the Contractor and receive reimbursement, if any, as may be determined by a court of competent jurisdiction.

**29. INDEMNIFICATION**

To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, cost and expenses including attorney's fees of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of the Contractor or its subcontractors, anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable; excepting those acts or omissions arising out of the sole negligence of the County.

**30. CLARIFICATIONS**

It is the Bidder's responsibility to become familiar with and fully informed regarding the terms, conditions and specifications of this Invitation for Bids. Lack of understanding and/or misinterpretation of any portions of this Invitation for Bids shall not be cause for withdrawal of your bid after opening or for subsequent protest of award. Bidder's must contact the Procurement Division, at the phone number on the bid cover sheet **prior** to bid opening, should clarification be required.

Modification or alteration of the documents contained in the solicitation or contract shall only be valid if mutually agreed to in writing by the Bidder and the County.

**31. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By submission of this bid, the Bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, that in connection with this procurement:

- A. The prices in this bid have been arrived at independently, without consultation, collusion, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
- B. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly to any other Bidder or to any competitor; and,
- C. No attempt has been made or shall be made by the Bidder to induce any other person or bidder to submit or not to submit a bid for the purpose of restricting competition.

**32. SUCCESSORS AND ASSIGNS**

The County and the Contractor each binds itself and its partners, successors, executors, administrators, and assigns to the other party of this Contract and to the partners, successors, executors, administrators, and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the County nor the Contractor shall assign, sublet, convey or transfer its interest in this Contract without the written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the County which may be a party hereto, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the County and the Contractor.

**33. PRICING/AUDIT**

The Contractor shall establish and maintain a reasonable accounting system, which enables ready identification of Contractor's cost of goods and use of funds. Such accounting system shall also include adequate records and documents to justify all prices for all items invoiced as well as all charges, expenses and costs incurred in providing the services for at least five (5) years after completion of this contract. The County or its designee shall have access to such books, records, subcontract(s), financial operations, and documents of the Contractor or its subcontractors, as required to comply with this section for the purpose of inspection or audit anytime during normal business hours at the Contractor's place of business. This right to audit shall include the Contractor's subcontractors used to procure services under the contract with the County. Contractor shall ensure the County has these same rights with subcontractors and suppliers.

**34. EMPLOYEES OF THE CONTRACTOR**

All work under this contract shall be performed in a professional and skillful manner. The County may require, in writing, that the Contractor, remove from this contract any employee the County deems incompetent, careless, or otherwise objectionable.

**35. TOBACCO FREE CAMPUS**

All Orange County operations under the Board of County Commissioners shall be tobacco free. This policy shall apply to parking lots, parks, break areas and worksites. It is also applicable to Contractors and their personnel during contract performance on County owned property. Tobacco is defined as tobacco products including, but not limited to, cigars, cigarettes, e-cigarettes, pipes, chewing tobacco and snuff. Failure to abide by this policy may result in civil penalties levied under Chapter 386, Florida Statutes and/or contract enforcement remedies.

**36. CONTRACT CLAIMS**

“Claim” as used in this provision means a written demand or written assertion by one of the contracting parties seeking as a matter of right, the payment of a certain sum of money, the adjustment or interpretation of contract terms, or other relief arising under or relating to this contract.

Claims made by a Contractor against the County, relating to a particular contract shall be submitted to the Manager, Procurement Division in writing clearly labeled “Contract Claim” requesting a final decision. The Contractor also shall provide with the claim a certification as follows: “I certify that the claim is made in good faith; that the supporting data are accurate and complete to the best of my knowledge and belief; that the amount requested accurately reflects the contract adjustment for which the Contractor believes the County is liable; and that I am duly authorized to certify the claim on behalf of the Contractor.”

**Failure to document a claim in this manner shall render the claim null and void. No claim shall be accepted after final payment of the contract.**

The decision of the Manager, Procurement Division shall be issued in writing and furnished to the Contractor. The decision shall state the reasons for the decision reached. The Manager, Procurement Division shall render the final decision within sixty (60) days after receipt of Contractor’s written request for a final decision. The Manager, Procurement Division decision shall be final and conclusive.

The Contractor shall proceed diligently with performance of this contract pending final resolution of any request for relief, claim, appeal or action arising under the contract and shall comply with any final decision rendered by the Manager, Procurement Division.

**37. VERIFICATION OF EMPLOYMENT STATUS**

Prior to the employment of any person under this contract, the Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the contract term, and an express requirement that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. For more information on this process, please refer to United States Citizenship and Immigration Service site at:  
<http://www.uscis.gov/portal/site/uscis>.

**Only those employees determined eligible to work within the United States shall be employed under this contract.**

By submission of a bid in response to this solicitation, the Contractor affirms that all employees in the above categories shall undergo e-verification before placement on this contract. The Contractor shall commit to comply with this requirement by completing the E-Verification certification, attached to this solicitation.

**38. CONFIDENTIAL INFORMATION**

In accordance with Chapter 119 of the Florida Statutes (Public Records Law), and except as may be provided by other applicable State or Federal Law, all proposers should be aware that Invitation for Bids and the responses thereto are in the public domain. Bidders must identify specifically any information contained in their response which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, **citing specifically the applicable exempting law**. If a Bidder fails to cite the applicable exempting law, we will treat the information as public.

**39. FEDERAL REQUIREMENTS**

In the event this Contract is paid in whole or in part from any federal government agency or source, the specific terms, regulations and requirements governing the disbursement of these funds shall be specified herein and become a part of this clause.

All Contracts in excess of one hundred thousand dollars (\$100,000) shall comply with all the requirements of Section 114 of the Clean Air Act (42 USC 7401 et seq.) as amended and Section 308 of the Federal Water Pollution Control Act (33 USC 1251 et seq.) as amended.

**40. PUBLIC RECORDS COMPLIANCE**

Orange County is a public agency subject to Chapter 119, Florida Statutes. The Contractor agrees to comply with Florida's Public Records Law. Specifically, the Contractor shall:

1. Keep and maintain public records required by Orange County to perform the service.

2. Upon request from Orange County's custodian of public records, provide Orange County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
3. Ensure that public records that are exempt or confidential and exempt from the public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Contractor does not transfer the records to Orange County.
4. Upon completion of the contract, Contractor agrees to transfer at no cost to Orange County all public records in possession of the Contractor or keep and maintain public records required by Orange County to perform the service. If the Contractor transfers all public record to Orange County upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to Orange County, upon request from Orange County's custodian of public records, in a format that is compatible with the information technology systems of Orange County.
5. A Contractor who fails to provide the public records to Orange County within a reasonable time may be subject to penalties under section 119.10, Florida Statutes.
- 6. IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT :**

**Procurement Public Records Liaison**  
**400 E. South Street, 2<sup>nd</sup> Floor, Orlando, FL 32801**  
**[ProcurementRecords@ocfl.net](mailto:ProcurementRecords@ocfl.net), 407-836-5897**

## **SPECIAL TERMS AND CONDITIONS**

### **1. QUALIFICATION OF BIDDERS**

This bid will be awarded to a responsible, responsive bidder, qualified by experience to provide the work specified. The Bidder shall submit the following information with the bid:

- A. Provide description of work substantially similar in scope and magnitude with a minimum of five (5) years of experience with Weatherization Quality Control Inspections (QCI) that are satisfactorily completed with Florida organizations with location, dates of contract, names, addresses, email addresses and telephone numbers of owners by completing the attached reference sheets.
- B. Provide bidder documentation with QCI designation from the Building Performance Institute (BPI).
- C. List of personnel, by name and title, contemplated to perform the work. Bidder must possess and provide a Florida General Contractor's license.

**Failure to submit the above requested information may be cause for rejection of your bid.**

The determination on whether a bidder is responsible or not shall be at the sole discretion of the County. Although the County may request the submission of a minimum number of contracts similar to the requirements of this solicitation with certain minimum dimensions, quantities, dollar values, etc., the County's determination of a bidder's responsibility shall not be solely based on the number of similar procurements the bidder provides but the entirety of the bidder's qualifications.

### **2. LICENSES AND PERMITS**

Prior to furnishing the requested product(s), it shall be the responsibility of the Contractor to obtain, at no additional cost to Orange County, any and all licenses and permits required to complete all contractual requirements. These licenses and permits shall be readily available for review by the Manager, Procurement Division or authorized designee.

### **3. BID ACCEPTANCE PERIOD**

A bid shall constitute an irrevocable offer for a period of ninety (90) days from the bid opening date or until the date of award. In the event that an award is not made by the County within ninety (90) days from the bid opening date, the Bidder may withdraw their bid or provide a written extension of their bid.

### **4. MULTIPLE AWARD**

The County reserves the right to make multiple awards based on the results of this bid. The County will award a primary contract to the lowest responsive,

responsible Bidder. The Contractor agrees to provide job estimates based on bid rates within twenty-four (24) hours of request. The County will give the primary Contractor first opportunity to perform all available work. If the County, at its sole discretion, determines the primary Contractor cannot respond in time, an alternate Contractor may be contacted to perform the required work.

**5. POST AWARD MEETING**

Within **ten (10)** days after receipt of notification of award of bid, Contractor shall meet with the County's representative(s) to discuss job procedures and scheduling.

**6. PERFORMANCE**

**Timely performance is of the essence in the award of this Invitation for Bids.** Performance shall be no later than **seven (7)** calendar days from receipt of delivery order. Bids which fail to meet this requirement shall be rejected.

It is hereby understood and mutually agreed to by and between parties hereto that the time of performance is an essential condition of this contract.

Should the Contractor neglect, fail or refuse to provide the services within the time herein specified, then said Contractor does hereby agree as part of the consideration for the awarding of this contract, to pay Orange County the sum extended by the County to contract for like services approved by the Procurement Division for the period from the required scheduled commencement date until performance of services covered in the Invitation for Bids is completed.

The Contractor shall, within **two (2)** calendar days from the beginning of such delay, notify the Manager, Procurement Division in writing of the cause(s) of the delay.

**7. TERMINATION**

**A. Termination for Default:**

The County may, by written notice to the Contractor terminate this contract for default in whole or in part (delivery orders, if applicable) if the Contractor fails to:

1. Provide goods or services that comply with the specifications herein or fails to meet the County's performance standards
2. Deliver the goods or to perform the services within the time specified in this contract or any extension.
3. Make progress so as to endanger performance of this contract
4. Perform any of the other provisions of this contract.



Prior to termination for default, the County shall provide adequate written notice to the Contractor through the Manager, Procurement Division, affording the opportunity to cure the deficiencies or to submit a specific plan to resolve the deficiencies within ten (10) calendar days (or the period specified in the notice) after receipt of the notice. Failure to adequately cure the deficiency shall result in termination action. Such termination may also result in suspension or debarment of the Contractor in accordance with the County's Procurement Ordinance. The Contractor and its sureties (if any) shall be liable for any damage to the County resulting from the Contractor's default of the contract. This liability includes any increased costs incurred by the County in completing contract performance.

In the event of termination by the County for any cause, the Contractor shall have, in no event, any claim against the County for lost profits or compensation for lost opportunities. After a receipt of a Termination Notice and except as otherwise directed by the County the Contractor shall:

1. Stop work on the date and to the extent specified.
2. Terminate and settle all orders and subcontracts relating to the performance of the terminated work
3. Transfer all work in process, completed work, and other materials related to the terminated work as directed by the County.
4. Continue and complete all parts of that work that have not been terminated.

If the Contractor's failure to perform the contract arises from causes beyond the control and without the fault or negligence of the Contractor the contract shall not be terminated for default. Examples of such causes include (1) acts of God or the public enemy, (2) acts of a government in its sovereign capacity, (3) fires, (4) floods, (5) epidemics, (6) strikes and (7) unusually severe weather.

**B. Termination for Convenience:**

The County, by written notice, may terminate this contract, in whole or in part, when it is in the County's interest. If this contract is terminated, the County shall be liable only for goods or services delivered and accepted. The County Notice of Termination shall provide the Contractor thirty (30) calendar days prior notice before it becomes effective. **A termination for convenience may apply to individual delivery orders, purchase orders or to the contract in its entirety.**

**8. COMPLIANCE WITH SPECIFICATIONS**

Bidder shall show compliance with specifications by placing a check or an "X" in the appropriate box adjacent to specifications. If taking exception to specifications, Bidder shall place a check or an "X" in the appropriate box and

explain in detail the differences between the equipment proposed and the equipment specified. Also explain what impact may be anticipated in performance of the equipment. These explanations shall be on company letterhead, and attached to your bid. The County shall determine if exceptions are acceptable. Failure to comply may result in disqualification of your bid. Failure to place a check or "X" in any box shall be interpreted as full compliance with all specifications.

**9. COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH**

Any good delivered under a contract resulting from this bid shall be accompanied by a Safety Data Sheet (SDS). The SDS shall include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substance, including:
  - 1. The potential for fire, explosion, corrosiveness and reactivity;
  - 2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by the exposure to the toxic substance; and
  - 3. The primary route of entry and symptoms of over exposure.
- C. The proper precautions, handling practices, necessary personal protective equipment and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of over exposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substance intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

**10. SAFETY REGULATIONS**

Equipment shall meet all State and Federal safety regulations.

**11. CODES AND REGULATIONS**

The Contractor shall strictly comply with all Federal, State and local codes and regulations.

**12. PAYMENT**

Partial payments for the value of services rendered and accepted may be requested by the submission of a properly executed invoice, with supporting documents if required. Payment shall be made in accordance with Florida Statute 218, Local Government Prompt Payment Act. Payment for accepted services shall be accomplished by submission of an invoice, in duplicate, to:

Orange County Family Services  
2100 E. Michigan Street, 2<sup>nd</sup> Floor  
Orlando, FL 32806  
Phone (407) 836-7616

In the event additional County Departments or other public entities utilize this contract, invoices are to be sent directly to the Department or entity placing the order.

**13. DEBRIS**

Contractor shall be responsible for the prompt removal of all debris which is a result of this contractual service.

**14. SAFETY AND PROTECTION OF PROPERTY**

The Contractor shall at all times:

- A. Initiate, maintain and supervise all safety precautions and programs in connection with its services or performance of its operations under this contract.
- B. Take all reasonable precautions to prevent injury to employees, including County employees and all other persons affected by their operations.
- C. Take all reasonable precautions to prevent damage or loss to property of Orange County, or of other Contractors, consultants or agencies and shall be held responsible for replacing or repairing any such loss or damage.
- D. Comply with all ordinances, rules, regulations, standards and lawful orders from authority bearing on the safety of persons or property or their protection from damage, injury or loss. This includes but is not limited to:
  - o Occupational Safety and Health Act (OSHA)
  - o National Institute for Occupational Safety & Health (NIOSH)
  - o National Fire Protection Association (NFPA)
  - o American Society of Heating, Refrigeration & Air-Conditioning Engineers (ASHRAE)
- E. The Contractor shall also comply with the guidelines set forth in the Orange County Safety & Health Manual. The manual can be accessed online at the address listed below:

<http://www.orangecountyfl.net/VendorServices/OrangeCountySafetyandHealthManual.aspx>

## 15. INSURANCE REQUIREMENTS

Vendor/Contractor agrees to maintain on a primary basis and at its sole expense, at all times throughout the duration of this contract the following types of insurance coverage with limits and on forms (including endorsements) as described herein. These requirements, as well as the County's review or acceptance of insurance maintained by Vendor/Contractor is not intended to and shall not in any manner limit or qualify the liabilities assumed by Vendor/Contractor under this contract. Vendor/Contractor is required to maintain any coverage required by federal and state workers' compensation or financial responsibility laws including but not limited to Chapter 324 and 440, Florida Statutes, as may be amended from time to time.

The Vendor/Contractor shall require and ensure that each of its sub-Vendors/sub-Contractors providing services hereunder (if any) procures and maintains until the completion of their respective services, insurance of the types and to the limits specified herein.

Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A- Class VIII or better.

*(Note: State licenses can be checked via [www.floir.com/companysearch/](http://www.floir.com/companysearch/) and A.M. Best Ratings are available at [www.ambest.com](http://www.ambest.com))*

### Required Coverage:

- Commercial General Liability - The Vendor/Contractor shall maintain coverage issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with a limit of liability of not less than \$500,000 per occurrence. Vendor/Contractor further agrees coverage shall not contain any endorsement(s) excluding or limiting Product/Completed Operations, Contractual Liability, or Separation of Insureds. The General Aggregate limit shall either apply separately to this contract or shall be at least twice the required occurrence limit.

### Required Endorsements:

- Additional Insured- CG 20 26 or CG 20 10/CG 20 37 or their equivalents.  
Note: CG 20 10 must be accompanied by CG 20 37 to include products/completed operations
- Waiver of Transfer of Rights of Recovery- CG 24 04 or its equivalent.  
Note: If blanket endorsements are being submitted please include the entire endorsement and the applicable policy number.
- Business Automobile Liability - The Vendor/Contractor shall maintain coverage for all owned; non-owned and hired vehicles issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with limits of not less than \$500,000 (five hundred thousand dollars) per

accident. In the event the Vendor/Contractor does not own automobiles the Vendor/Contractor shall maintain coverage for hired and non-owned auto liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

- Workers' Compensation - The Vendor/Contractor shall maintain coverage for its employees with statutory workers' compensation limits, and no less than \$100,000 each incident of bodily injury or disease for Employers' Liability. Elective exemptions as defined in Florida Statute 440 will be considered on a case-by-case basis. Any Vendor/Contractor using an employee leasing company shall complete the Leased Employee Affidavit.

Required Endorsements:

- Waiver of Subrogation- WC 00 03 13 or its equivalent

When a self-insured retention or deductible exceeds \$100,000 the COUNTY reserves the right to request a copy of Vendor/Contractor most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis the Vendor/Contractor agrees to maintain a retroactive date prior to or equal to the effective date of this contract. In the event the policy is canceled, non-renewed, switched to occurrence form, or any other event which triggers the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this contract the Vendor/Contractor agrees to purchase the SERP with a minimum reporting period of not less than two years. Purchase of the SERP shall not relieve the Vendor/Contractor of the obligation to provide replacement coverage.

**By entering into this contract Vendor/Contractor agrees to provide a waiver of subrogation or a waiver of transfer of rights of recovery, in favor of the County for the workers' compensation and general liability policies as required herein. When required by the insurer or should a policy condition not permit the Vendor/Contractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Vendor/Contractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Subrogation or a Waiver of Transfer of Rights of Recovery Against Others endorsement.**

Prior to execution and commencement of any operations/services provided under this contract the Vendor/Contractor shall provide the COUNTY with current certificates of insurance evidencing all required coverage. In addition to the certificate(s) of insurance the Vendor/Contractor shall also provide endorsements for each policy as specified above. All specific policy endorsements shall be in the name of the Orange County Board of County Commissioners.

For continuing service contracts renewal certificates shall be submitted immediately upon request by either the COUNTY or the COUNTY's contracted certificate compliance management firm. The certificates shall clearly indicate that the Vendor/Contractor has obtained insurance of the type, amount and

classification as required for strict compliance with this insurance section. Vendor/Contractor shall notify the COUNTY not less than thirty (30) business days (ten business days for non-payment of premium) of any material change in or cancellation/non-renewal of insurance coverage. The Vendor/Contractor shall provide evidence of replacement coverage to maintain compliance with the aforementioned insurance requirements to the COUNTY or its certificate management representative five (5) business days prior to the effective date of the replacement policy (ies).

The certificate holder shall read:

Orange County Board of County Commissioners  
c/o Procurement Division  
400 E. South Street, 2<sup>nd</sup> Floor  
Orlando, Florida 32801

**16. CONTRACT TERM/RENEWAL**

- A. The contract resulting from this Invitation for Bids shall commence effective upon issuance of a term contract by the County and extend for a period of twelve (12) month(s) with no renewals.
- B. The initiating County department(s) shall issue delivery/purchase orders against the term contract on an “as needed” basis.
- C. If the quantity of a unit priced item in this contract is an estimated quantity and the actual quantities ordered are more than 50% above the estimated quantity, the County shall enter into negotiations with the Contractor for a lower unit price which shall be incorporated into the contract. Failure of the Contractor to agree to a reduced unit price may result in the termination of the contract and re-solicitation of the requirement.
- D. Any order issued during the effective period of this contract, but not completed within that period, shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor’s and the County’s rights and obligations with respect to that order to the extent as if the order were completed during the contract performance period.

**17. PRICING**

The County requires a firm price for the entire contract period. Invoices shall be reviewed to confirm compliance with contract pricing. Failure to hold prices firm shall be grounds for immediate termination of the contract.

**18. USE OF CONTRACT BY OTHER GOVERNMENT AGENCIES**

At the option of the Contractor, the use of the contract resulting from this solicitation may be extended to other governmental agencies, including the State of Florida, its agencies, political subdivisions, counties, and cities.

Each governmental agency allowed by the Contractor to use this contract shall do so independent of any other governmental entity. Each agency shall be responsible for its own purchases and shall be liable only for goods or services ordered, received and accepted. No agency receives any liability by virtue of this bid and subsequent contract award.

**19. BID PREFERENCE**

In accordance with the Minority Women Owned Business Enterprise (MWBE) Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible Orange County certified MWBE bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

In accordance with the Registered Service Disabled Veteran Business Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible registered prime Service Disabled Veteran bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

**In the event of a tie between an M/WBE and a registered prime SDV with all else being equal, the award shall be made to the firm with the lowest business net worth.**

**20. METHOD OF ORDERING**

The County shall issue Delivery (Purchase) Orders against the contract on an as needed basis for the goods or services listed on the Bid Response Form.

**21. CHANGES - SERVICE CONTRACTS**

The County may at any time by issuance of an executed change order make changes within the general scope of the contract in any of the following areas:

- A. Description of services to be performed.
- B. Time of Performance (i.e., hours of the day, days of the week, etc.).
- C. Place of performance of the services.

If additional work or other changes are required in the areas described above, a price proposal shall be required from the Contractor. Upon negotiation of the proposal, execution and receipt of the change order, the Contractor shall commence performance of the work as specified.

The Contractor shall not commence the performance of additional work or other changes not covered by this contract without an executed change order issued by the Purchasing and Contracts Division. If the Contractor performs additional work beyond the specific requirements of this contract without an executed change order, it shall be at his/her own risk. The County assumes no responsibility for any additional costs for work not specifically authorized by an executed change order.

**22. ATTACHMENTS**

The following attachment(s) is/are attached to, and made a part of this Invitation for Bids:

- A. Attachment A – Orange County Community Work Write Up Form for Weatherization Assistance Program
- B. Attachment B – Master Quote Plat
- C. Attachment C – Home Drawing

**23. CONDITIONS FOR EMERGENCY/HURRICANE OR DISASTER - TERM CONTRACTS**

It is hereby made a part of this Invitation for Bids that before, during and after a public emergency, disaster, hurricane, flood, or other acts of God that Orange County shall require a “first priority” basis for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation which threatens public health and safety, as determined by the County. Contractor agrees to rent/sell/lease all goods and services to the County or other governmental entities as opposed to a private citizen, on a first priority basis. The County expects to pay contractual prices for all goods or services required during an emergency situation. Contractor shall furnish a twenty-four (24) hour phone number in the event of such an emergency.

**24. INDEFINITE QUANTITY CONTRACT**

- A. This is an indefinite quantity contract for the goods or services specified. The quantities of goods and services specified are estimates only and are not purchased by this contract.
- B. Delivery or performance shall be only as authorized by orders in accordance with the terms of this contract. The Contractor shall furnish to the County, when and if ordered, the goods and services up to and including the quantity designated in the schedule as the “Total Estimated Quantity.” The County shall order at least the dollar amount designated in the schedule as the “Minimum Quantity” during the initial contract performance period. The County may issue orders requiring delivery to multiple destinations or performance at multiple locations.



## **SCOPE OF SERVICES**

### **PART I - GENERAL INFORMATION**

#### **A. BACKGROUND**

Services are required to complete weatherization pre-inspections, quality control inspections (QCI), re-inspections as needed on homes for the Orange County Weatherization Assistance Program (WAP), and QCI training for Orange County Weatherization staff and contractors. Pre-inspections are required to determine the scope of work that will be performed on homes as part of WAP, and QCI is required to confirm satisfactory completion of work performed on homes through the program. Pre-inspections and QCI shall ensure all recommended measures completed on homes are in compliance with the Standard Work Specification (SWS) Guide and ASHRAE Standards 62.2-2013. (SWS) Guide standards and ASHRAE Standards 62.2-2013 are exceptionally specific, and require attention to detail to ensure work to be performed or that has been performed is able to pass QCI/QAI inspections.

#### **B. SCOPE**

This procurement will serve four purposes related to the Orange County WAP:

1. Pre-inspection of homes to determine measures needed to effectively weatherize homes in compliance with SWS Guide and ASHRAE Standards 62.2-2013.
2. Perform QCI to ensure weatherization measures taken to weatherize homes are in compliance with SWS Guide and ASHRAE Standards 62.2-2013 and completely fulfill the project requirements.
3. Re-inspection is necessary when a project fails QCI, and is completed to ensure necessary steps were taken to bring project in compliance with SWS Guide and ASHRAE Standards 62.2-2013 of weatherization.
4. QCI training for Orange County Weatherization staff and contractors to ensure all projects are completed in compliance with SWS Guide and ASHRAE Standards 62.2-2013.

### **PART II - WORK REQUIREMENTS**

#### **A. TECHNICAL REQUIREMENTS**

1. The purpose of pre-inspection is to establish the current condition of project homes and identify weatherization measures required to effectively weatherize the homes in compliance with SWS Guide and ASHRAE Standards 62.2-2013. Pre-inspections include visiting homes selected for Orange County WAP and completing inspection of home to determine the

scope of work required to weatherize the home based on SWS Guide and ASHRAE Standards 62.2-2013. This includes, but is not limited to, inspection of doors, windows, heating and air conditioning systems, insulation, ventilation systems, lighting, and air infiltration into the building's envelope. Pre-inspection will also include, but not be limited to, a blower door test, pressure pan test, and duct blower test. Pre-inspection will result in creation of an itemized list of work measures to be performed to weatherize the home in accordance with SWS Guide and ASHRAE Standards 62.2-2013. Pre-inspection requires experience with and working knowledge of home weatherization and SWS Guide and ASHRAE Standards 62.2-2013. Pre-inspection requires knowledge of and ability to operate a blower door and accurately document measurements created through application of blower door and any other tests performed.

2. QCI requires inspecting homes after weatherization work has been completed and Orange County post-inspection determined work to be in compliance with SWS Guide and ASHRAE Standards 62.2-2013. QCI requires inspection of each measure of work completed on the home to ensure it meets SWS Guide and ASHRAE Standards 62.2-2013. An itemized list of weatherization measures corresponding to the issued work write up will be utilized to inspect the completed work. The QCI inspector will pass or fail the completed project based on compliance with SWS Guide and ASHRAE Standards 62.2-2013.
3. Re-inspections will be required if a project fails initial QCI due to work measures not in compliance with SWS Guide and ASHRAE Standards 62.2-2013. Once project contractor corrects issues to be in compliance with SWS Guide and ASHRAE Standards 62.2-2013, re-inspection may be scheduled. Only specific work measures that failed initial QCI will be re-inspected. If re-inspection finds corrected measures are in compliance with SWS Guide and ASHRAE Standards 62.2-2013, the project may receive QCI authorization.
4. QCI training requires communication and instruction of weatherization-specific knowledge, skills, and best practices to ensure Orange County Weatherization staff and contractors complete all projects to be in compliance with SWS Guide and ASHRAE Standards 62.2-2013.

## B. DELIVERABLES

1. Pre-inspection: The Contractor shall deliver a work write-up (See Attachment A – Orange County Community Work Write-Up Form for Weatherization Assistance Program), a Master Quote Plat (See Attachment B) and home drawing (See Attachment C) for the project home generated by the weatherization measures taken during the inspection. This will also include a National Energy Audit Tool (NEAT)/Mobile Home Energy Audit (MHEA) recommendation printout and input printout. Pre-inspection shall deliver digital photographs of each weatherization measure observed during the inspection.

2. QCI: The Contractor shall deliver a standard Florida WAP form documenting each SWS Guide and ASHRAE Standards 62.2-2013 compliance of each weatherization measure completed on the project home. The standard Florida WAP form shall note pass or fail of the QCI, signed by the inspector.
3. Re-inspection: The Contractor shall deliver confirmation and photographic evidence of corrective actions taken by weatherization contractor to ensure measures that failed QCI are now in compliance with SWS Guide and ASHRAE Standards 62.2-2013.
4. QCI training: The Contractor shall deliver learning materials and instruction to ensure Orange County Weatherization staff and contractors are able to complete projects in compliance with SWS Guide and ASHRAE Standards 62.2-2013. Face to face training shall take place at the Orange County Facilities Management Training Room located at 2100 E. Michigan Street or in the field at potential client's homes as needed, for no more than a minimum of one (1) hour or a maximum of eight (8) hours per session. There is no attendee limitation nor will there be a sample curriculum required.

### **Part III - SUPPORTING INFORMATION**

#### **A. SECURITY**

Security is generally not necessary, as part of the weatherization agreement specifies that if the work space (home to be weatherized) is unsafe or hazardous weatherization will be abandoned until safety can be demonstrated.

#### **B. PLACE OF PERFORMANCE**

Pre-inspections, QCI, and re-inspections shall all be completed at various private residences throughout Orange County. Each project will be a different private residence, but all will be located within Orange County.

**BID RESPONSE FORM**  
**IFB #Y18-146-DG**

The Contractor shall provide all labor and other resources necessary to provide the services in strict accordance with the scope of services defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b><u>ESTIMATED QUANTITY</u></b>	<b><u>UNIT</u></b>	<b><u>COST</u></b>	<b><u>TOTAL BID</u></b>
1.	Pre-Inspection, flat rate	50 each	x	\$ _____	= \$ _____
2.	Quality Control Inspection (QCI), flat rate	50 each	x	\$ _____	= \$ _____
3.	Re-Inspection, flat rate	20 each	x	\$ _____	= \$ _____
4.	QCI Training	20 hours	x	\$ _____	= \$ _____
<b>TOTAL ESTIMATED BID (Items 1 through 4)</b>					<b>= \$ _____</b>

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

**IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.**

Performance shall be not later than seven (7) calendar days After Receipt of Order (ARO) per Special Terms and Conditions.

Inquiries regarding this Invitation for Bids may be directed to Dorothy Gordon, Senior Purchasing Agent, at [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net)

**Bid Response Documents - The following documents constitute your bid:**

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.

**THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:**

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

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: \_\_\_\_\_ D-U-N-S® # \_\_\_\_\_

\_\_\_\_\_  
(Street No. or P.O. Box Number) (Street Name) (City)

\_\_\_\_\_  
(County) (State) (Zip Code)

Contact Person: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Residence Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**ACKNOWLEDGEMENT OF ADDENDA**

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. \_\_\_\_\_, Date \_\_\_\_\_ Addendum No. \_\_\_\_\_, Date \_\_\_\_\_

Addendum No. \_\_\_\_\_, Date \_\_\_\_\_ Addendum No. \_\_\_\_\_, Date \_\_\_\_\_

**AUTHORIZED SIGNATORIES/NEGOTIATORS**

The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email

_____ (Signature)	_____ (Date)
_____ (Title)	
_____ (Name of Business)	

The Bidder shall complete and submit the following information with the bid:

**Type of Organization**

Sole Proprietorship     Partnership     Non-Profit  
 Joint Venture     Corporation

**State of Incorporation:** \_\_\_\_\_

Principal Place of Business (Florida Statute Chapter 607): \_\_\_\_\_  
City/County/State

**THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.**

Federal I.D. number is \_\_\_\_\_

## REFERENCES

List three (3) customers during the past ten (10) years for which you provided services similar to those specified in the solicitation in the spaces provided below. Provide the owner's name, contact person, address, email address, telephone number, and date services were performed, as described.

1. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_
2. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## DRUG-FREE WORKPLACE FORM

The undersigned Bidder, in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Date

**SCHEDULE OF SUBCONTRACTING**

**IFB NO. Y18-146-DG**

As specified in the General Terms and Conditions and the Bid Preference Clause in the Special Terms and Conditions, bidders are to present the details of subcontractor participation.

<b>Name Of Subcontractor</b>	<b>Is the Sub-Contractor a Certified M/WBE with Orange County Government?</b>	<b>Address</b>	<b>Type of Work to be Performed</b>	<b>Percent and dollar amount of Contract Amount to be Subcontracted</b>

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

**CONFLICT/NON-CONFLICT OF INTEREST STATEMENT**

**CHECK ONE**

[ ] To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

**OR**

[ ] The undersigned bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

**LITIGATION STATEMENT**

**CHECK ONE**

[ ] The undersigned bidder has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

[ ] The undersigned bidder, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
TITLE

Failure to check the appropriate blocks above may result in disqualification of your bid. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your bid.

## E VERIFICATION CERTIFICATION

Contract No.Y18-146-DG

I hereby certify that I will utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing the use of the system to confirm the employment eligibility of the individuals classified below. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida statutes.

All persons, including subcontractors and their workforce, who will perform work under **Contract No.Y18-146-DG, Weatherization Assistance Program (WAP) Inspections**, within the state of Florida.

NAME OF CONTRACTOR: \_\_\_\_\_

ADDRESS OF CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**RELATIONSHIP DISCLOSURE FORM  
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY  
IS THE PRINCIPAL OR PRIMARY PROPOSER**

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Bidder and shall be submitted to the Procurement Division by the Bidder.

In the event any information provided on this form should change, the Bidder must file an amended form on or before the date the item is considered by the appropriate board or body.

**Part I**

**INFORMATION ON BIDDER:**

Legal Name of Bidder:

---

Business Address (Street/P.O. Box, City and Zip Code):

---

---

Business Phone: (     ) \_\_\_\_\_

Facsimile: (     ) \_\_\_\_\_

**INFORMATION ON BIDDER'S AUTHORIZED AGENT, IF APPLICABLE:  
(Agent Authorization Form also required to be attached)**

Name of Bidder's Authorized Agent:

---

Business Address (Street/P.O. Box, City and Zip Code):

---

---

Business Phone: (     ) \_\_\_\_\_

Facsimile: (     ) \_\_\_\_\_

**Part II**

IS THE BIDDER A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

\_\_\_ **YES** \_\_\_ **NO**

IS THE MAYOR OR ANY MEMBER OF THE BCC THE BIDDER'S EMPLOYEE?

\_\_\_ **YES** \_\_\_ **NO**

IS THE BIDDER OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

\_\_\_ **YES** \_\_\_ **NO**

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.

---

---

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(Use additional sheets of paper if necessary)

**Part III**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Date

Printed Name and Title of Person completing this form:

\_\_\_\_\_  
STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Staff signature and date of receipt of form

\_\_\_\_\_  
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

**FREQUENTLY ASKED QUESTIONS (FAQ)**  
**ABOUT THE**  
**RELATIONSHIP DISCLOSURE FORM**  
*Updated 6-28-11*

**WHAT IS THE RELATIONSHIP DISCLOSURE FORM?**

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

**WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?**

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

**WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?**

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

**WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?**

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

**HOW ARE THE KEY RELEVANT TERMS DEFINED?**

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. Applicant means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term



includes any person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

*Employee* means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

*Relative* means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

#### **DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?**

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

#### **WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?**

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

#### **WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?**

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a bid will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the

BCC agenda packet, the applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

**WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?**

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

**CONCLUSION:**

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

## ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

**This is the initial Form:** \_\_\_\_\_  
**This is a Subsequent Form:** \_\_\_\_\_

### **Part I**

**Please complete all of the following:**

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): \_\_\_\_\_

---

Name and Address of Principal's Authorized Agent, if applicable: \_\_\_\_\_

---

**List the name and address of all lobbyists, Contractors, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)**

1. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
2. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
3. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
4. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
5. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
6. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
7. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
  
8. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_

**Part II**

**Expenditures:**

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, Contractors, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
		<b>TOTAL EXPENDED THIS REPORT</b>	\$

**Part III**

**Original signature and notarization required**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of  Principal or  Principal's Authorized Agent  
(check appropriate box)

Printed Name and Title of Person completing this form:

\_\_\_\_\_  
STATE OF \_\_\_\_\_:  
COUNTY OF \_\_\_\_\_:

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Staff signature and date of receipt of form

\_\_\_\_\_  
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

**FREQUENTLY ASKED QUESTIONS (FAQ)**  
**ABOUT THE**  
**SPECIFIC PROJECT EXPENDITURE REPORT**  
*Updated 3-1-11*

**WHAT IS A SPECIFIC PROJECT EXPENDITURE REPORT (SPR)?**

A Specific Project Expenditure Report (SPR) is a report required under Section 2-354(b) of the Orange County Lobbying Ordinance, codified at Article X of Chapter 2 of the Orange County Code, reflecting all lobbying expenditures incurred by a principal and their authorized agent(s) and the principal's lobbyist(s), contractor(s), subcontractor(s), and Contractor(s), if applicable, for certain projects or issues that will ultimately be decided by the Board of County Commissioners (BCC).

Matters specifically exempt from the SPR requirement are ministerial items, resolutions, agreements in settlement of litigation matters in which the County is a party, ordinances initiated by County staff, and some procurement items, as more fully described in 2.20 of the Administrative Regulations.

Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying need not be disclosed on this form. (See Section 2-354(b), Orange County Code.)

**WHO NEEDS TO FILE THE SPR?**

The principal or his/her authorized agent needs to complete and sign the SPR and warrant that the information provided on the SPR is true and correct.

A principal that is a governmental entity does not need to file an SPR.

**HOW ARE THE KEY RELEVANT TERMS DEFINED?**

*Expenditure* means "a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. This may include public relations expenditures (including but not limited to petitions, flyers, purchase of media time, cost of print and distribution of publications) but does not include contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4)." (See Section 112.3215, Florida Statutes.) Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying are not deemed to be "expenditures." (See Section 2-354, Orange County Code.)

*Lobbying* means seeking "to encourage the approval, disapproval, adoption, repeal, rescission, passage, defeat or modification of any ordinance, resolution, agreement, development permit, other type of permit, franchise, vendor, Contractor, contractor, recommendation, decision or other foreseeable action of the [BCC]," and "include[s] all communications, regardless of whether initiated by the lobbyist or by the person being lobbied, and regardless of whether oral, written or electronic." (See Section 2-351, Orange County Code.) Furthermore, *lobbying* means communicating "directly with the County Mayor, with any other member of the [BCC], or with any member of a procurement committee." (See Section 2-351, Orange County Code.) *Lobbying* also

means communicating “indirectly with the County Mayor or any other member of the [BCC]” by communicating with any staff member of the Mayor or any member of the BCC, the county administrator, any deputy or assistant county administrator, the county attorney, any county department director, or any county division manager. (See Section 2-351, Orange County Code.) *Lobbying* does not include the act of appearing before a Sunshine Committee, such as the Development Review Committee or the Roadway Agreement Committee other than the BCC.

*Principal* means “the person, partnership, joint venture, trust, association, corporation, governmental entity or other entity which has contracted for, employed, retained, or otherwise engaged the services of a lobbyist.” *Principal* may also include a person, partnership, joint venture, trust, association, corporation, limited liability corporation, or other entity where it or its employees do not qualify as a lobbyist under the definition set forth in Section 2-351 of the Orange County Code but do perform lobbying activities on behalf of a business in which it has a personal interest.

#### **DOES THE SPR NEED TO BE UPDATED IF INFORMATION CHANGES?**

Yes. It remains a continuing obligation of the principal or his/her authorized agent to update the SPR whenever any of the information provided on the initial form changes.

#### **WHERE DO THE SPR AND ANY UPDATES NEED TO BE FILED?**

The SPR needs to be filed with the County Department or County Division processing the application or matter. If and when an additional expenditure is incurred subsequent to the initial filing of the SPR, an amended SPR needs to be filed with the County Department or County Division where the original application, including the initial SPR, was filed.

#### **WHEN DO THE SPR AND ANY UPDATES NEED TO BE FILED?**

In most cases, the initial SPR needs to be filed with the other application forms. The SPR and any update must be filed with the appropriate County Department or County Division not less than seven (7) days prior to the BCC hearing date so that they may be incorporated into the BCC agenda packet. (See Section 2-354(b), Orange County Code.) When the matter is a discussion agenda item or is the subject of a public hearing, and any additional expenditure occurs less than 7 days prior to BCC meeting date or updated information is not included in the BCC agenda packet, the principal or his/her authorized agent is obligated to verbally present the updated information to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

#### **WHO WILL BE MADE AWARE OF THE INFORMATION DISCLOSED ON THE SPR AND ANY UPDATES?**

The information disclosed on the SPR and any updates will be a public record as defined by Chapter 119, Florida Statutes, and therefore may be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This information will accompany the other information for the principal's project or item.

**CONCLUSION:**

We hope you find this FAQ useful to your understanding of the SPR. Please be informed that in the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance governing specific project expenditure reports, the ordinance controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to a principal, his/her authorized agent, or any other outside party. Accordingly, if after reading this FAQ the principal, his/her authorized agent or an outside party has any questions, he/she is encouraged to contact his/her own legal counsel.



**AGENT AUTHORIZATION FORM**

I/We, (Print Bidder name) \_\_\_\_\_, Do hereby authorize (print agent's name), \_\_\_\_\_, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (IFB NUMBER AND TITLE) \_\_\_\_\_, and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State  
of \_\_\_\_\_  
My Commission  
Expires: \_\_\_\_\_

**EXHIBIT A**

**LEASED EMPLOYEE AFFIDAVIT**

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

A.M. Best Rating of Carrier: \_\_\_\_\_

Inception Date of Leasing Arrangement: \_\_\_\_\_

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: \_\_\_\_\_

Signature of Owner/Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>	1. Name of Agent or Broker Street Address City, State, Zip	CONTACT NAME:		
		PHONE (A/C, No, Ext):	FAX (A/C, No):	
<b>INSURED</b>	2. Name of Insured Street Address City, State, Zip	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A :		
		INSURER B :		
		INSURER C :	3.	
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ACORD INSR	SUBR WVD	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	8. LIMITS
3.	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER-SECT <input type="checkbox"/> LOC	4.	5.	6.	7.		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  9.						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 10. <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
11.							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Orange County Government is additionally insured on the General Liability Policy. A waiver of subrogation applies in favor of Orange County Government, it's agents, employees, and officials on the Worker's Compensation Policy.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
13. Orange County Board of County Commissioners Procurement Division 400 E. South Street Orlando, Florida 32801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 14.

## ORANGE COUNTY CERTIFICATE OF INSURANCE REVIEW GUIDE

1. **PRODUCER:** Agent's name and address must be shown along with contact name phone, fax, and email address.
2. **INSURED:** Legal name and address of the entity entering into the contract or agreement
3. **INSURERS AFFORDING COVERAGE & NAIC #:** Name of the insurance company that is insuring the line of coverage. The INSURER and applicable letter will be used throughout the certificate to indicate the lines of coverage placed with a particular insurance company. A letter must be shown in the INSUR L TR section for each coverage line listed on the certificate.
4. **ADDL INSR:** Signifies whether coverage includes additional insured status. Very few agents use this section. Additional insured status is usually discussed in the Description of Operations/Locations/Vehicles section.
5. **SUBR WVD:** Signifies that a waiver of subrogation is in valid for each line of coverage as indicated.
6. **POLICY NUMBER:** A policy number should be listed for each line of coverage for which commercial insurance is being provided.
7. **POLICY EFFECTIVE/EXPIRA TJON DATES:** Effective and expiration dates should fall within the time frame of the inception of the contract or agreement.
8. **LIMITS:** As required in the written agreement. The general aggregate should be at least twice the per occurrence limit for all continuing service contracts. If the aggregate limit applies separately then the PROJECT box should be marked.
9. **AUTOMOBILE LIABILITY:** The ANY AUTO box is preferable however; some organizations do not own vehicles so the other boxes may be marked.
10. **WORKERS' COMPENSATION:** Look closely to see if any proprietor, partner, or executive officer is excluded. If so, please contact Risk Management for waiver approval. The WC STATUTORY LIMITS box must be selected.
11. **OTHER:** This section is used for other coverage such as professional liability and employee dishonesty. The same rules apply with regards to policy numbers, effective and expiration dates and limits.
12. **DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:** This section typically contains any special or qualifying language such as additional insured status or waivers of subrogation. If additional space is needed an ACORD 101 should be attached. Please note that these certificates are for information only and do not confer any rights upon the certificate holder. This is why we also ask for the specific policy language or endorsement specifying that these provisions are in place.
13. **CERTIFICATE HOLDER:** Orange County Board of County Commissioners should be listed as the certificate holder. Individual departments and divisions should not be listed as the primary certificate holder.
14. **AUTHORIZED REPRESENTATIVE:** This section should contain the signature of the person authorized to issue the certificate on behalf of the insurance company.

**EXHIBIT B**

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<b><i>The following are additional insured under the Professional Liability section of this policy (already included under the GL by form #86571).</i></b>
YOUR MEDICAL DIRECTORS AND ADMINISTRATORS, INCLUDING PROFESSIONAL PERSONS, BUT ONLY WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES FOR THE NAMED INSURED AS MEDICAL DIRECTORS AND ADMINISTRATORS;
AN INDEPENDENT CONTRACTOR IS AN INSURED ONLY FOR THE CONDUCT OF YOUR BUSINESS AND SOLELY WHILE PERFORMING SERVICES FOR A CLIENT OF THE NAMED INSURED, BUT SOLELY WITHIN THE SCOPE OF SERVICES CONTEMPLATED BY THE NAMED INSURED;
STUDENTS IN TRAINING WHILE PREFORMING DUTIES AS INSTRUCTED BY THE NAMED INSURED;
ANY ENTITY YOU ARE REQUIRED IN A WRITTEN CONTRACT (HEREINAFTER CALLED ADDITIONAL INSURED) TO NAME AS AN INSURED IS AN INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF YOUR PREMISES OR OPERATIONS:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**EXHIBIT C**

POLICY NUMBER: \_\_\_\_\_ COMMERCIAL GENERAL LIABILITY  
**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS ATTN: PROCUREMENT DIVISION 400 E. SOUTH STREET, 2 <sup>nd</sup> FLOOR ORLANDO, FL 32801
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

## EXHIBIT D

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WORKERS COMPENSTION AND EMPLOYEES LIABILITY  
INSURANCE POLICY WC 00 03 13

2<sup>ND</sup> Reprint

*Effective April 1, 1984*

Advisory

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### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

#### Schedule

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
ATTN: PROCUREMENT DIVISION  
400 E. SOUTH STREET, 2<sup>ND</sup> FLOOR  
ORLANDO, FL 32801

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**EXHIBIT E**

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY  
CG 24 04 10 93**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
ATTN: PROCUREMENT DIVISION  
400 E. SOUTH STREET, 2<sup>nd</sup> FLOOR  
ORLANDO, FL 32801

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right to recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “Products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.





## Orange County Community Work Write Up Form For Weatherization Assistance Program

Description of Materials/Services Required								
Item	Y or N	MEASURES	SPEC	COMMENTS	Pri	Material	Labor	Total
1	Y	Smoke detectors	5	Install smoke alarms in kitchen & bed rooms by SWS standards	H&S	\$ 175.00	\$ 150.00	\$ 325.00
2	Y	CO2 detectors	2	Install CO2 alarm w/ 5yr lithium battery backup in kitchen & bedroom areas by SWS standards	H&S	\$ 130.00	\$ 60.00	\$ 190.00
3	Y	Whole House Ventilation System 40 CFM	1	Install ERV System with an airflow of at least 40cfm w/maximum sone rating of 1.0 for continuous operation of @least 39 min/hr. Provide approved controller switch. Install ERV according to manufacturer's specs.	9	\$ 700.00	\$ 750.00	\$ 1,450.00
4	Y	Exhaust fan at stove / vent to exterior	1	Install new 100 CFM on demand vented range hood over stove in kitchen with a max sone rating of 3 ( vent to exterior of dwelling) Use collared fitting at roof termination and seal to SWS Standards	H&S	\$ 250.00	\$ 200.00	\$ 450.00
5	Y	Vent dryer to exterior	1	Install new damper on exterior wall for dryer vent and Install New flex duct pipe to dryer. ( See Photo )	H&S	\$ 40.00	\$ 60.00	\$ 100.00
6	Y	Install exhaust fan at bath	2	Install new Energy Star 70 CFM ventilation fan w/ a max sone rating of 3 and damper in bath rms.(vent to exterior) Provide approved controller switch	7	\$ 300.00	\$ 350.00	\$ 650.00
7	Y	Install 1 AC filter, leave 2 w/ client	1	Install 1 AC filter, leave 2 w/ client	Req	\$ 15.00	\$ 25.00	\$ 40.00
8	Y	Install low flow shower heads in both baths	2	Install low flow shower heads in both baths	Req	\$ 26.00	\$ 24.00	\$ 50.00
9	Y	Wrap HWH per weatherization standards	1	Install R-12 Insulation Blanket Per Weatherization Standards	Req	\$ 40.00	\$ 55.00	\$ 95.00
10	Y	Insulate HWH pipes per weatherization standards	1	Insulate hot & cold water lines w/ 3/4" pipe insulation @ least 5ft each. Use Wap Standards	Req	\$ 25.00	\$ 40.00	\$ 65.00
11	Y	Caulking Per Window (interior)	9	Caulk/Seal around interior/exterior frame of window # ( 1 ) to eliminate air infiltration(see drawing)	1	\$ 45.00	\$ 270.00	\$ 315.00
12	Y	Caulk Plumbing Penetrations	2	Under Kitchen & Bathroom Sinks in Bath 1 and in kitchen	1	\$ 20.00	\$ 40.00	\$ 60.00
13	Y	Minor Ceiling Repair	1	Minor Ceiling repair needed in A/C Closet around Pluie	1	\$ 10.00	\$ 25.00	\$ 35.00
14	Y	Minor Wall Repair	0	At exterior hose bib on west side of home. Previous attempt to repair unsuccessful. See Photo	1	\$ 15.00	\$ 25.00	\$ 40.00
15	Y	Frame Weather-stripping Door	0	Front door has light showing thru. See Photo	1	\$ 35.00	\$ 30.00	\$ 65.00
16	Y	Repair / adjust window to tight seal	1	Repair/Adjust window (# 1) at window units for tight seal. (High leakage at window sash junction)	1	\$ 30.00	\$ 35.00	\$ 65.00
17	Y	Replace SB window w/ single pane metal	3	Replace (3) windows with Low E rating, Better Built Win #3,4&5.(see drawing)	1	\$ 495.00	\$ 450.00	\$ 945.00
18	Y	Install 3/4" hatch w/R-30 batt, 1x6 blk	1	Weatherize Attic Access	2	\$ 45.00	\$ 65.00	\$ 110.00
19	Y	R-19 per weatherization standards, SB	1112	Install R-19 blown insulation in attic.(install insulation card & 2 depth markers) Flag accessible electrical junction boxes. And add Insulation over Enclosed porch.	2	\$ 333.60	\$ 355.84	\$ 689.44
20	Y	<b>Solar screens</b>	13	Install solar screen on window # 1,3,4,5. (See Drawing)	4	\$ 430.00	\$ 515.00	\$ 945.00
21	Y	Install thermostat w/ auto function	1	Thermostat mounted on hallway wall above A/C return grill	5	\$ 175.00	\$ 75.00	\$ 250.00
22	Y	Install CFL bulbs	3	Install CFL's throughout the home	6	\$ 82.50	\$ 60.00	\$ 142.50
23	Y	Seal supply w/ mastic	10	Repair/Seal inside supply boot w/mastic. Seal boot to Register Connections w/ UL181-foil tape or mastic (Registers must be removable)	7	\$ 100.00	\$ 200.00	\$ 300.00
24	Y	Rebuild return	1	Seal inside return w/ductboard & mastic include all corners and collar connections	7	\$ 68.00	\$ 92.00	\$ 160.00
25	Y	Install tilt-out filter grill	1	Install new tilt-out filter grill in hallway at return.	7	\$ 65.00	\$ 35.00	\$ 100.00
26	Y	AC repair, service & clean	1	Added Repair cost for Heat Strip for A/C Unit	9	\$ 300.00	\$ 440.00	\$ 740.00
NAME:						DATE:	2/26/2016	\$ 8,376.94
ADDRESS:			Year Built	1971	JOB #			
ADDRESS:						PHONE:	3	
<b>BLOCK OR WOOD STRUCTURE -----&gt;&gt;</b>						<b>Block</b>		

# WEATHERIZATION ASSISTANCE PROGRAMS

ATTACHMENT B

## CLIENT INTAKE FORM

AGENCY NAME:	ORANGE COUNTY COMMUNITY ACTION WEATHERIZATION	JOB NO:	
CLIENT NAME:		OWNER'S NAME:	
SOCIAL SECURITY # (last 4 digits)		PHONE Numbers: (Call 1st)	
UNIT ADDRESS:		MAILING ADDRESS:	
CITY:	ZIP:	COUNTY:	Orange ZIP:
LANDLORD AGREEMENT	YES	NA	OWNERSHIP PROOF (source): Year Built:

**INCOME ELIGIBILITY: Must include annual income for ALL household members.**

Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (Type)		

<b>TOTAL HOUSEHOLD INCOME= \$</b>	-			
Main Heating Source	Propane	Natural Gas	Electric	Wood

<b>Is GAS Present in Home?</b>	YES	NO	<i>(Examples: Stove, Hot Water Heater &amp; Gas Dryer)</i>
--------------------------------	-----	----	--

TOTAL # OF PEOPLE RESIDING IN HOUSE:		<b>CLIENT CHARACTERISTICS:</b> Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)
--------------------------------------	--	--

Utility Bill at time of application \$		ELDERLY (60 & older)
<b>CHARACTERISTICS OF ALL PEOPLE IN HOUSE:</b> (Each person may be counted in more than one category)		DISABLED
		N. AMERICAN INDIAN
ELDERLY (60& older)		HIGH ENERGY BURDEN HOUSEHOLD
DISABLED		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)
NATIVE AMERICAN INDIAN		OTHER (Income qualified only)
CHILDREN ( 2 & under )		<b>UNITS BY OCCUPANCY: check only one below:</b>
CHILDREN ( 3 to 5 years )		OWNER OCCUPIED HOME
CHILDREN ( 6 to 12 years )		SINGLE FAMILY RENTER
All other people not included in above categories		MULTI FAMILY
		OWNER MOBILE HOME
		RENTER MOBILE HOME

**CLIENT AGREEMENT:**

1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.
2. I certify that my household meets the guidelines of this program.
3. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.
5. There are \_\_\_ are not \_\_\_ occupant health issues that will prevent performing diagnostic testing.

CLIENT SIGNATURE:	<b>See Client's File</b>	DATE:	
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# FLORIDA WEATHERIZATION ASSISTANCE PROGRAM

## Priority List Assessment and Testing Form (August 2015)

THE INITIAL DWELLING INSPECTION WILL INCLUDE ADDRESSING ALL DATA ELEMENTS IN THE PLAT  
THE APPROPRIATE DATA OR JUSTIFICATION FOR ADDRESSING EACH ITEM BY SECTION MUST BE  
PROVIDED IN THE GREY BOXES TO SUPPORT WHETHER THE MEASURE IS TO BE ADDRESSED OR NOT.

CUSTOMER NAME:	0		PHONE	0	
ADDRESS:	0		0	FL	0
DIRECTIONS:					
JOB NUMBER:	0		PREVIOUS WX DATE (If applicable):		
INSPECTOR(S):			DATE INSPECTED		YEAR BUILT
TYPE OF DWELLING	MH	SITE BUILT	OTHER	SQ FOOT	0
					NO. OF OCCUPANTS
					0

### PRIORITY LIST SUMMARY

### NEAT AUDIT MEASURES

	Priority List Item	PWOA			Comments:
1	Air Sealing / General Heat Waste	N/A	Y	N	
2	Attic and Floor Insulation	N/A	Y	N	
3	Dense-Pack Sidewalls	N/A	Y	N	
4	Solar Window Screens	N/A	Y	N	
5	Smart Thermostat	N/A	Y	N	
6	Compact Fluorescent Lamps	N/A	Y	N	
7	Seal and Insulate Ducts	N/A	Y	N	
8	Refrigerator	N/A	Y	N	
9	Heating and Cooling Systems	N/A	Y	N	
10	Water Heater	N/A	Y	N	

### Initial Evaluation for Health & Safety (Section VI of Procedures and Guidelines)

#### HOUSEHOLD HEALTH

Are there any household occupant health issues that will effect preventing blower door testing:	Y	N
Type of documentation obtained to support:		

**CARBON MONOXIDE & GAS TESTING** - All combustible appliances and gas lines will be tested first. No weatherization activities will be performed until an unacceptable CO reading on any combustible appliance is corrected.

Appliance	Fuel Type		Location	Unit Type		Venting		Required Monoxor Readings
Primary Heating unit (See note below)	NG	LP		Fixed	Space	Unvented	Vented	Primary heating - pre & post Space heaters - pre & post Cook Stove - 5 - pre Water Heater - 3 - pre  Final (ambient) 1 for each room with a combustible appliance  (Staple pre CO printouts here)
Secondary Unit # 1	NG	LP		Fixed	Space	Unvented	Vented	
Secondary Unit # 2	NG	LP		Fixed	Space	Unvented	Vented	
Cook Stove (See C below)	NG	LP				Unvented	Vented	
Dryer	NG	LP				Unvented	Vented	
Water Heater	NG	LP				Unvented	Vented	

N/A YES

# Combustion Safety Test Sheet

ATTACHMENT B

After performing a thorough visual inspection of the combustion equipment, complete the following to prepare for testing:

- 1.) Calibrate **monoxer** and **gas leak** detector outside
- 2.) Record outdoor **temperature**
- 3.) Enter Living Space - record **ambient CO** (if >35, corrective action required)
- 4.) Set all combustion appliances to their **pilot** setting
- 5.) Measure **Water Temperature** at Tap (should not exceed 120 degrees)

<b>0.0</b>	°F
<b>0.0</b>	ppm
<b>0.0</b>	°F

### Worst Case Depressurization Test

- 1.) Put house in winter time conditions (**close exterior doors and windows**).
- 2.) **Turn off** all air moving devices (**HVAC, Exhaust Fans, Dryer, Etc..**)
- 3.) Setup **Monomter** and hoses to record **BASE** pressure (**CAZ WRT outdoors**)
- 4.) Establish **GROSS** worst case depressurization/ Record most **negative** pressure
  - a. After **turning on** all exhaust fans and **checking door** (pressure +closed, -open)
  - b. **Turn on HVAC** fan and **recheck door** (pressure +closed, -open)
- 5.) **Calculate NET** worst case depressurization (**GROSS Highest Fan/HVAC - BASE**)
- 6.) Does **NET** meet CAZ Depressurization Table **Limits ??**

	- or +	
Base	<b>0.0</b>	Pa
<b>Gross</b>		
Fans on	<b>0.0</b>	Pa
HVAC on	<b>0.0</b>	Pa
Deduct Base	<b>0.0</b>	Pa
NET	<b>0.0</b>	Pa

### Spillage Test

Check ambient CO in CAZ **0.0**

- 1.) Keep appliance under Worst Case conditions.
- 2.) Turn on appliance (if more than one in CAZ, test **smallest** to largest BTU input)
- 3.) Under Worst Case, does spillage stop before **1 minute**? If **NO**, **re-test** under **natural conditions**.

DHW	BTU	<b>0.0</b>	AFUE	<b>0.0</b>	Sec.	<b>0.0</b>
Furnace/HVAC	BTU	<b>0.0</b>	AFUE	<b>0.0</b>	Sec.	<b>0.0</b>

### Draft Test

Check ambient CO in CAZ **0**

- 1.) Keep appliance under Worst Case Conditions
- 2.) Measure pressure in flue WRT the CAZ
- 3.) Does appliance meet Acceptable Draft Test Tange? If **NO**, **retest** under **Natural Conditions**.

	WORST CASE Tested Draft Pressure		Natural Conditions Pressure	Draft	Acceptable Draft Test Range Chart		Temp /40 - 2.75=	-3
DHW	<b>0.0</b>	Pa	<b>0.0</b>	Pa	<b>0.0</b>	Pa		
Furnace/HVAC	<b>0.0</b>	Pa	<b>0.0</b>	Pa	<b>0.0</b>	Pa		

### Carbon Monoxide Test

Check ambient CO in CAZ **0.0**

- 1.) Calibrate monoxer outside
- 2.) Test undiluted **CO** and **record the level**. Identify if the appliance **meets CO requirements?**

DHW	Both sides - spiral heat exchanger			<b>0.0</b>	ppm	<b>0.0</b>	ppm
Furnace/HVAC	Heat Rise Delta T (probes)	<b>0.0</b>	°F	Steady State Efficiency (5-10m)	<b>0.0</b>	% Eff	<b>0.0</b>
Stove/Oven	Natural State and After Heated			<b>0.0</b>	ppm	<b>0.0</b>	ppm

### Post Test Actions

- 1.) Return home to normal operating conditions after all testing has been completed.

**Note: All combustible appliances must be vented to the outside.\*** ATTACHMENT B  
 \*(exception - unvented secondary heaters meeting program guidelines)

Test all GAS Fittings for leaks:	Pass	Fail	Testing included under stove top and at tank.	Y	N
Comments:					
No combustible fuel appliances exist in dwelling.			N/A	YES	
<b>Note: ALL HEATING AND COOLING UNIT DIAGNOSTIC TESTING PROCEDURES AND EVALUATION DATA IS REPORTED UNDER PRIORITY ITEM # 9</b>					

**COMBUSTIBLE FUEL STOVE REPAIR or REPLACEMENT** (Charged to Health & Safety)

Top burner(s) need replacing		If yes, #	<b>0</b>	<b>OLD STOVE PHOTO PLUS COPY OF STATE WAIVER MUST BE IN CLIENT FILE</b>	
Oven burner needs replacing	Y	N			
Stove deteriorated condition warrants replacement:	Y	N			
Is the stove vented (to the outside)?	Y	N			
If no venting exists, venting is to be installed	Y	N*			
N* - justification explanation:	<b>Not Possible</b>				
No combustible stoves exist in dwelling				N/A	YES
*Combustible fueled stoves must be vented to the outside. Reference P&G SECTION VI - Initial Evaluation for Health & Safety for venting criteria - (Provide justification why venting cannot be installed)					

Summary	Y or N	#	Comments:
Vent primary heating unit			
Clean stove burner			
Remove unvented space heater			

**DETECTORS** – (Charged to Health & Safety)

Smoke Detectors	Existing		Functioning		Install:		Battery	Hardwire
CO Detectors	Existing		Functioning		Install:		Battery	Hardwire
Location(s):								

Summary	Y or N	#	Comments:
Smoke detectors			
CO2 detectors			

**POLLUTION SURVEY OF CHEMICALS AND POLLUTANTS :**

There	were	were not	pollutants stored within the living area	
TYPE		LOCATION		
Brought to attention of client for removal or outside storage:			Y	N
Comments:				

**ELECTRICAL PANEL**

Location		Name		Size		Covered	Y	N
Condition	Good	Work Required	Comments:					
Summary	Y or N	#	Comments:					
Electric Panel								
Electrical panel does not require attention			N/A	YES				
Summary	Y or N	#	Comments:					
Health & Safety Bid								
Health & Safety Bid								
Health & Safety Bid								

**MOLD & MOISTURE EVALUATION** (Reference Section III of Procedures and Guidelines)

Existing:	Y	N	Weatherization measure related				Y	N	Postponement of services required			Y	N
Is venting needed for:	Stove	Y	N	Clothes dryer	Y	N	Bathroom	Y	N	Whole house	Y	N	
Summary	Y or N	#	Comments:										
Exhaust fan at stove / vent to exterior													
Vent dryer to exterior													
Install exhaust fan at bath													
Install exhaust fan at bath w/ controller													
Install 15 min timer at bath													
There are no mold or moisture problems			N/A	YES									

**BUILDING SHELL EVALUATION**

Attic	Y / N / NA	Walls	Y / N / NA	CrawlSpace/Basement	Y / N / NA
Recessed Lights		Wiring/Electrical Problems		Vapor Barrier Needed	
Chimney/Flue Incorrect Shielding		Water Leaks Present		Wiring/Electrical problems	
Wiring/Electrical Problems		Moisture Problems Evident		Water Leaks Present	
Inadequate Ventilation		Lead Based Paint is Likely		Plumbing Leaks Present	
Water Leaks Present		Asbestos in Siding is Likely		Moisture Problems Evident	
Moisture Problems Evident		Other Problems		Other Problems	
Vermiculite Present		Comments			
Other					

**LEAD PAINT EVALUATION – Pre 1978 dwellings (Reference Section III of Procedures and Guidelines)**

Visual exterior inspection indicates possible lead paint (deterioration) is existing:										Y	N	N/A
Visual interior inspection indicates possible lead paint (deterioration) is existing:										Y	N	N/A
Areas of suspected lead	Windows	Y	N	Doors	Y	N	Walls	Y	N	Ceiling	Y	N
After determining weatherization measure to be addressed, would LSW be required to be performed:										Y	N	
Is there flaking paint present		Y	N	Postponement of services required						Y	N	
Attach copy of the two page Test-Kit Documentation Form										Y	N	
Attach Documentation of worker training by CR - date and attendees										Y	N	
Attach Photo of posted sign at job site										Y	N	
Attach Photo documentation of LSW being performed										Y	N	
Attach Photo of Hepa Vac at job site being used										Y	N	
Attach Post work Clearance test results										Y	N	
Comments:											Y	N
May be considered not applicable if installation of weatherization measures will not disturb more than 6 square feet.												
Not applicable if post 1978 dwelling:		N/A	YES									

# Diagnostic Testing

ATTACHMENT B

<b>Air Duct Leakage Methods</b>	<input type="checkbox"/>	Whole House Blower Door Infiltration	<input type="checkbox"/>	Duct-Blower Pressure Test
	<input type="checkbox"/>	Blower Door Subtraction	<input type="checkbox"/>	PressurePan Measurements
<b>ASHRAE Ventilation</b>				
Closest Weather Station	<input style="width: 100%;" type="text" value="Orlando Intl Arpt - .39"/>			
Living Area	<input style="width: 50px;" type="text" value="0"/>	Kitchen	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value=""/>
Number of Occupants	<input style="width: 50px;" type="text" value="0"/>	Bath #1	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value=""/>
Building Height	<input style="width: 50px;" type="text" value="0"/>	Bath #2	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value=""/>
Measured Leakage @ 50 Pa	<input style="width: 50px;" type="text" value="0"/>	Bath #3	<input style="width: 50px;" type="text" value="0"/>	<input style="width: 50px;" type="text" value=""/>
Comments:	<input style="width: 100%;" type="text"/>			

**Pre-WX Blower Door Reading**

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 50px;" type="text"/>	Wind <input style="width: 50px;" type="text"/>	Ring: <input style="width: 50px;" type="text"/>
		House Pressure: <input style="width: 50px;" type="text" value="-50"/> PA
Notes: <input style="width: 400px;" type="text" value="1/0/1900"/>	Pre-Reading: <input style="width: 50px;" type="text"/> CFM <sub>50</sub>	

**Post Blower Door Reading** (For excessively high blower door readings/Conditioned Living Space)

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 50px;" type="text"/>	Wind <input style="width: 50px;" type="text"/>	Ring: <input style="width: 50px;" type="text"/>
		House Pressure: <input style="width: 50px;" type="text" value="-50"/> PA
Notes: <input style="width: 400px;" type="text" value="1/0/1900"/>	Pre-Reading: <input style="width: 50px;" type="text"/> CFM <sub>50</sub>	

**Final-Wx Blower Door Reading**

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 50px;" type="text"/>	Wind <input style="width: 50px;" type="text"/>	Ring: <input style="width: 50px;" type="text"/>
		House Pressure: <input style="width: 50px;" type="text" value="-50"/> PA
Notes: <input style="width: 400px;" type="text"/>	Final-Reading: <input style="width: 50px;" type="text"/> CFM <sub>50</sub>	

<b>Blower Door Subtraction</b>				<u>Duct Operating Pressures Pre</u>	
<b>Pre WZN Registers Open</b>	Leakage (CFM)	<input style="width: 100%;" type="text"/>	<b>Pre WZN Registers Closed</b>	Leakage (CFM)	<input style="width: 100%;" type="text"/>
	Pressure	<input style="width: 100%;" type="text"/>		Pressure	<input style="width: 100%;" type="text"/>
	Differential (Pa)	<input style="width: 100%;" type="text"/>		Differential (Pa)	<input style="width: 100%;" type="text"/>
	Duct House Press Diff (Pa)	<input style="width: 100%;" type="text"/>		Duct House Press Diff (Pa)	<input style="width: 100%;" type="text"/>
				<u>Duct Sealing</u>	
				Supply (Pa)	<input style="width: 100%;" type="text"/>
				Return (Pa)	<input style="width: 100%;" type="text"/>

<b>Duct Blower Door Pressure Test</b>				<u>Duct Operating Pressures Pre</u>		
<b>Pre Duct Sealing</b>	Fan Flow (CFM)	Total	Outside	<input style="width: 100%;" type="text"/>	<b>Pre Infiltration Reduction</b>	
	Duct Pressure (Pa)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Leakage (CFM)		<input style="width: 100%;" type="text"/>
	House Pressure (Pa)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Pressure		<input style="width: 100%;" type="text"/>
				Differential (Pa)		<input style="width: 100%;" type="text"/>
				<u>Duct Sealing</u>		
				Supply (Pa)	<input style="width: 100%;" type="text"/>	
				Return (Pa)	<input style="width: 100%;" type="text"/>	

<b>Pressure Pan Measurements</b>				<u>Duct Operating Pressures Pre</u>		
<b>Pre Duct Sealing</b>	Sum of			<input style="width: 100%;" type="text"/>	<b>Pre Infiltration Reduction</b>	
	Pressure Pan	<input style="width: 50px;" type="text"/>		Leakage (CFM)		<input style="width: 100%;" type="text"/>
				Pressure		<input style="width: 100%;" type="text"/>
				<u>Duct Sealing</u>		
				Differential (Pa)	<input style="width: 100%;" type="text"/>	
				Supply (Pa)	<input style="width: 100%;" type="text"/>	



# Diagnostic Testing

ATTACHMENT B

<b>Air Duct Leakage Methods</b>		Whole House Blower Door Infiltration	
		Blower Door Subtraction	
			Duct-Blower Pressure Test
			PressurePan Measurements
<b>ASHRAE Ventilation</b>			
Closest Weather Station	Orlando Intl Arpt - .39		
Living Area	<b>0</b>	Kitchen	<b>0</b>
Number of Occupants	<b>0</b>	Bath #1	<b>0</b>
Building Height	<b>0</b>	Bath #2	<b>0</b>
Measured Leakage @ 50 Pa	<b>0</b>	Bath #3	<b>0</b>
Comments:			

**Pre-WX Blower Door Reading**

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 40px;" type="text"/>	Wind <input style="width: 40px;" type="text"/>	Ring: <input style="width: 40px;" type="text"/>
Notes: <input style="width: 450px; height: 20px;" type="text"/>	House Pressure: <input style="width: 60px;" type="text"/> PA	Pre-Reading: <input style="width: 60px;" type="text"/> CFM <sub>50</sub>

**Post Blower Door Reading** (For excessively high blower door readings/Conditioned Living Space)

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 40px;" type="text"/>	Wind <input style="width: 40px;" type="text"/>	Ring: <input style="width: 40px;" type="text"/>
Notes: <input style="width: 450px; height: 20px;" type="text"/>	House Pressure: <input style="width: 60px; text-align: center; color: red;"/> -50 PA	Pre-Reading: <input style="width: 60px;" type="text"/> CFM <sub>50</sub>

**Final-Wx Blower Door Reading**

<input type="checkbox"/> Turn off all heating/cooling devices	<input type="checkbox"/> Close all windows	<input type="checkbox"/> Open interior doors
Outdoor Temp: <input style="width: 40px;" type="text"/>	Wind <input style="width: 40px;" type="text"/>	Ring: <input style="width: 40px;" type="text"/>
Notes: <input style="width: 450px; height: 20px;" type="text"/>	House Pressure: <input style="width: 60px;" type="text"/> PA	Final-Reading: <input style="width: 60px;" type="text"/> CFM <sub>50</sub>

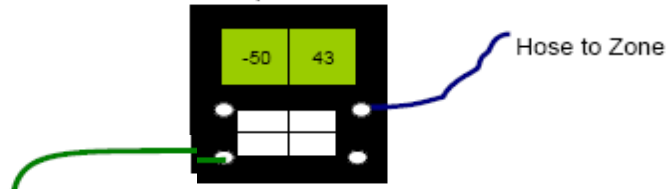
<b>Blower Door Subtraction</b>				<u>Duct Operating Pressures Pre</u>		
<b>Pre WZN Registers Open</b>	Leakage (CFM)	<input style="width: 80px;" type="text"/>	<b>Pre WZN Registers Closed</b>	<u>Duct Sealing</u>		
	Pressure	<input style="width: 80px;" type="text"/>		Supply (Pa)	<input style="width: 80px;" type="text"/>	
	Differential (Pa)	<input style="width: 80px;" type="text"/>		Return (Pa)	<input style="width: 80px;" type="text"/>	
	Duct House Press Diff (Pa)	<input style="width: 80px;" type="text"/>				
<b>Duct Blower Door Pressure Test</b>				<u>Duct Operating Pressures Pre</u>		
<b>Pre Duct Sealing</b>	Fan Flow (CFM)	<input style="width: 40px;" type="text"/>	Total	<input style="width: 40px;" type="text"/>	Outside	<input style="width: 40px;" type="text"/>
	Duct Pressure (Pa)	<input style="width: 80px;" type="text"/>	<u>Pre Infiltration Reduction</u>		<u>Duct Sealing</u>	
	House Pressure (Pa)	<input style="width: 80px;" type="text"/>	Leakage (CFM)	<input style="width: 80px;" type="text"/>	Supply (Pa)	<input style="width: 80px;" type="text"/>
			Pressure	<input style="width: 80px;" type="text"/>	Return (Pa)	<input style="width: 80px;" type="text"/>
<b>Pressure Pan Measurements</b>				<u>Duct Operating Pressures Pre</u>		
Pre Duct Sealing	Sum of Pressure Pan	<input style="width: 100px;" type="text"/>	<u>Pre Infiltration Reduction</u>		<u>Duct Sealing</u>	
			Leakage (CFM)	<input style="width: 80px;" type="text"/>	Supply (Pa)	<input style="width: 80px;" type="text"/>
			Pressure	<input style="width: 80px;" type="text"/>		
			Differential (Pa)	<input style="width: 80px;" type="text"/>		

Each of these tests should be conducted with the blower door depressurizing the house to -50 Pascals WRT Outside.  
 All heating and/or cooling appliances should be turned off prior to any blower door operation.

**Zonal Pressures (Zone WRT House)**

Any reading under 45 Pa indicates significant air leaks between living space and zone.

Manometer Set-up for Zonal Pressures



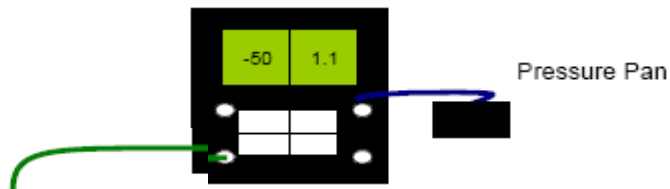
House Pressure: **-50** PA

1	Pre-Wx	Final Wx	5	Pre-Wx	Final Wx
2	Pre-Wx	Final Wx	6.	Pre-Wx	Final Wx
3	Pre-Wx	Final Wx	7.	Pre-Wx	Final Wx
4	Pre-Wx	Final Wx	8.	Pre-Wx	Final Wx

**Pressure Pan (Duct WRT House) Zone Pressure Duction Location**

Any reading over 1 Pa indicates need to seal around register and boot using mastic and/or seal/repair duct work.

Manometer Set-up for Pressure Pan



House Pressure: **-50** PA

<b>Returns:</b>			<b>Returns:</b>		
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
<b>Supplies:</b>					
1. Location	Pre-Wx	Final Wx	6. Location	Pre-Wx	Final Wx
2. Location	Pre-Wx	Final Wx	7. Location	Pre-Wx	Final Wx
3. Location	Pre-Wx	Final Wx	8. Location	Pre-Wx	Final Wx
4. Location	Pre-Wx	Final Wx	9. Location	Pre-Wx	Final Wx
5. Location	Pre-Wx	Final Wx	10. Location	Pre-Wx	Final Wx

Can't reach Fifty Factors for Pressure Readings, Multiply by factor to determine Reading if Could not get to 50PA

50=1.0	45=1.1	40=1.25	35=1.42	30=1.66	25=2.0	20=2.5	15=3.5	10=5.0	5=10.0
--------	--------	---------	---------	---------	--------	--------	--------	--------	--------

Summary	Y or N	#	Comments
Seal supply w/ mastic		0	
Repair run-out connections			
Replace supply grill			

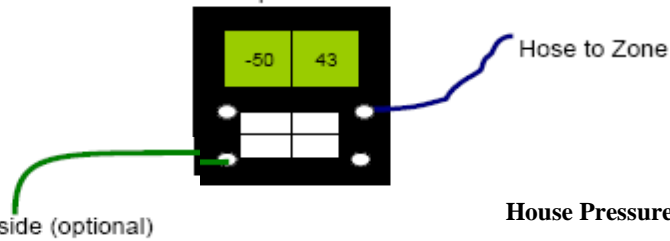
Summary	Y or N	#	Comments
Seal return w/ mastic			
Seal return w/ ductboard & mastic			
Rebuild return			
Install tilt-out filter grill			

Each of these tests should be conducted with the blower door depressurizing the house to -50 Pascals WRT Outside.  
 All heating and/or cooling appliances should be turned off prior to any blower door operation.

**Zonal Pressures (Zone WRT House)**

Any reading under 45 Pa indicates significant air leaks between living space and zone.

Manometer Set-up for Zonal Pressures



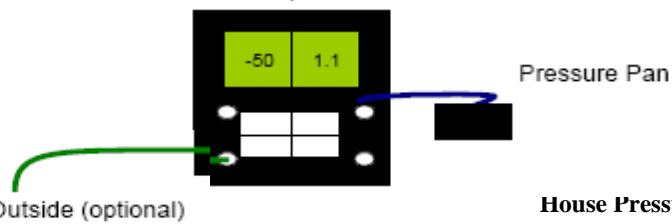
House Pressure: **-50** PA

1	ATTIC 1	<input type="text"/>	<input type="text" value="45"/>	5	GARAGE	<input type="text"/>	<input type="text" value="45"/>
		Pre-Wx	Final Wx			Pre-Wx	Final Wx
2		<input type="text"/>	<input type="text" value="5"/>	6.	<input type="text"/>	<input type="text"/>	<input type="text" value="5"/>
		Pre-Wx	Final Wx			Pre-Wx	Final Wx
3		<input type="text"/>	<input type="text"/>	7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Pre-Wx	Final Wx			Pre-Wx	Final Wx
4		<input type="text"/>	<input type="text"/>	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Pre-Wx	Final Wx			Pre-Wx	Final Wx

**Pressure Pan (Duct WRT House) Zone Pressure Duction Location**

Any reading over 1 Pa indicates need to seal around register and boot using mastic and/or seal/repair duct work.

Manometer Set-up for Pressure Pan



House Pressure: **-50** PA

<b>Returns:</b>			<b>Returns:</b>		
<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
<b>Supplies:</b>			<b>Supplies:</b>		
1. <input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	6. <input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	7. <input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	8. <input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	9. <input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	10. <input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Pre-Wx	Final Wx	Location	Pre-Wx	Final Wx

Can't reach Fifty Factors for Pressure Readings, Multiply by factor to determine Reading if Could not get to 50PA

50=1.0	45=1.1	40=1.25	35=1.42	30=1.66	25=2.0	20=2.5	15=3.5	10=5.0	5=10.0
--------	--------	---------	---------	---------	--------	--------	--------	--------	--------

Summary	Y or N	#	Comments
Seal supply w/ mastic		0	
Repair run-out connections			
Replace supply grill			

Summary	Y or N	#	Comments
Seal return w/ mastic			
Seal return w/ ductboard & mastic			
Rebuild return			
Install tilt-out filter grill			

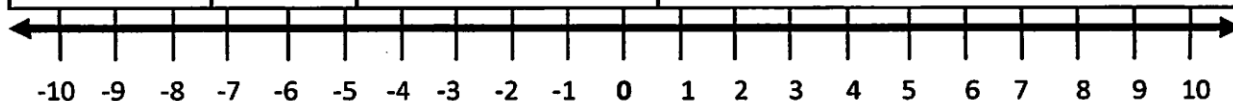
CAZ DEPRESSURIZATION LIMITS	
Venting Condition	Limit (Pascals)
Orphan natural draft water heater	-2
Natural draft boiler or furnace drafted with water heater	-3
Natural draft boiler or furnace with damper commonly vented with water heater	-5
Individual natural draft furnace, water heater, or boiler	-5
Mechanically assisted draft boiler or furnace vented with water heater	-5
Mechanically assisted draft boiler or furnace alone, or fan assisted DHW alone	-15
Direct vented appliances, sealed appliances	-50

>> CAZ Worst Case fails if the pressure is **MORE NEGATIVE** that the limit (Ex. -6 is more negative than -5. <<

ACCEPTABLE WORST CASE DRAFT TEST RANGES	
OUTSIDE TEMPERATURE (°F)	MINIMUM DRAFT PRESSURE STANDARD (PA)
<10	-2.5
10-90	(T_outside ÷ 40) - 2.75
>90	-0.5

>> Worst Case Draft fails if the pressure is **MORE POSITIVE** that the limit (Ex. -1 is more positive than -3. <<

COMBUSTION SAFETY TEST ACTION LEVELS			
CO TEST RESULT	AND/OR	SPILLAGE AND DRAFT RESULTS	RETROFIT ACTION
0-25 ppm	And	Passes	Proceed with work.
26-100 ppm	And	Passes	Recommend that the CO problem be fixed.
26-100 ppm	And	Fails at worst case only	Recommend that the CO problem be fixed.
100-400 ppm	OR	Fails under natural conditions	STOP WORK: Work may not proceed until the system is serviced and the problem is corrected.
>400 ppm	And	Passes	STOP WORK: Work may not proceed until the system is serviced and the problem is corrected.
>400 ppm	And	Fails under any condition	EMERGENCY: Shut off fuel to the appliance and have the homeowner call for service immediately.



ADD Positive = Move Right  
 SUBTRACT Positive = Move Left

ADD Negative = Move Left  
 SUBTRACT Negative = Move right

**PRIORITY LIST AND MEASURES** (Section IX of Procedures and Guidelines)

THE APPROPRIATE DATA OR JUSTIFICATION FOR ADDRESSING EACH ITEM BY SECTION MUST BE PROVIDED IN THE GREY BOXES TO SUPPORT WHETHER THE MEASURE IS TO BE ADDRESSED OR NOT.

**PRIORITY ITEM # 1 - AIR SEALING AND GENERAL HEAT WASTE MEASURES**

**GENERAL HEAT WASTE MEASURES – REQUIRED**

Measure	Y or N	Installation	#	Comments
HVAC Filters		Install 1 AC filter, leave 2 w/ client		Install 1 AC filter, leave 2 w/ client
		Install 1 specialty AC filter, leave 1 w/ client		Install 1 specialty AC filter, leave 1 w/ client
Low Flow Showerhead*		Install low flow shower head at bath		Install low flow shower head at bath
		Install hand-held low flow shower head		Install hand-held low flow shower head
Faucet Aerator(s) *		Install faucet aerator at bath		Install faucet aerator at bath
		Install faucet aerator at kitchen		Install faucet aerator at kitchen
Water Heater Wrap		Wrap HWH per weatherization standards		Install R-12 Insulation Blanket Per Weatherization Standards
Water Heater Pipe Insulation		Insulate HWH pipes per weatherization standards		Insulate hot & cold water lines w/ 3/4" pipe insulation @ least 5ft each. Use Wap Standards

\* Note: Measures may not be applicable if dwelling is on well water.

<b>EXHAUST FANS:</b>	Bathrooms		Kitchen	
	Comments:			

**AIR SEALING MEASURES**

Measure	Y or N	Installation / Comments	Summary
Wall Top Plates - attic		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking		L Feet	
Caulking Per Window (interior)		#	
Caulking Per Door (interior)		#	
Caulk Plumbing Penetrations		#	Under Kitchen & Bathroom Sinks
Minor Ceiling Repair		SqFt.	
Minor Ceiling Repair		SqFt.	
Minor Ceiling Repair		SqFt.	
Minor Ceiling Repair		SqFt.	
Minor Ceiling Repair		SqFt.	
Minor Wall Repair		SqFt.	
Minor Wall Repair		SqFt.	
Minor Wall Repair		SqFt.	
Minor Wall Repair		SqFt.	

Minor Wall Repair		SqFt.		
Minor Floor Repair		SqFt.		
Minor Floor Repair		SqFt.		
Install/ Seal Baseboard to Finish		L Feet		
Threshold		#		
Install Door Sweep		#		
Frame Weather-stripping Door		#		
Permanent Weatherstripping		#		
Comments:				

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**DOORS**

Location	Height	Width	Repair		Replace		Must have "before" photo documentation in client file for second door replaced.
Front Door			Y	N	Y	N	
Side or Back Door			Y	N	Y	N	
Summary			Y or N	#	Comments		
Install pre-hung solid core door w/new hardware							
Install pre-hung mtl insul. dr w/ lock, dead B & peep hole							
Replace MH door w/ lockset dead B & peep hole							
Replace MH door w/ lockset, dead B, peep hole & window							
Replace Site B door (slab) w/ lockset & dead B							
Install MH door /storm combo w/ lockset & dead B, wind							

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**WINDOWS**

Wall Location	Length	Width	Repair		Replace		Must have "before" photo documentation in client file for fifth through eighth windows replaced.
			Y	N	Y	N	
			Y	N	Y	N	
			Y	N	Y	N	
			Y	N	Y	N	
			Y	N	Y	N	
			Y	N	Y	N	
			Y	N	Y	N	
Summary			Y or N	#	Comments		
Replace window pane							
Repair window crank							
Repair / adjust window to tight seal							
Replace Window Crank & Assembly MH							
Replace SB window w/ single pane metal							
Replace MH window							
Install Sliding Glass Door							

Summary			Y or N	#	Comments		
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**Permit**

**Permit**

# PRIORITY ITEM # 2 - ATTIC AND FLOOR INSULATION

ATTACHMENT B

Before insulation is installed, all by pass areas must be sealed in both attic and crawl space.

ATTIC – Site Built													
Some dwellings are considered as "good year homes" (additions added on to dwelling) thus two data collection spaces.													
Location	Area to be insulated	Existing Insulation Type					Existing Thickness			Attic Access Hatch Location		Hatch Needs Insulation	
Main Attic	Sq.ft	Cell	Fbrg	Blwn	Roll	In -		R-		Ceiling	Gable	Y	N
Secondary Attic	Sq.ft	Cell	Fbrg	Blwn	Roll	In -		R-		Ceiling	Gable	Y	N
Add Insulation to R-30 (South and Central)			Y	N		Add Insulation to R-38 (North)					Y	N	
Place "before" pictures of area(s) to be insulated in client file.													
Comments:													
		Main Attic		Secondary Attic		Exit through Attic				Air Sealing Req.			
Any Knob & Tube Wiring		Y	N	Y	N	Chimney		Y	N	Y	N	Y	N
Water Leaks		Y	N	Y	N	Insulation Blocking Required				Y	N		
By Pass Inspection areas to be addressed prior to installation of insulation for Air Sealing and Heat Waste													
Heat Sources		Comments:											
	Attic Hatch Location	Hatch Repair /Replace	Stairbox	Chimney				Additional Framing					
Access 1				Exit through Attic				Type					
Access 2				Air Sealing Req.				SQ FT		Joist Spacing			
Insulation Blocking Required		All items marked "Yes" must be addressed before insulation is installed. Bypass Inspection areas to be addressed prior to installation of insulation for Air Sealing and Heat Waste. Specific locations should be indicated below each inspection item or on floor plan drawing.											
Exterior Wall Tops		Interior Wall Tops		Wire Chases		HVAC Chases		Plumbing Chases		Stairwell/Access Drop			
Closet Drop		Soffit Drop		Other (describe)		Comments:							
SUMMARY		#											
Add Insulation (SF)		0		Attic Ladder Zipper		0							
Summary			Y or N	#	Comments								
Install 3/4" hatch w/R-30 batt, 1x6 blk													
R-11 per weatherization standards, SB													
R-19 per weatherization standards, SB													
R-30 per weatherization standards, SB													
Dwelling inspection indicates that the existing insulation meets program guidelines and requires no attention										N/A	YES		

## Attic Ventilation

Target Net Free Ventilation Area (NFVA) – calculate square foot of attic space and multiply by .24 =				
	Main Attic	Secondary Attic	Calculation Notes:	
Sq “ of Existing Exhaust (High)			Finned gable vent = ½ of gross area opening.	
Sq “ of Needed Exhaust (High)			½ of NFVA minus Existing Sq “ = amount of <u>needed</u> exhaust	
Check - Total should equal NFVA				
Sq “ of Existing Intake (Low)			Finned gable vent = ½ of gross area opening.	
Sq “ of Needed Intake (Low)			½ of NFVA minus Existing Sq “ = amount of <u>needed</u> exhaust	
Check - Total should equal NFVA				
Target Net Free Ventilation Area (NFVA) – calculate square foot of attic space and multiply by .24 =		This sum should equal or exceed the Target NFVA calculated above.		
Summary			Y or N	#
Comments				

**Install attic vent, SB**

ATTACHMENT B

Place "before" pictures of area(s) to be vented in client file.

Data calculation indicates that the existing venting meets program guidelines and requires no attention

N/A

YES

## ATTIC – Manufactured home

ATTACHMENT B

Some manufactured homes may have cathedral and one or more flat ceilings thus multiple data collection spaces.

Location	Area to be insulated	Existing Insulation Type	Existing Thickness	Access Location	
Attic space #1	0	Sq.ft	In - <input type="text"/> R- <input type="text"/>		
Attic space #2	0	Sq.ft	In - <input type="text"/> R- <input type="text"/>		
Cathedral	0	Sq.ft	In - <input type="text"/> R- <input type="text"/>		
Roof Type		Roof Color	Cathedral %	0	
Kool Seal Roof		SqFt to be coated		0	
<b>Summary</b>	<b>Y or N</b>	<b>#</b>	<b>Comments:</b>		
Attic insulation MH			Staple documentation to support the attempt to find an insulation contractor for installing this measure here or place in client file.		
Roof coating MH					
Place "before" pictures of area(s) to be insulated in client file.					
Dwelling inspection indicates that the existing installation meets program guidelines and requires no attention				N/A	YES

## FLOORS – Manufactured

This measure only allowed in the northern and central climate zones unless there is adequate crawl space clearance.

Height	Existing Insulation	Installed with:	Install insulation?	Sq. Ft. to install
Crawl Space				0
Ventilation	Skirting	Direction of Joists	Sub Floor Repair Required	
Exposed Water Lines Insulated	Plumbing Leaks	Belly board requires:		
Vapor Barrier Exist	Install Vapor Barrier	Belly Config	Belly Cond.	
Floor Belly:	Joist Sz	Loose Ins "	0	Batt Insulation
Floor Wing:	Joist Sz	Loose Ins "	0	Batt Insulation
<p><b>Bypass Inspection areas to be addressed prior to installation of insulation for Air Sealing and Heat Waste</b></p> <p>All items marked "Y" must be addressed before insulation is installed.</p> <p>Specific locations should be indicated below each inspection item or on floor plan drawing.</p>				
Duct Repair	HVAC Chases	Wire Chases	Plumbing Chases	Place "before" pictures of area(s) to be insulated in client file.
<b>Summary</b>	<b>Y or N</b>	<b>#</b>	<b>Comments:</b>	
Install vapor barrier, MH				
Install R-19 floor insulation, MH				
Comments:				
Dwelling inspection indicates that the existing installation meets program guidelines and requires no attention				
Dwelling inspection indicates that this measure cannot be installed due to the inadequate crawl space or other condition - comments:				

**FOR WALL INSULATION (MANUFACTURED) - USE WALL CHART ON "SCHEDULES" PAGE**

## FLOORS – Site Built

This measure only allowed in the northern and central climate zones.

ATTACHMENT B

	Height	Existing Insulation	Insulation installed w/	Install insulation?	Floor Length	0	
Crawl Space					Floor Width	0	
Space is:	Exposed water lines need to be insulated				Sq. Ft. to install		
Sub Floor Repair Required		Vapor Barrier Exist		Plumbing Leaks	0	Sq. ft.	
Foundation		Foundation SF	0	Foundation Wall			
FD01		Existing R-Value	0	Height (ft)	0	Perimeter(ft)	0
FD02		Joint Spacing		Height Exposed %	0	Existing R-Value	0
FD03		Perimeter to Insul (ft)	0	Foundation insulation options:			

Comments:

### Bypass Inspection areas to be addressed prior to installation of insulation for Air Sealing and Heat Waste

All items marked "Y" must be addressed before insulation is installed.  
Specific locations should be indicated below each inspection item or on floor plan drawing.

Exterior Wall Bases	Interior Wall Bases	Wire Chases	Plumbing Chases	HVAC Chases

Comments:

Place "before" pictures of area(s) to be insulated in client file.

Dwelling inspection indicates that the existing installation meets program guidelines and requires no attention

Summary	Y or N	#	Comments
Install vapor barrier, SB			
Install R-19 floor insulation, SB			

Place "before" pictures of area(s) to be insulated in client file.

Dwelling inspection indicates that the existing installation meets program guidelines and requires no attention N/A YES

Dwelling inspection indicates that this measure cannot be installed due to the inadequate crawl space or other condition - comments:

### PRIORITY ITEM # 3 - SIDEWALL INSULATION – Site Built Only

When performing the sidewall inspection process, the answers to some questions may not be possible unless a wall cavity is already exposed or if the agency utilizes an infrared camera.

SIDEWALLS	Type	Wall 1	R-	Type	Wall 2	R-	Type	Wall 3	R-	Type	Wall 4	R-
Existing insulation												
Are walls weak / require repairs	Y	N		Y	N		Y	N		Y	N	
Moisture problems or damage	Y	N		Y	N		Y	N		Y	N	
Can sidewalls be blown	Y	N		Y	N		Y	N		Y	N	
Exterior wall surface area			Sq.ft.			Sq.ft.			Sq.ft.			Sq.ft.
Wall area to be insulated (Less Windows/Doors)			Sq.ft.			Sq.ft.			Sq.ft.			Sq.ft.
Exterior wall composition	Wood	Brick		Masonite Siding			Vinyl Siding					Metal Siding
Type of Framing	Balloon	Stick		Board/Batten			Block =		N/A			
Width of Cavity	24"		16"			Other						
Infrared camera used to inspect wall cavities			Y	N								

Include inspection infrared photos for four exterior walls.

Summary	Y or N	#	Comments:
Side wall insulation			

**Staple documentation to support the attempt to find an insulation contractor for performing dense pack insulation here or place in client file.**

Infrared camera indicates that there is existing installation and requires no attention Yes **OR:** No N/A

**PRIORITY ITEM # 4 - SOLAR WINDOW SCREENS & FILMS**

Orientation	Number of windows to screen/film						Client informed about reduction of light		Y	N
	East	1	2	3	4	5	6	TOTAL		Film Type Installed (Fill in)*
West	1	2	3	4	5	6	TOTAL			
South	1	2	3	4	5	6	TOTAL			
<i>*Note: Site drawing must include landscape surrounding dwelling and include shading percentage. Measures only installed on East, South, and West windows. Shatter/storm mitigation film that has a solar coefficient equal to sun screens may be installed if aprice comparison is performed.</i>										
Client agrees to installation			YES	NO						
Summary		Y or N	#	Comments						
Solar screens										
Window tint .45 coefficient										
If client refuses measure installation there must be an initial with "Refused Measure" notation on the PWOA.										
Site drawing indicates that windows are shaded and require no measure or client refused measure.									YES	

**PRIORITY ITEM # 5 SMART THERMOSTAT**

Already exists	Y	N	Functioning	Y	N	Client uses it	Y	N	Recommend Install	Y	N
Tamper proof thermostat cover to be installed					Y	N	Client agrees to installation			Y	N
Will a new central unit will be installed					Y	N					
Summary			Y or N	#	Comments						
Install Set-Back T-stat w/Prog./Auto Function											
Install non-programable digital thermostat											
If client refuses measure installation there must be an initial with "Refused Measure" notation on the PWOA.											
No central unit exists or measure to be installed					N/A	YES					

**PRIORITY ITEM # 6 COMPACT FLUORESCENT LAMPS (CFLs)**

Location of Replacement		Bedrooms – 1 2 3 4				Living room	Dining Room	Bathroom	Other:				
Number of bulbs to replace		0				0	0	0	0				
Fixture Repairs Needed													
LIGHTING SCHEDULE													
Light Code	Room Descrip	Room Loc	Lamp Type	Quant.	Size (Watts)	Usage (hr/day)	Light Code	Room Descrip	Room Loc	Lamp Type	Quant.	Size (Watts)	Usage (hr/day)
LT01				0	0	0	LT06				0	0	0
LT02				0	0	0	LT07				0	0	0
LT03				0	0	0	LT08				0	0	0
LT04				0	0	0	LT09				0	0	0
LT05				0	0	0	LT10				0	0	0

Explained to client and provided bulb breakage information for clean up		Yes	
<b>Replacement Chart:</b>		<b>Incandescent</b>	<b>CFLs</b>
		40 watts	8-10 watts
<b>SUMMARY</b>		60 watts	13-18 watts
<b>#</b>		75 watts	18-22 watts
Total CFLs		100 watts	23-28 watts
0			
If client refuses CFL installation there must be an initial with "Refused Measure" notation on the PWOA.			

Summary	Y or N	#	Comments
Install CFL bulbs (10)		0	
Install specialty CFL bulbs			

# PRIORITY ITEM # 7 SEAL AND INSULATE DUCTS

**All duct work must be performed before any insulation is to be installed.**

<b>Location of duct</b>	Attic	Crawl/Belly	Outside Dwelling	Conditioned Space	Unconditioned Space				
<b>Type of duct</b>	Sheet Metal	Flex	Duct board	Other:					
<b>Condition of duct &amp; boots*</b>	Good condition		Needs repair	Replacement required	No Access				
<b>Type of duct system</b>	Trunk	Spider	Other						
<p><i>*Note: Visual inspection and Pressure Pan Testing (Page 4 of PLAT) must be performed to determine condition &amp; Photo Documentation is required in files for replacing an entire duct system.</i></p> <p><i>Page 19 of this PLAT provides an excerpt from the Florida Energy Gauge Class I Rater Manual offering a methodology for possible areas to inspect when various pressure pan readings are detected.</i></p> <p><i>After each of the following, list locations of any repair/replacement activities (reference dwelling site plan).</i></p>									
<b>Duct Seal/Insulation</b>	Existing	Repair	Install New	Linear foot needed:	Total Needed:				
<b>Notes:</b>									
<b>Registers</b>	Good Condition	Require cleaning	Replace						
<b>Notes:</b>									
<b>Supply and Return ducts</b>	Good Condition	Require cleaning	Replace						
<b>Notes:</b>									
<b>Is return adequate for system and dwelling size</b>		Existing size:		Required size:					
<b>Notes:</b>									
<b>Is supply adequate for system and dwelling size</b>		Existing size:		Required size:					
<b>Notes:</b>									
<b>Filter sizes</b>		X		<b>Replaced</b>	Y	N	<b>Left one more (ea) with client</b>	Y	N
<b>Client instructed on how to install filters</b>		Y	N						
Place "before" pictures of duct(s) to be sealed or replaced in client file.									
<b>Comments if not addressed:</b>									
<p><b>FYI:</b> Heating = 400cfm per 25,000 Btu output Cooling = 400cfm per 12,000 Btu (TON)</p> <p style="text-align: center;"><b>Refer to Duct Sizing Quick Sheet for more info on Duct Sizing</b></p>									



## DUCT SYSTEM QUICK SIZING TABLES

Tons	Air Flow CFM	Flex Duct	Metal RD Round	Equivalent Rectangular Metal Duct Sizes			Round Duct Square Inch Equivalency	
							Size	SQ. IN.
	80	6	5				5	20
	120	7	6	or	3.5 x 10		6	28
	160	8	7				7	38
	175	8	8	or	3.5 x 14	(Stud Cavity)	8	50
	200	9	8	or	6 x 8		9	64
	300	10	9	or	8 x 8		10	79
1	400	11	10	or	10 x 8	(14 x 8 Panned Joist)	12	113
	500	12	11	or	14 x 8	10 x 10	14	154
4	600	13	12	or	16 x 8	12 x 10	16	201
	700	14	13	or	16 x 8	14 x 10	18	254
2	800	15	13	or	18 x 8	16 x 10	20	314
2.5	1000	16	14	or	22 x 8	18 x 10	22	380
3	1200	17	15	or	26 x 8	20 x 10	24	452
3.5	1400	18	16	or	30 x 8	22 x 10	26	531
4	1600	20	17	or	32 x 8	24 x 10	28	616
	1800	20	18	or		28 x 10	30	707
5	2000	21	18	or		30 x 10		

\*Duct Size Calculated at 0.1 inches of available static pressure for each 100 Equivalent Feet of Duct System.

### NON - FILTER GRILLE

300 CFM per sq ft Gross Grill area			
Ton	CFM	Gross Sq Ft	Gross Sq inches
1.5	600	2.0	288
2	800	2.7	384
2.5	1000	3.3	480
3	1200	4.0	576
3.5	1400	4.7	672
4	1600	5.3	768

*(Doug Garrett Building Performance & Comfort)*

### FILTER GRILLE

200 CFM per sq ft Gross Grill area			
Ton	CFM	Gross Sq Ft	Gross Sq inches
1.5	600	3	432
2	800	4	576
2.5	1000	5	720
3	1200	6	864
3.5	1400	7	1008
4	1600	8	1152

### Common Grille Sizes (GROSS SQUARE INCHES)

16 x 20	16 x 25	20 x 20	20 x 24	20 x 25	20 x 30	24 x 24	24 x 30	30 x 14
320	400	400	480	500	600	576	720	420

GAS FURNACE (2 SQ. IN. PER 1,000 BTU's)	
INPUT BTUS	SQ IN Ducts Needed Supply and Return
40,000	80
60,000	120
80,000	160
100,000	200
120,000	240
140,000	280

*(DELTA-T INC, Gas Furn & AC CHARTS)*

AIR CONDITIONER (6 SQ. IN. PER 1,000 BTU's)	
INPUT BTUS	SQ IN Ducts Needed Supply and Return
18,000	108
24,000	144
30,000	180
36,000	216
42,000	252
48,000	288

**PRIORITY ITEM # 8 REFRIGERATOR Assessment**

Brand name					Model number						
Type	Side by Side	Top Freezer		Bottom Freezer		Total Cu. Ft			Door Hinge	Left	Right
Dimensions of space		" - W	" - D	" - H	Number of household occupants			1	2	3	4

Replacement "Options" to be utilized for determining energy efficiency and replacement recommendation

Option #1* - Metering for a 24 hour period = kWhY usage										
Option #2 *- Metering for a 2 hour period w/o defrost cycle = kWhY usage				Peak Watts						
* Note: For Option #1 & #2, if the energy use exceeds 900kWhY, unit may be replaced.										
Option #1 and/or #2 was used and the replacement allowed.				Y	N					
Option #3 - Enter all required dwelling data in the NEAT and/or MHEA for recommended replacement									Y	N
Old refrigerator was decommissioned/ removed from the premises				Y	N	Disposal Fee (BWR charge)		\$		

All refrigerators must be assessed. Two refrigerators - use comment section to record other data.

Summary	Y or N	#	Comments:
Replace 14 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 15 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 16 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 17 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 18 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 19 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 20 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 21 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter
Replace 22 CuFt refrigerator / decommission existing			Freezer top / no upgrades / provide decommission letter

If client refuses measure installation there must be an initial with "Refused Measure" notation on the PWOA.

Attach or place photo(s) in client file of refrigerators(s) being tested with meter & reading if option 1 or 2 (include defrost switch) is utilized; or page one of the audit of the refrigerator to be replaced.

Comments:

14a

**PRIORITY ITEM # 9 HEATING and Cooling****WINDOW UNITS (Including reverse cycle and/or heat pump)**

#	Wall Location (N,S,E,W)	Brand name	BTU output rating	EER or Year Manufactured	Cooling Only	Reverse Cycle	Coils need to be cleaned
1							
2							
3							
4							
Unit(s) have a removable filter		Clean		Dirty		Replace Filter	
Inspection Reveals:	Unit 1		Unit 2		Unit 3		Unit 4
Two filters left and changing instructions provided				Maintenance service to be provided			
Replacement(s) recommended		# units to be replaced		1			
Reverse cycle or heat pump to be installed to address inadequate existing heating situation							

**A new unit (cooling or reverse cycle) is to be installed to create a conditioned living space**

Whether installing new window units or replacing existing units, a load test must be performed to ensure that there is adequate electrical capacity to run the unit(s). Health & Safety Abatement funds could be used if an upgrade is required.

Unit 1 tested		Work Required		Unit 2 tested		Work Required	
Unit 3 tested		Work required		Unit 4 tested		Work required	

Place a picture of any heating/cooling unit to be replaced in the client file.

SUMMARY	#	Comments:							
Window units needed	0	BTU	0	Volt	0	Width	0	Height	0
Window units needed	0	BTU	0	Volt	0	Width	0	Height	0
Window unit w/ Heat	0	BTU	0	Volt	0	Width	0	Height	0
Total	0		0		0		0		0
No units exist									

Place a picture of any heating/cooling unit to be replaced in the client file.

Summary	Y or N	#	Comments/Location:
Remove AC window/wall unit/does not include repairs			Does not include wall or window repair / Decommission
Window/Wall AC to cover 100 to 150 sqft, 5000 btu			
Window/Wall AC to cover 150 to 250 sqft, 6000 btu			
Window/Wall AC to cover 250 to 300 sqft, 7000 btu			
Window/Wall AC to cover 300 to 350 sqft, 8000 btu			
Window/Wall AC to cover 350 to 400 sqft, 9000 btu			
Window/Wall AC to cover 400 to 450 sqft, 10,000 btu			
Window/Wall AC to cover 450 to 550 sqft, 12,000 btu			
Window/Wall AC to cover 550 to 700 sqft, 14,000 btu			
Window/Wall AC to cover 700 to 1000 sqft, 18,000 btu			
Window/Wall AC to cover 1000 to 1400 sqft, 24,000 btu			
220 upgrade for reverse cycle window/wall AC			
Window/Wall reverse heat AC 300 to 350 sqft 8,000 btu			
Window/Wall reverse heat AC 350 to 400 sqft 9,000 btu			
Window/Wall reverse heat AC 400 to 450 sqft 10,000 btu			
Window/Wall reverse heat AC 450 to 550 sqft 12,000 btu			
Window/Wall reverse heat AC 550 to 700 sqft 14,000 btu			
Window/Wall reverse heat AC 700 to 1000 sqft 18,000 btu			
Window/Wall reverse heat AC 1000 to 1400 sqft 24 K btu			
No units exist	N/A	YES	

## HEAT PUMP / CENTRAL AIR CONDITIONING

ATTACHMENT B

Sys Code	Orientation	Brand name	Model #	BTU	SEER or Year Manufactured	Designated Breaker	Refrigerant Line Insulated
HS01							
HS02							
HS03							
<b>Coil</b>		<b>Filter</b>		If changed, size:		Sq. in.	
Two filters left and changing instructions provided					Maintenance service to be provided		
<p>If the visual inspection indicates a need for possible replacement, the NEAT or MHEA must be utilized.</p> <p>The General House Data Form is used for collecting all of the required data for population.</p>							
Audit recommended replacement			Pad and tie downs meet existing codes for new unit				
Existing duct size compatible with replacement unit					Duct inspection performed (Priority #7)		
Place a picture of any existing, operating heating/cooling unit to be replaced in the client file.							
<b>Does Existing AC Work</b>	<b>Yes</b>	<b>No</b>					
<b>AC System repair, service &amp; clean</b>							
<b>AC System service &amp; clean</b>							
<b>Whole House Ventilation System 40 CFM (ERV)</b>							
<b>Whole House Ventilation System 70 CFM (ERV)</b>							
<b>Whole House Ventilation System 90 CFM (ERV)</b>							
<b>Exhaust Fan at Stove / Vent to Exterior</b>							
<b>Install Exhaust Fan at Bath</b>							
<b>Install Exhaust Fan at Bath w/ Controller</b>							
<b>2 Ton 14 SEER Split Heat Pump</b>							
<b>2.5 Ton 14 SEER Split Heat Pump</b>							
<b>3 Ton 14 SEER Split Heat Pump</b>							
<b>3.5 Ton 14 SEER Split Heat Pump</b>							
<b>4 Ton 14 SEER Split Heat Pump</b>							
<b>2 Ton 14 SEER Package Heat Pump</b>							
<b>2.5 Ton 14 SEER Package Heat Pump</b>							
<b>3 Ton 14 SEER Package Heat Pump</b>							
<b>2 Ton Gas Furnace with A/C (Air) 13 SEER</b>			<b>50,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement</b>				
<b>2.5 Ton Gas Furnace with A/C (Air) 13 SEER</b>			<b>70,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement</b>				
<b>3 Ton Gas Furnace with A/C (Air) 13 SEER</b>			<b>90,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement</b>				
<b>3.5 Ton Gas Furnace with A/C (Air) 13 SEER</b>			<b>100,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement</b>				
<b>4 Ton Gas Furnace with A/C (Air) 13 SEER</b>			<b>110,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement</b>				

No unit exists

N/A

YES

ATTACHMENT B

## HEAT PUMP / CENTRAL AIR CONDITIONING

ATTACHMENT B

Sys Code	Orientation	Brand name	Model #	BTU	SEER or Year Manufacture	Designated Breaker	Refrigerant Line Insulated
HS01		0	0	0	0		
HS02		0	0	0	0		
HS03		0	0	0	0		
Coil		Filter	If changed, size:		Sq. in.		
Two filters left and changing instructions provided				Maintenance service to be provided			
If the visual inspection indicates a need for possible replacement, the NEAT or MHEA must be utilized. The General House Data Form is used for collecting all of the required data for population.							
Audit recommended replacement			Pad and tie downs meet existing codes for new unit				
Existing duct size compatible with replacement unit				Duct inspection performed (Priority #7)			
Place a picture of any existing, operating heating/cooling unit to be replaced in the client file.							
SUMMARY	#	Comments:					
AC Repair	0						
AC Replace	0						
AC Filters Provided	0						

## VENTED HEATING UNIT INSPECTION

If primary unit is unvented, proceed to next data collection section as this section is not applicable												
Unit Description												
1	Location				Type of Fuel				Type of Unit			
2	Make				Model				Serial Number			
3	Rated BTU Input				Rated BTU Output				IF Natural Gas (Clock Meter) within 10%			
4	Thermostat Location				Mercury		Temp Day	0	Night	0	Install Smart Tstat?	
5	Gas Leaks?	If Yes, Location of Leak:										
6	Visual Inspection of Wiring and Safety Controls OK?						If No List Problem(s);					
7	Filter Location			Type			Status					
	Filter Size		x		Qty		Does Blower Need Cleaning?			Noisy?		
8	Is Main Vent / Chimney O.K.? (circle any problems below)											
	Type, Location, Clearance, Height, Size, Cap, Liner, Mortar, Flashing, Unused flue holes, Thimble, Clean out, Other											
	Chimney Type	fe			Chimney Size (inches)		Chimney height (feet)					
	Chimney Liner		Type				Liner Size (in)		Liner Height (ft)			
9	Is Vent Connector from Heating System to Chimney O.K.? (Circle any problems below)											
	Proper type pipe, Connected properly, Leaky or Corroded, 1/4" Rise per Ft, Excessive elbows, Clearance Other:											
	Vent Connector Type				Vent Connector Size (in)		Vent Connector Run (feet)					
10	Is Clearance from Heating Unit to Combustibles OK? (Ceiling, Walls, Floors)											
11	Is Heat Exchanger O.K.?											
12	Is this Unit Sealed Combustion? (Unit gets Combustion Air from Outdoors)											
13	Is Combustion Air OK? (More than 50 cubic ft per 1000BTU's or Volume More than BTU's / 20)											
14	If No, How Many sq" Inches Needed? And From Where:					sq"						
15	Pass		Fail		If Fail Why							
Repair or will Replace with :							SUMMARY		#	0		
Place a picture of any heating/cooling unit to be replaced in the client file.												


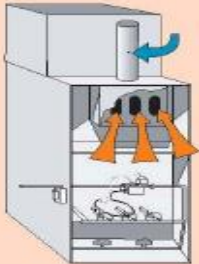
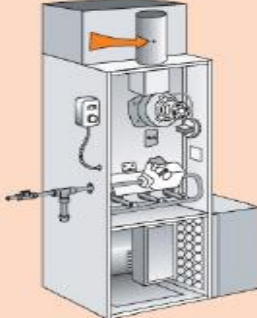
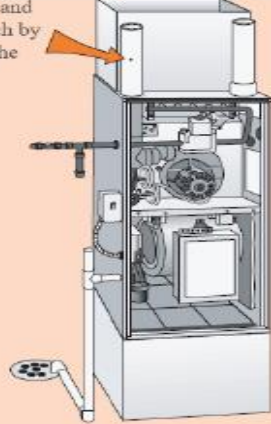
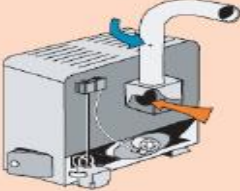
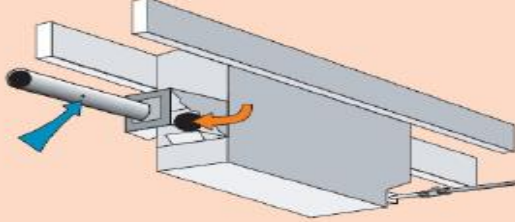
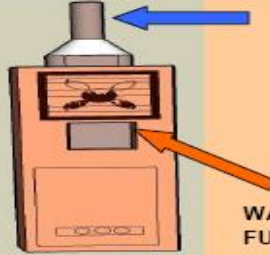
## Heating System Diagnostic Inspection

16. From CAZ page, determine worst case draft scenario and recreate conditions (the worst case is the one with the **most negative** depressurization of the CAZ. For example -4 PA would be worse than -1 PA).

17. Does the **Draft Inducer** function properly? Y N N/A Does the **Pressure Switch** function properly? Y N N/A

	PRE Tests	POST Tests
18. <b>Worst Case Draft</b> (reference diagrams below for where to test)		
19. <b>CO - Living Area</b> (should be less than 9ppm)		
20. <b>CO - Flue Gases</b> (should be less than 100ppm)		
21. <b>Heat Rise</b> (Air temp at supply minus temp at return)		
Comments:		

Summary	Y or N	#	Comments:
Provide dilution air / use 1 of the attached methods			

HEATING UNIT TYPE & VENTING SYSTEM TYPE	Acceptable Draft Reading for Worst Case Draft Test at Listed Outdoor Temperatures (°F)				
	<20	21-40	41-60	61-80	>80
Gas Furnace or Water Heater with an Atmospheric Chimney	-5 Pa -0.020" wc	-4 Pa -0.016" wc	-3 Pa -0.012" wc	-2 Pa -0.008" wc	-1 Pa -0.004" wc
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 25%;"> <p style="font-size: small; margin: 0;"> <span style="color: blue;">■</span> Draft Testing  <span style="color: orange;">■</span> CO and Efficiency Testing                 </p> </div> <div style="width: 50%; font-size: small;"> <p>Instead of measuring draft on 80+ and 90+ furnaces, check pressure switch by disconnecting hose and verifying the burner shuts off.</p> </div> </div>					
 <p style="font-size: x-small; margin-top: 5px;">DOMESTIC HOT WATER TANK (GAS ATMOSPHERIC)</p>	 <p style="font-size: x-small; margin-top: 5px;">ATMOSPHERIC FURNACE</p>	 <p style="font-size: x-small; margin-top: 5px;">80+ INDUCED-DRAFT FURNACE</p>	 <p style="font-size: x-small; margin-top: 5px;">90+ CONDENSING FURNACE</p>		
 <p style="font-size: x-small; margin-top: 5px;">SPACE HEATER</p>	 <p style="font-size: x-small; margin-top: 5px;">FLOOR FURNACE</p>	 <p style="font-size: x-small; margin-top: 5px;">WALL FURNACE</p>			
<p style="font-size: x-small; margin: 0;">©COAD 1995 Graphics used with permission and are copyright property of C.O.A.D., P.O. Box 787, Athens, Ohio 45701. Unauthorized reproduction of these graphics in any form is against the law.</p>					

**COMBUSTIBLE HEATING UNITS - VENTED OR UNVENTED**

ATTACHMENT B

Is an unvented heater being used as primary heating source			Can it be used as secondary heating source: (Meets Procedures and Guidelines Requirements)			
How many unvented units are operating in dwelling		0	Have CO readings been completed for any acceptable secondary unvented space heaters			
Number to be removed from dwelling to proceed with weatherization activities:		0	Will a direct vent heater be installed as the primary heating source:			
Cubic foot heated space per heater	Primary		Secondary #1		#2	#3
Installed Vented Heater final CO readings:						(Staple final CO printouts here)
Secondary heater(s) final CO readings:		#1 -		#2 -		
Comments:						
No combustibile units exist or to be installed						

Summary	Y or N	#	Comments
Central gas heat, repair, service & clean			\$385.00 for service & clean + price out repair
Central gas heat, service & clean			
2 Ton Gas Furnace			50,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement
2.5 Ton Gas Furnace			70,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement
3 Ton Gas Furnace			90,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement
3.5 Ton Gas Furnace			100,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement
4 Ton Gas Furnace			110,000 BTU/h w/ at least 80 AFUE/Have HVAC confirm size requirement



### PRIORITY ITEM # 10 WATER HEATER

	Fuel Type	WH Loc	Rated Input	Input Units	Gal.	WH Wrap	Pipe Insul.	Orig. Tank Insul Thkness	Insulation Type	WH Cond	Burner Cond	CO Level	WH Stand
WH01													
WH02													
Measured water temperature at sink (deg)				0	WH Size (Gallons)	0	"h	0	"dia	0	Gas line leaks		
Tank Insulation			Water lines insulation				Install Line Insulation (ft)			0			
Pressure relief line plumbed to exterior of dwelling							If no, install?			Floor repair required			
Replacement recommended			Overflow pan installed?				If no, why not						
Comments:													
Chimney and Venting OK?			# of showerheads		0	Shower Use (Min/Day)		0	Average GPM		0		
WCD Pre	WCD Final	CO Pre	CO Final	Combustion Air OK?			If NO, How much and where from?						
0	0	0	0										
SUMMARY		#	Comments:										
Replace water heater		PAN 22"	0	PAN 26"	0	BUCKET		0					
Repair water heater	0	Comments:											
Water Line Insulate 3/4"	0	Water Line Insulate 1"	0	Total	0								
Wrap water heater	0	Comments:											
Dwelling inspection indicates that the existing water heater meets program guidelines and requires no attention													
Dwelling inspection indicates that the existing water heater meets program guidelines and requires no attention												N/A	YES
Summary				Y or N	#	Comments							
20 gal electric HWH w/pan or plumb to exterior						Provide R-value documentation							
30 gal electric HWH w/pan or plumb to exterior						Provide R-value documentation							
40 gal electric HWH w/pan or plumb to exterior						Provide R-value documentation							
50 gal electric HWH w/pan or plumb to exterior						Provide R-value documentation							
60 gal electric HWH w/pan or plumb to exterior						Provide R-value documentation							
30 gal gas HWH w/pan or plumb to exterior						Provide R-value documentation							
40 gal gas HWH w/pan or plumb to exterior						Provide R-value documentation							
50 gal gas HWH w/pan or plumb to exterior						Provide R-value documentation							
60 gal gas HWH w/pan or plumb to exterior						Provide R-value documentation							
Plumb relief line to one gal bucket						HWH Plumb. to Bucket & when Installed Label Bucket ( Hot Water Heater Discharge Bucket DO NOT REMOVE)							

### LSW Designation

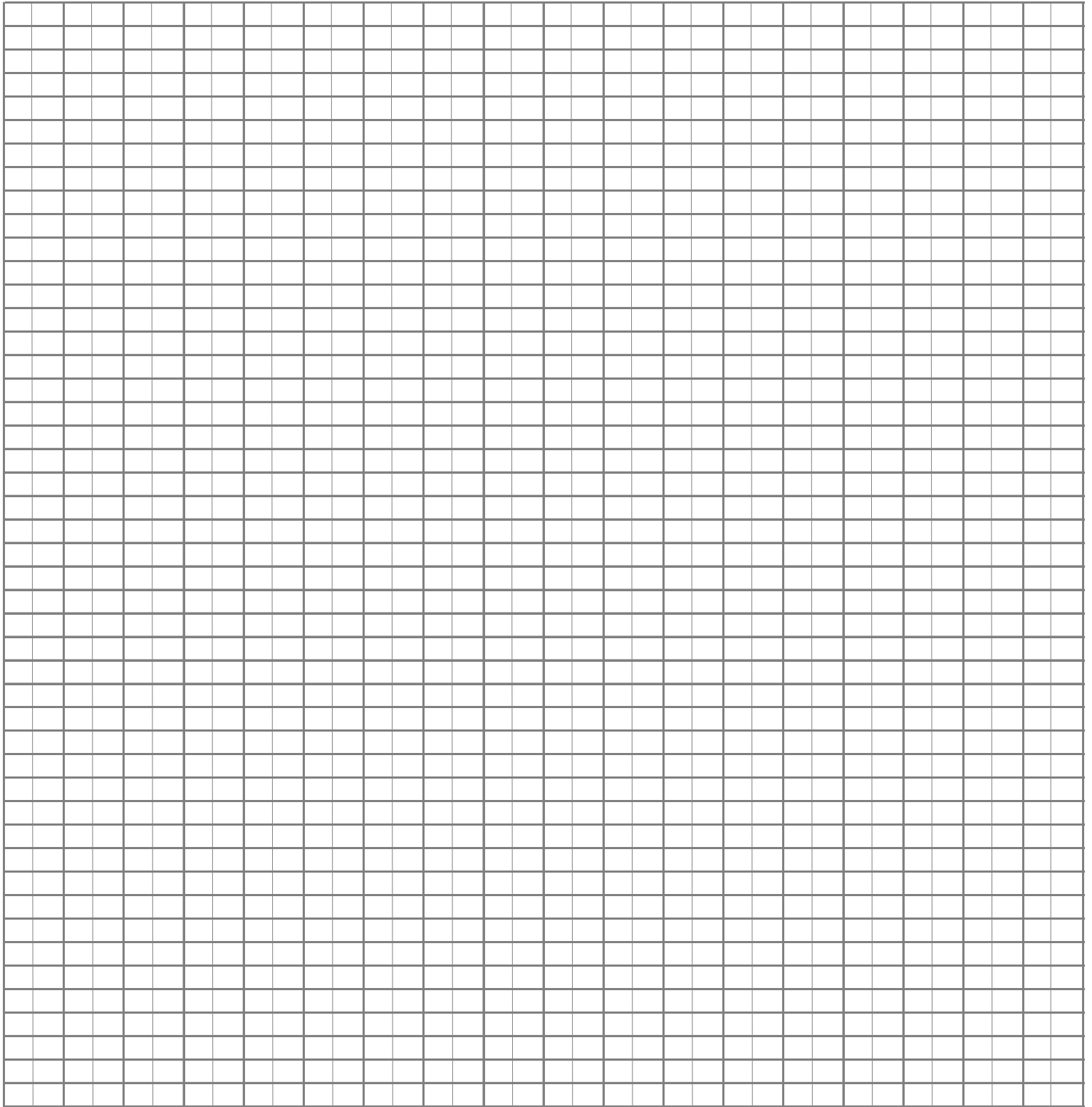
Summary	Y or N	#	Comments
<b>LSW Not Required</b>			
<b>EPA LSW Required</b>			



# PLAT DWELLING SITE PLAN

(Include doors, windows, landscaping that shades the dwelling, heating and cooling units location)

**N**

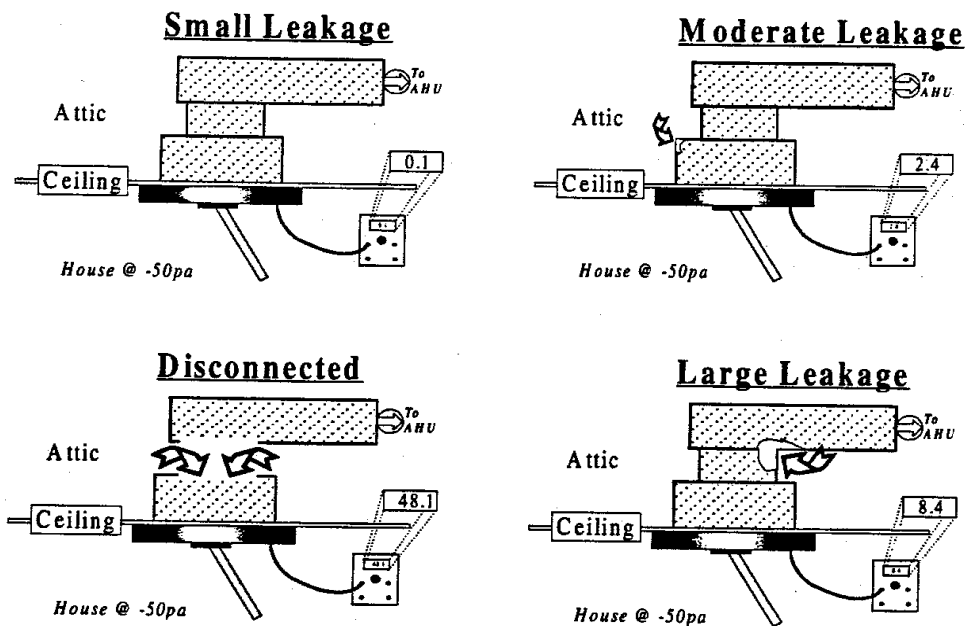


**S**

Pressure difference (pascals)	Condition of Duct System
0.0	Completely airtight
0.5	Very small duct leakage
1.0	Small duct leakage
3.0	Moderate duct leakage
8.0	Large duct leakage
15.0	Very large duct leakage
30.0+	Open to the world!

**Table 4.2** Interpretation of pressure pan measurements is based on the house being at -50 pa wrt outdoors and the zone where the ducts are located being at neutral pressure wrt outdoors.

**4.3.2 The pressure pan screening methodology**



**Figure 4.7** With the air handler fan off and the house depressurized to -50 pascals, the pressure pan is placed over each register/grill. The pressure difference from inside the pressure pan to the room provides an indication of the magnitude of the duct leaks that are nearby.



# Orange County Community Work Write Up Form For Weatherization Assistance Program

Description of Materials/Services Required									
Item	Y or N	MEASURES	SPEC	COMMENTS	Pri	Material	Labor	Total	
1	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
2	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
3	0	FALSE	0	FALSE	9	\$ -	\$ -	\$ -	
4	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
5	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
6	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
7	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
8	0	FALSE	0	FALSE	H&S	\$ -	\$ -	\$ -	
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164	0	<b>FALSE</b>	0	<b>FALSE</b>		\$ -	\$ -	\$ -

NAME:	0	DATE:	1/0/1900	\$ -
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Year Built	0	JOB #	0
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ADDRESS:	0	PHONE:	0
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<b>BLOCK OR WOOD STRUCTURE -----&gt;&gt;</b>	<b>Block</b>
--	--------------

All specifications, terms and conditions shall be as described in the OWNER/CONTRACTOR AGREEMENT and the Florida Weatherization Handbook, Materials, Installation, and Workmanship Standards.

**\*\*\* Must Comply to ASHRAE 62.2-2013 Standards and Florida Standard Work Specifications Field Guide \*\*\***

Acceptance of Project: \_\_\_\_\_ Date: \_\_\_\_\_ **Contractor**

Rejection of Project: \_\_\_\_\_ Date: \_\_\_\_\_

CONTRACTOR (sign & send back)

**Cofer Taylor**  
 Program Manager Office: 407-836-9304  
 Community Action Weatherization Program Fax: 407-836-7533  
 2100 E Michigan St  
 Orlando, FL 32806



# Weatherization Assistance Programs Pre Work Order Agreement

ATTACHMENT B



Form PWO--10

Client name: 0 Address: 0

Below is a list of the work that **may** be completed on your home. These services are free and funded by the State of Florida and the U.S. Department of Energy and Health & Human Services and should make your home safer and more energy efficient. **However, these programs and are limited in the scope of work that may be performed. Please review the below list and **clarify your understanding of the work that MAY be performed on your home contingent upon available funding.****



**ITEMS ARE SUBJECT TO CHANGE OR POSSIBLY DELETED**

**SPECIFIC WORK TO BE COMPLETED:**

	MEASURES	SPEC	COMMENTS
1	FALSE	0	FALSE
2	FALSE	0	FALSE
3	FALSE	0	FALSE
4	FALSE	0	FALSE
5	FALSE	0	FALSE
6	FALSE	0	FALSE
7	FALSE	0	FALSE
8	FALSE	0	FALSE
9	FALSE	0	FALSE
10	FALSE	0	FALSE
11	FALSE	0	FALSE
12	FALSE	0	FALSE
13	FALSE	0	FALSE
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31	FALSE	0	FALSE
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136	FALSE	0	FALSE
137	FALSE	0	FALSE
138	FALSE	0	FALSE
139	FALSE	0	FALSE
140	FALSE	0	FALSE
141	FALSE	0	FALSE
142	FALSE	0	FALSE
143	FALSE	0	FALSE
144	FALSE	0	FALSE
145	FALSE	0	FALSE
146	FALSE	0	FALSE
147	FALSE	0	FALSE
148	FALSE	0	FALSE
149	FALSE	0	FALSE
150	FALSE	0	FALSE
151	FALSE	0	FALSE
152	FALSE	0	FALSE
153	FALSE	0	FALSE
154	FALSE	0	FALSE
155	FALSE	0	FALSE

156	FALSE	0	FALSE
157	FALSE	0	FALSE
158	FALSE	0	FALSE
159	FALSE	0	FALSE
160	FALSE	0	FALSE
161	FALSE	0	FALSE
162	FALSE	0	FALSE

I acknowledge that I have been informed that based upon the initial inspection process, my house appears to have less than two square feet of mold and/or mildew present and that these programs are limited in regard to addressing the source of water intrusion that may be causing the mold. I further acknowledge that although the services to be performed may not totally eliminate the problem, they will not promote new growth, and that there are health risks associated with mold and mildew if not removed. Therefore, by signing this form, I understand that the agency **COMMUNITY ACTION Weatherization Program** is providing these services in good faith and shall be held harmless if new mold appears.

I also acknowledge that I have received two pamphlets, "**Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools**" and "**Mold, Moisture and Your Home**", and a copy of the agency grievance procedures.

I have also indicated to the agency staff that an occupant of this dwelling does \_\_\_\_, does not \_\_\_\_ have an existing breathing or health condition that would be impacted by performing the blower door testing or weatherization work described in this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Official Signature

\_\_\_\_\_  
Date



Weatherization Assistance Programs
Pre Work Order Agreement

ATTACHMENT B



Form PWO--10

Client name: 0 Address: 0

Below is a list of the work that may be completed on your home. These services are free and funded by the State of Florida and the U.S. Department of Energy and Health & Human Services and should make your home safer and more energy efficient. However, programs and are limited in the scope of work that may be performed. Please review the below list and work that MAY be performed on your home contingent upon available funding.



ITEMS ARE SUBJECT TO CHANGE OR POSSIBLY DELETED

SPECIFIC WORK TO BE COMPLETED:

Table with 4 columns: MEASURES, SPEC, COMMENTS. Rows 1-32, all MEASURES and COMMENTS cells contain 'FALSE', and all SPEC cells contain '0'.

33	FALSE	0	FALSE
34	FALSE	0	FALSE
35	FALSE	0	FALSE
36	FALSE	0	FALSE
37	FALSE	0	FALSE
38	FALSE	0	FALSE
39	FALSE	0	FALSE
40	FALSE	0	FALSE
41	FALSE	0	FALSE
42	FALSE	0	FALSE
43	FALSE	0	FALSE
44	FALSE	0	FALSE
45	FALSE	0	FALSE
46	FALSE	0	FALSE
47	FALSE	0	FALSE
48	FALSE	0	FALSE
49	FALSE	0	FALSE
50	FALSE	0	FALSE
51	FALSE	0	FALSE
52	FALSE	0	FALSE
53	FALSE	0	FALSE
54	FALSE	0	FALSE
55	FALSE	0	FALSE
56	FALSE	0	FALSE
57	FALSE	0	FALSE
58	FALSE	0	FALSE
59	FALSE	0	FALSE
60	FALSE	0	FALSE
61	FALSE	0	FALSE
62	FALSE	0	FALSE
63	FALSE	0	FALSE
64	FALSE	0	FALSE
65	FALSE	0	FALSE
66	FALSE	0	FALSE
67	FALSE	0	FALSE
68	FALSE	0	FALSE
69	FALSE	0	FALSE
70	FALSE	0	FALSE
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72	FALSE	0	FALSE
73	FALSE	0	FALSE



74	FALSE	0	FALSE
75	FALSE	0	FALSE
76	FALSE	0	FALSE
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83	FALSE	0	FALSE
84	FALSE	0	FALSE
85	FALSE	0	FALSE
86	FALSE	0	FALSE
87	FALSE	0	FALSE
88	FALSE	0	FALSE
89	FALSE	0	FALSE
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94	FALSE	0	FALSE
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96	FALSE	0	FALSE
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122	FALSE	0	FALSE
123	FALSE	0	FALSE
124	FALSE	0	FALSE
125	FALSE	0	FALSE
126	FALSE	0	FALSE
127	FALSE	0	FALSE
128	FALSE	0	FALSE
129	FALSE	0	FALSE
130	FALSE	0	FALSE
131	FALSE	0	FALSE
132	FALSE	0	FALSE
133	FALSE	0	FALSE
134	FALSE	0	FALSE
135	FALSE	0	FALSE
136	FALSE	0	FALSE
137	FALSE	0	FALSE
138	FALSE	0	FALSE
139	FALSE	0	FALSE
140	FALSE	0	FALSE
141	FALSE	0	FALSE
142	FALSE	0	FALSE
143	FALSE	0	FALSE
144	FALSE	0	FALSE
145	FALSE	0	FALSE
146	FALSE	0	FALSE
147	FALSE	0	FALSE
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156	FALSE	0	FALSE
157	FALSE	0	FALSE
158	FALSE	0	FALSE
159	FALSE	0	FALSE
160	FALSE	0	FALSE
161	FALSE	0	FALSE
162	FALSE	0	FALSE

I acknowledge that I have been informed that based upon the initial inspection process, my house appears to have less than two square feet of mold and/or mildew present and that these programs are limited in regard to addressing the source of water intrusion that may be causing the mold. I further acknowledge that although the services to be performed may not totally eliminate the problem, they will not promote new growth, and that there are health risks associated with mold and mildew if not removed. Therefore, by signing this form, I understand that the agency **COMMUNITY ACTION Weatherization Program** is providing these services in good faith and shall be held harmless if new mold appears.

I also acknowledge that I have received two pamphlets, "**Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools**" and "**Mold, Moisture and Your Home**", and a copy of the agency grievance procedures.

I have also indicated to the agency staff that an occupant of this dwelling does \_\_\_\_, does not \_\_\_\_ have an existing breathing or health condition that would be impacted by performing the blower door testing or weatherization work described in this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Official Signature

\_\_\_\_\_  
Date



Weatherization Assistance Programs  
Pre Work Order Agreement

ATTACHMENT B



Form PWO--10

Client name: 0

Address: 0

# POST INSPECTION PUNCH LIST

**SPECIFIC WORK TO BE COMPLETED:**

After Photo Taken ( )

	MEASURES	SPEC	COMMENTS
1	FALSE	0	FALSE
2	FALSE	0	FALSE
3	FALSE	0	FALSE
4	FALSE	0	FALSE
5	FALSE	0	FALSE
6	FALSE	0	FALSE
7	FALSE	0	FALSE
8	FALSE	0	FALSE
9	FALSE	0	FALSE
10	FALSE	0	FALSE
11	FALSE	0	FALSE
12	FALSE	0	FALSE
13	FALSE	0	FALSE
14	FALSE	0	FALSE
15	FALSE	0	FALSE
16	FALSE	0	FALSE
17	FALSE	0	FALSE
18	FALSE	0	FALSE
19	FALSE	0	FALSE
20	FALSE	0	FALSE
21	FALSE	0	FALSE
22	FALSE	0	FALSE
23	FALSE	0	FALSE
24	FALSE	0	FALSE
25	FALSE	0	FALSE
26	FALSE	0	FALSE
27	FALSE	0	FALSE
28	FALSE	0	FALSE
29	FALSE	0	FALSE
30	FALSE	0	FALSE
31	FALSE	0	FALSE
32	FALSE	0	FALSE
33	FALSE	0	FALSE
34	FALSE	0	FALSE

35	FALSE	0	FALSE
36	FALSE	0	FALSE
37	FALSE	0	FALSE
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39	FALSE	0	FALSE
40	FALSE	0	FALSE
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42	FALSE	0	FALSE
43	FALSE	0	FALSE
44	FALSE	0	FALSE
45	FALSE	0	FALSE
46	FALSE	0	FALSE
47	FALSE	0	FALSE
48	FALSE	0	FALSE
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154	FALSE	0	FALSE
155	FALSE	0	FALSE
156	FALSE	0	FALSE
157	FALSE	0	FALSE

158	FALSE	0	FALSE
159	FALSE	0	FALSE
160	FALSE	0	FALSE
161	FALSE	0	FALSE
162	FALSE	0	FALSE

## **ORANGE COUNTY COMMUNITY ACTION WEATHERIZATION PROGRAM**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Official Signature

\_\_\_\_\_  
Date



**BUILDING WORK REPORT**

(BWR-10.1 August 2010)

<b>AGENCY NAME</b>	Community Action Weatherization	<b>REPORTING PERIOD</b>	
<b>CLIENT NAME</b>	0	<b>JOB NO.</b>	0

	WEATHERIZATION		WEATHERIZATION	
<b>CONTRACT NUMBER</b>	16WX-0G-06-58-08-025			
<b>REQUIRED MEASURES</b>	<b>MATERIAL CHARGE</b>	<b>LABOR COST</b>	<b>MATERIAL CHARGE</b>	<b>LABOR COST</b>
AIR FILTERS - AC / HEAT	\$ -	\$ -		
LOW FLOW SHOWERHEAD	\$ -	\$ -		
FAUCET AERATORS	\$ -	\$ -		
WATER HEATER WRAP	\$ -	\$ -		
WATER LINE-INSULATE	\$ -	\$ -		
<b>SUB TOTAL</b>	\$ -	\$ -	\$0.00	\$0.00

<b>INFILTRATION REDUCTION MEASURES</b>				
CAULKING	\$ -	\$ -		
CEILING REPAIRS - MINOR	\$ -	\$ -		
DOORS - EXTERIOR	\$ -	\$ -		
FLOOR REPAIR-MINOR	\$ -	\$ -		
THRESHOLD	\$ -	\$ -		
WALL REPAIR-MINOR	\$ -	\$ -		
WEATHERSTRIP	\$ -	\$ -		
WINDOW-REPLACE	\$ -	\$ -		
WINDOW-REPAIR	\$ -	\$ -		
<b>SUB TOTAL</b>	\$ -	\$ -	\$0.00	\$0.00

<b>WEATHERIZATION MEASURES</b>				
COOLING-CENTRAL	\$ -	\$ -		
COOLING-WINDOW	\$ -	\$ -		
SMART THERMOSTAT	\$ -	\$ -		
DUCT SYSTEM - REPAIR	\$ -	\$ -		
HEATING-CENTRAL	\$ -	\$ -		
HEATER-SPACE (GAS)	\$ -	\$ -		
INSULATION - ATTIC	\$ -	\$ -		
INSULATION - WALL	\$ -	\$ -		
INSULATION - FLOOR	\$ -	\$ -		
ROOF-M.H. COATING	\$ -	\$ -		
SCREENS-SOLAR	\$ -	\$ -		
VENTILATION-ATTIC	\$ -	\$ -		
LIGHTING	\$ -	\$ -		
REPLACE REFRIGERATOR	\$ -	\$ -		
<b>SUB TOTAL</b>	\$ -	\$ -	\$0.00	\$0.00

H&S-HAZARD ABATEMENT*	\$ -	\$ -	\$0.00	\$0.00
-----------------------	------	------	--------	--------

\* HEALTH AND SAFETY ACTIVITY

***INFILTRATION REDUCTION DOLLARS SPENT FOR MATERIAL & LABOR-		\$ -
---	--	------

THIS IS THE BREAKDOWN FOR INCIDENTAL REPAIR WHICH HAS BEEN INCLUDED IN THE COST OF THE FOLLOWING MEASU

	<b>MATERIAL</b>	\$ -	<b>LABOR</b>	\$ -
--	-----------------	------	--------------	------

**NO SPLIT CHARGING BETWEEN WAP AND WAP-LIHEAP OF A SINGLE MEASURE IS ALLOWED**

\$ -

**BUILDING WORK REPORT**

(BWR-10.1 AUGUST 2010)

CLIENT NAME	0		JOB NO.	0	
	<b>WEATHERIZATION</b>		<b>WEATHERIZATION</b>		
	<b>16WX-0G-06-58-08-025</b>				
	MATERIAL CHARGE	LABOR COST	MATERIAL CHARGE	LABOR COST	
WATER HEATER - REPAIR	\$ -	\$ -			
WATER HEATER - REPLACE	\$ -	\$ -			
DISPOSAL FEE	\$ -	\$ -			
PERMITS	\$ -	\$ -			
<b>SUB TOTAL</b>	\$ -	\$ -	\$0.00	\$0.00	
<b>TOTAL UNIT COST</b>	\$ -	\$ -	\$0.00	\$0.00	

Total before H&S	\$ -	H&S	\$ -
------------------	------	-----	------

<b>Total Weatherization</b>	\$ -	<b>Total WAP</b>	\$0.00
READINGS: DATE	BLOWER	MONOXER	COMMENTS
PRE-	0		
POST-			
FINAL-	0		

<b>Total Job</b>	\$ -
------------------	------

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE WORK SHOWN HAS BEEN COMPLETED. CLIENT SIGNATURE :	DATE:
---	-------

THE WORK SHOWN ABOVE WAS INSPECTED FOR QUALITY AND COMPLETION. AGENCY INSPECTOR:	DATE:
---	-------

<b>YOU MUST PLACE A COPY OF BOTH PAGES OF THIS BWR IN THE CLIENT FILE</b>
---

## Work Write Up for Weatherization Program

Richard Bros.

Description of Materials/Services Required									
Item	MEASURES	SPEC	COMMENTS	Pri	Material	Labor	Total	Pri	
1	Vent primary heating unit	1		H&S			\$ -	H&S	
2	Clean stove burner	1		H&S			\$ -	H&S	
3	Remove unvented space heater	1		H&S			\$ -	H&S	
4	Smoke Detectors	1		H&S			\$ -	H&S	
5	CO Detectors	1		H&S			\$ -	H&S	
6	Electric Panel	1		H&S			\$ -	H&S	
7	Health & Safety Bid	1		H&S			\$ -	H&S	
8	Health & Safety Bid	1		H&S			\$ -	H&S	
9	Health & Safety Bid	1		H&S			\$ -	H&S	
10	Exhaust fan at stove / vent to exterior	1		H&S			\$ -	H&S	
11	Vent dryer to exterior	1		H&S			\$ -	H&S	
12	Install exhaust fan at bath	1		H&S			\$ -	H&S	
13	Install exhaust fan at bath w/ Controller	1		H&S			\$ -	H&S	
14	Install 15 min timer at bath	1		H&S			\$ -	H&S	
15	Provide dilution air / use 1 of the attached methods	1		H&S			\$ -	H&S	
16	Install 1 AC filter, leave 2 w/ client	2		Req.			\$ -	Req.	
17	Install 1 specialty AC filter, leave 1 w/ client	2		Req.			\$ -	Req.	
18	Install low flow shower head at bath	1		Req.			\$ -	Req.	
19	Install hand-held low flow shower head	1		Req.			\$ -	Req.	
20	Install faucet aerator at bath	1		Req.			\$ -	Req.	
21	Install faucet aerator at kitchen	1		Req.			\$ -	Req.	
22	Install R-12 insulation blanket on water heater	1		Req.			\$ -	Req.	
23	Insulate hot & cold water heater lines w/ 3/4" pipe insulation @ least 5ft each.	2		Req.			\$ -	Req.	
24	Wall Top Plates - attic	L Feet		1			\$ -	1	
25	Caulking	L Feet		1			\$ -	1	
26	Caulking Per Window (interior)	1		1					
27	Caulking Per Door (Interior)	1		1					
28	Caulk Plumbing Penetrations under kitchen & sink baths	1		1					
29	Minor Ceiling Repair	SqFt		1			\$ -	1	
30	Minor Wall Repair	SqFt		1			\$ -	1	
31	Minor Floor Repair	SqFt		1			\$ -	1	
32	Install/Seal Baseboard to Finish per/lin ft	L Feet		1					

33	Threshold	1		1			\$ -	1	
34	Install Door Sweep	1		1					
35	Frame Weather-stripping Door	1		1			\$ -	1	
36	Permanent Weatherstripping	1		1					
37	Install pre-hung solid core door w/new hardware	1		1			\$ -	1	
38	Install pre-hung mtl insul. dr w/ lockset dead B & peep hole	1		1			\$ -	1	
39	Replace MH door w/ lockset dead B & peep hole	1		1			\$ -	1	
40	Replace MH door w/ lockset, dead B, peep hole & window	1		1			\$ -	1	
41	Replace Site B door (slab) w/ lockset & dead B	1		1			\$ -	1	
42	Install MH door /storm combo w/ lockset & dead B, window	1		1			\$ -	1	
43	Replace window pane	1		1			\$ -	1	
44	Repair window crank	1		1			\$ -	1	
45	Repair / adjust window to tight seal	1		1			\$ -	1	
46	Replace Window Crank & Assembly MH	1		1			\$ -	1	
47	Replace SB window w/ single pane metal	1		1			\$ -	1	
48	Replace MH window	1		1			\$ -	1	
49	Install Sliding Glass Door	1		1			\$ -	1	
50	Window Permit	1		1			\$ -		
51	Door Permit	1		1			\$ -		
52	Install 3/4" attic access hatch w/R-30 batt, 1"x6" blocking SB	1		2			\$ -	2	
53	R-11 per weatherization standards, SB	SqFt		2			\$ -	2	
54	R-19 per weatherization standards, SB	SqFt		2			\$ -	2	
55	R-30 per weatherization standards, SB	SqFt		2			\$ -	2	
56	Install attic vent, SB	1		2			\$ -	2	
57	Attic insulation MH	SqFt		2			\$ -	2	
58	Roof coating MH	SqFt		2			\$ -	2	
59	Install vapor barrier, MH	SqFt		2			\$ -	2	
60	Install R-19 floor insulation, MH	SqFt		2			\$ -	2	
61	Install vapor barrier, SB	SqFt		2			\$ -	2	
62	Install R-19 floor insulation, SB	SqFt		2			\$ -	2	
63	Side wall insulation	SqFt		6			\$ -	3	
64	Solar screens	1		5			\$ -	4	
65	Window tint .45 coefficient	1		5			\$ -	4	
66	Install digital thermostat w/ auto function	1		Opt.			\$ -	5	
67	Install non-programable digital thermostat	1		Opt.			\$ -	5	
68	Install CFL bulbs	1		Req.			\$ -	6	

69	Install specialty CFL bulbs	1		Req.			\$ -	6	
70	Supplies	1	Seal supply with mastic	1			\$ -	7	
71	Supplies	1	Repair runout connection	1			\$ -	7	
72	Supplies	1	Replace supply grill	1			\$ -	7	
73	Return	1	Seal return with mastic	1			\$ -	7	
74	Return	1	Seal return with ductboard and mastic	1			\$ -	7	
75	Return	1	Rebuild return	1			\$ -	7	
76	Return	1	Install tilt-out filter grill	1			\$ -	7	
77	Replace refrigerator / decommission existing	14 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
78	Replace refrigerator / decommission existing	15 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
79	Replace refrigerator / decommission existing	16 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
80	Replace refrigerator / decommission existing	17 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
81	Replace refrigerator / decommission existing	18 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	8	
82	Replace refrigerator / decommission existing	19 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
83	Replace refrigerator / decommission existing	20 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
84	Replace refrigerator / decommission existing	21 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
85	Replace refrigerator / decommission existing	22 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.			\$ -	10	
86	Remove AC window/wall unit	1	Does not include wall or window repair / Decommission	9			\$ -	9	
87	Window/Wall AC to cover 100 to 150 sqft	1	5,000 BTUs	9			\$ -	10	
88	Window/Wall AC to cover 150 to 250 sqft	1	6,000 BTUs	9			\$ -	10	
89	Window/Wall AC to cover 250 to 300 sqft	1	7,000 BTUs	9			\$ -	10	
90	Window/Wall AC to cover 300 to 350 sqft	1	8,000 BTUs	9			\$ -	10	
91	Window/Wall AC to cover 350 to 400 sqft	1	9,000 BTUs	9			\$ -	10	
92	Window/Wall AC to cover 400 to 450 sqft	1	10,000 BTUs	9			\$ -	10	
93	Window/Wall AC to cover 450 to 550 sqft	1	12,000 BTUs	9			\$ -	10	
94	Window/Wall AC to cover 550 to 700 sqft	1	14,000 BTUs	9			\$ -	10	
95	Window/Wall AC to cover 700 to 1000 sqft	1	18,000 BTUs	9			\$ -	10	
96	Window/Wall AC to cover 1000 to 1400 sqft	1	24,000 BTUs	9			\$ -	10	
97	220 upgrade for reverse cycle heat and cool window/wall AC	1		9			\$ -	10	
98	Window/Wall reverse heat AC to cover 300 to 350 sqft	1	8,000 BTUs	9			\$ -	10	
99	Window/Wall reverse heat AC to cover 350 to 400 sqft	1	9,000 BTUs	9			\$ -	10	
100	Window/Wall reverse heat AC to cover 400 to 450 sqft	1	10,000 BTUs	9			\$ -	10	
101	Window/Wall reverse heat AC to cover 450 to 550 sqft	1	12,000 BTUs	9			\$ -	10	
102	Window/Wall reverse heat AC to cover 550 to 700 sqft	1	14,000 BTUs	9			\$ -	10	
103	Window/Wall reverse heat AC to cover 700 to 1000 sqft	1	18,000 BTUs	9			\$ -	10	
104	Window/Wall reverse heat AC to cover 1000 to 1400 sqft	1	24,000 BTUs	9			\$ -	10	

105	AC repair, service & clean	Bid		9			\$ -	9	
106	AC service & clean	1		9			\$ -	9	
107		1		Neat			\$ -	9	
108		1		Neat			\$ -	9	
109		1		Neat			\$ -	9	
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116		1		Neat					
117	2 Ton 14 SEER Split Heat-pump	1		Neat					
118	2.5 14 SEER Split Heat-pump	1		Neat					
119	3 Ton 14 SEER Split Heat-pump	1		Neat					
120	3.5 Ton 14 SEER Split Heat-pump	1		Neat					
121	4 Ton 14 SEER Split Heat-pump	1		Neat					
122	2 Ton 14 SEER Package Heat-pump	1		Neat					
123	2.5 14 SEER Package Heat-pump	1		Neat					
124	3 Ton 14 SEER Package Heat-pump	1		Neat					
125	2 Ton Gas Furnace w/ A/C (Air)	1	50,000 BTU/h w/ at least 80 AFUE	Neat			\$ -	9	
126	2.5 Ton Gas Furnace w/ A/C (Air)	1	70,000 BTU/h w/ at least 80 AFUE	Neat			\$ -	9	
127	3 Ton Gas Furnace w/ A/C (Air)	1	90,000 BTU/h w/ at least 80 AFUE	Neat			\$ -	9	
128	3.5 Ton Gas Furnace w/ A/C (Air)	1	100,000 BTU/h w/ at least 80 AFUE	Neat			\$ -	9	
129	4 Ton Gas Furnace w/ A/C (Air)	1	110,000 BTU/h w/ at least 80 AFUE	Neat			\$ -	9	
130	2 Ton Gas Furnace	1	50,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
131	2.5 Ton Gas Furnace	1	70,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
132	3 Ton Gas Furnace	1	90,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
133	3.5 Ton Gas Furnace	1	100,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
134	4 Ton Gas Furnace	1	110,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
135	Gas Furnace	1	130,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
136	Gas Furnace	1	150,000 BTU/h w/ at least 80 AFUE	9			\$ -	10	
137	Central gas heat, repair, service & clean	Bid		9			\$ -	9	
138	Central gas heat, service & clean	1		9			\$ -	9	
139	Plumb relief line to one gal bucket	1		10			\$ -	10	
140	20 gal Electric HWH	1		Neat			\$ -	10	

141	30 gal Electric HWH	1		Neat			\$ -	10	
142	40 gal Electric HWH	1		Neat			\$ -	10	
143	50 gal Electric HWH	1		Neat			\$ -	10	
144	60 gal Electric HWH	1		Neat			\$ -	10	
145	30 gal Gas HWH	1		Neat			\$ -	10	
146	40 gal Gas HWH	1		Neat			\$ -	10	
147	50 gal Gas HWH	1		Neat			\$ -	10	
148	60 gal Gas HWH	1		Neat			\$ -	10	
149	LSW TEST POSITIVE	1		10					





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Orange County Pricing Schedule Cook Creations Inc.

Pricing Schedule 1 of 3

Description of Materials/Services Required					Standard	Standard	Standard
Item	MEASURES	SPEC	COMMENTS	Pri	Price / Material	Price / Labor	Price / Total
1	Vent primary heating unit	1	0	H&S	\$ -	\$ -	\$ -
2	Clean stove burner	1	0	H&S	\$ -	\$ -	\$ -
3	Remove unvented space heater	1	0	H&S	\$ -	\$ -	\$ -
4	Smoke Detectors	1	0	H&S	\$ -	\$ -	\$ -
5	CO Detectors	1	0	H&S	\$ -	\$ -	\$ -
6	Electric Panel	1	0	H&S	\$ -	\$ -	\$ -
7	Health & Safety Bid	1	0	H&S	\$ -	\$ -	\$ -
8	Health & Safety Bid	1	0	H&S	\$ -	\$ -	\$ -
9	Health & Safety Bid	1	0	H&S	\$ -	\$ -	\$ -
10	Exhaust fan at stove / vent to exterior	1	0	H&S	\$ -	\$ -	\$ -
11	Vent dryer to exterior	1	0	H&S	\$ -	\$ -	\$ -
12	Install exhaust fan at bath	1	0	H&S	\$ -	\$ -	\$ -
13	Install exhaust fan at bath w/ Controller	1	0	H&S	\$ -	\$ -	\$ -
14	Install 15 min timer at bath	1	0	H&S	\$ -	\$ -	\$ -
15	Provide dilution air / use 1 of the attached methods	1	0	H&S	\$ -	\$ -	\$ -
16	Install 1 AC filter, leave 2 w/ client	2	0	Req.	\$ -	\$ -	\$ -
17	Install 1 specialty AC filter, leave 1 w/ client	2	0	Req.	\$ -	\$ -	\$ -
18	Install low flow shower head at bath	1	0	Req.	\$ -	\$ -	\$ -
19	Install hand-held low flow shower head	1	0	Req.	\$ -	\$ -	\$ -
20	Install faucet aerator at bath	1	0	Req.	\$ -	\$ -	\$ -
21	Install faucet aerator at kitchen	1	0	Req.	\$ -	\$ -	\$ -
22	Install R-12 insulation blanket on water heater	1	0	Req.	\$ -	\$ -	\$ -
23	Insulate hot & cold water heater lines w/ 3/4" pipe insulation @ least 5ft each.	2	0	Req.	\$ -	\$ -	\$ -
24	Wall Top Plates - attic	L Feet	0	1	\$ -	\$ -	\$ -
25	Caulking	L Feet	0	1	\$ -	\$ -	\$ -
26	Caulking Per Window (interior)	1	0	1	\$ -	\$ -	\$ -
27	Caulking Per Door (Interior)	1	0	1	\$ -	\$ -	\$ -
28	Caulk Plumbing Penetrations under kitchen & sink baths	1	0	1	\$ -	\$ -	\$ -
29	Minor Ceiling Repair	SqFt	0	1	\$ -	\$ -	\$ -
30	Minor Wall Repair	SqFt	0	1	\$ -	\$ -	\$ -
31	Minor Floor Repair	SqFt	0	1	\$ -	\$ -	\$ -
32	Install/Seal Baseboard to Finish per/lin ft	L Feet	0	1	\$ -	\$ -	\$ -
33	Threshold	1	0	1	\$ -	\$ -	\$ -
34	Install Door Sweep	1	0	1	\$ -	\$ -	\$ -
35	Frame Weather-stripping Door	1	0	1	\$ -	\$ -	\$ -
36	Permanent Weatherstripping	1	0	1	\$ -	\$ -	\$ -
37	Install pre-hung solid core door w/new hardware	1	0	1	\$ -	\$ -	\$ -
38	Install pre-hung mtl insul. dr w/ lockset dead B & peep hole	1	0	1	\$ -	\$ -	\$ -
39	Replace MH door w/ lockset dead B & peep hole	1	0	1	\$ -	\$ -	\$ -
40	Replace MH door w/ lockset, dead B, peep hole & window	1	0	1	\$ -	\$ -	\$ -
41	Replace Site B door (slab) w/ lockset & dead B	1	0	1	\$ -	\$ -	\$ -
42	Install MH door /storm combo w/ lockset & dead B, window	1	0	1	\$ -	\$ -	\$ -
43	Replace window pane	1	0	1	\$ -	\$ -	\$ -
44	Repair window crank	1	0	1	\$ -	\$ -	\$ -
45	Repair / adjust window to tight seal	1	0	1	\$ -	\$ -	\$ -
46	Replace Window Crank & Assembly MH	1	0	1	\$ -	\$ -	\$ -
47	Replace SB window w/ single pane metal	1	0	1	\$ -	\$ -	\$ -
48	Replace MH window	1	0	1	\$ -	\$ -	\$ -
49	Install Sliding Glass Door	1	0	1	\$ -	\$ -	\$ -
50	Window Permit	1	0	1	\$ -	\$ -	\$ -
51	Door Permit	1	0	1	\$ -	\$ -	\$ -
52	Install 3/4" attic access hatch w/R-30 batt, 1"x6" blocking SB	1	0	2	\$ -	\$ -	\$ -

ATTACHMENT B

53	R-11 per weatherization standards, SB	SqFt	0	2	\$ -	\$ -	\$ -
54	R-19 per weatherization standards, SB	SqFt	0	2	\$ -	\$ -	\$ -
55	R-30 per weatherization standards, SB	SqFt	0	2	\$ -	\$ -	\$ -
56	Install attic vent, SB	1	0	2	\$ -	\$ -	\$ -
57	Attic insulation MH	SqFt	0	2	\$ -	\$ -	\$ -
0							

58	Roof coating MH	SqFt	0	2	\$ -	\$ -	\$ -
59	Install vapor barrier, MH	SqFt	0	2	\$ -	\$ -	\$ -
60	Install R-19 floor insulation, MH	SqFt	0	2	\$ -	\$ -	\$ -
61	Install vapor barrier, SB	SqFt	0	2	\$ -	\$ -	\$ -
62	Install R-19 floor insulation, SB	SqFt	0	2	\$ -	\$ -	\$ -
63	Side wall insulation	SqFt	0	6	\$ -	\$ -	\$ -
64	Solar screens	1	0	5	\$ -	\$ -	\$ -
65	Window tint .45 coefficient	1	0	5	\$ -	\$ -	\$ -
66	Install digital thermostat w/ auto function	1	0	Opt.	\$ -	\$ -	\$ -
67	Install non-programable digital thermostat	1	0	Opt.	\$ -	\$ -	\$ -
68	Install CFL bulbs	1	0	Req.	\$ -	\$ -	\$ -
69	Install specialty CFL bulbs	1	0	Req.	\$ -	\$ -	\$ -
70	Supplies	1	Seal supply with mastic	1	\$ -	\$ -	\$ -
71	Supplies	1	Repair runout connection	1	\$ -	\$ -	\$ -
72	Supplies	1	Replace supply grill	1	\$ -	\$ -	\$ -
73	Return	1	Seal return with mastic	1	\$ -	\$ -	\$ -
74	Return	1	Seal return with ductboard and mastic	1	\$ -	\$ -	\$ -
75	Return	1	Rebuild return	1	\$ -	\$ -	\$ -
76	Return	1	Install tilt-out filter grill	1	\$ -	\$ -	\$ -
77	Replace refrigerator / decommission existing	14 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
78	Replace refrigerator / decommission existing	15 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
79	Replace refrigerator / decommission existing	16 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
80	Replace refrigerator / decommission existing	17 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
81	Replace refrigerator / decommission existing	18 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
82	Replace refrigerator / decommission existing	19 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
83	Replace refrigerator / decommission existing	20 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
84	Replace refrigerator / decommission existing	21 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
85	Replace refrigerator / decommission existing	22 CuFt	Freezer top / no upgrades / provide decommission letter	Opt.	\$ -	\$ -	\$ -
86	Remove AC window/wall unit	1	Does not include wall or window repair / Decommission	9	\$ -	\$ -	\$ -
87	Window/Wall AC to cover 100 to 150 sqft	1	5,000 BTUs	9	\$ -	\$ -	\$ -
88	Window/Wall AC to cover 150 to 250 sqft	1	6,000 BTUs	9	\$ -	\$ -	\$ -
89	Window/Wall AC to cover 250 to 300 sqft	1	7,000 BTUs	9	\$ -	\$ -	\$ -
90	Window/Wall AC to cover 300 to 350 sqft	1	8,000 BTUs	9	\$ -	\$ -	\$ -
91	Window/Wall AC to cover 350 to 400 sqft	1	9,000 BTUs	9	\$ -	\$ -	\$ -
92	Window/Wall AC to cover 400 to 450 sqft	1	10,000 BTUs	9	\$ -	\$ -	\$ -
93	Window/Wall AC to cover 450 to 550 sqft	1	12,000 BTUs	9	\$ -	\$ -	\$ -
94	Window/Wall AC to cover 550 to 700 sqft	1	14,000 BTUs	9	\$ -	\$ -	\$ -
95	Window/Wall AC to cover 700 to 1000 sqft	1	18,000 BTUs	9	\$ -	\$ -	\$ -
96	Window/Wall AC to cover 1000 to 1400 sqft	1	24,000 BTUs	9	\$ -	\$ -	\$ -
97	220 upgrade for reverse cycle heat and cool window/wall AC	1	0	9	\$ -	\$ -	\$ -
98	Window/Wall reverse heat AC to cover 300 to 350 sqft	1	8,000 BTUs	9	\$ -	\$ -	\$ -
99	Window/Wall reverse heat AC to cover 350 to 400 sqft	1	9,000 BTUs	9	\$ -	\$ -	\$ -
100	Window/Wall reverse heat AC to cover 400 to 450 sqft	1	10,000 BTUs	9	\$ -	\$ -	\$ -
101	Window/Wall reverse heat AC to cover 450 to 550 sqft	1	12,000 BTUs	9	\$ -	\$ -	\$ -
102	Window/Wall reverse heat AC to cover 550 to 700 sqft	1	14,000 BTUs	9	\$ -	\$ -	\$ -
103	Window/Wall reverse heat AC to cover 700 to 1000 sqft	1	18,000 BTUs	9	\$ -	\$ -	\$ -
104	Window/Wall reverse heat AC to cover 1000 to 1400 sqft	1	24,000 BTUs	9	\$ -	\$ -	\$ -

ATTACHMENT B

105	AC repair, service & clean	Bid	0	9	\$ -	\$ -	\$ -
106	AC service & clean	1	0	9	\$ -	\$ -	\$ -

107	Whole House Ventilation System (ERV) 40 cfm	1	40 CFM Energy Recovery Ventilation	Neat	\$ -	\$ -	\$ -
108	Whole House Ventilation System (ERV) 70 cfm	1	70 CFM Energy Recovery Ventilation	Neat	\$ -	\$ -	\$ -
109	Whole House Ventilation System (ERV) 90 cfm	1	90 CFM Energy Recovery Ventilation	Neat	\$ -	\$ -	\$ -
110	Exhaust Fan at Stove / Vent to Exterior	1	0	Neat	\$ -	\$ -	\$ -
111	Install Exhaust Fan at Bath	1	0	Neat	\$ -	\$ -	\$ -
112	Install Exhaust Fan at Bath w/ Controller	1		Neat	\$ -	\$ -	\$ -
113	0	1		Neat	\$ -	\$ -	\$ -
114	0	1		Neat	\$ -	\$ -	\$ -
115	0	1		Neat	\$ -	\$ -	\$ -
116	0	1		Neat	\$ -	\$ -	\$ -
117	2 Ton 14 SEER Split Heat-pump	1	24,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
118	2.5 14 SEER Split Heat-pump	1	30,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
119	3 Ton 14 SEER Split Heat-pump	1	36,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
120	3.5 Ton 14 SEER Split Heat-pump	1	42,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
121	4 Ton 14 SEER Split Heat-pump	1	48,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
122	2 Ton 14 SEER Package Heat-pump	1	24,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
123	2.5 14 SEER Package Heat-pump	1	30,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
124	3 Ton 14 SEER Package Heat-pump	1	36,000 BTU/HR Heat Pump	Neat	\$ -	\$ -	\$ -
125	2 Ton Gas Furnace w/ A/C (Air)	1	50,000 BTU/h w/ at least 80 AFUE	Neat	\$ -	\$ -	\$ -
126	2.5 Ton Gas Furnace w/ A/C (Air)	1	70,000 BTU/h w/ at least 80 AFUE	Neat	\$ -	\$ -	\$ -
127	3 Ton Gas Furnace w/ A/C (Air)	1	90,000 BTU/h w/ at least 80 AFUE	Neat	\$ -	\$ -	\$ -
128	3.5 Ton Gas Furnace w/ A/C (Air)	1	100,000 BTU/h w/ at least 80 AFUE	Neat	\$ -	\$ -	\$ -
129	4 Ton Gas Furnace w/ A/C (Air)	1	110,000 BTU/h w/ at least 80 AFUE	Neat	\$ -	\$ -	\$ -
130	2 Ton Gas Furnace	1	50,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
131	2.5 Ton Gas Furnace	1	70,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
132	3 Ton Gas Furnace	1	90,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
133	3.5 Ton Gas Furnace	1	100,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
134	4 Ton Gas Furnace	1	110,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
135	Gas Furnace	1	130,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
136	Gas Furnace	1	150,000 BTU/h w/ at least 80 AFUE	9	\$ -	\$ -	\$ -
137	Central gas heat, repair, service & clean	Bid	0	9	\$ -	\$ -	\$ -
138	Central gas heat, service & clean	1	0	9	\$ -	\$ -	\$ -
139	Plumb relief line to one gal bucket	1	0	10	\$ -	\$ -	\$ -
140	20 gal Electric HWH	1	COMPACT ELEC. HWH 20 GAL.	Neat	\$ -	\$ -	\$ -
141	30 gal Electric HWH	1	0	Neat	\$ -	\$ -	\$ -
142	40 gal Electric HWH	1	0	Neat	\$ -	\$ -	\$ -
143	50 gal Electric HWH	1	0	Neat	\$ -	\$ -	\$ -
144	60 gal Electric HWH	1	0	Neat	\$ -	\$ -	\$ -
145	30 gal Gas HWH	1	0	Neat	\$ -	\$ -	\$ -
146	40 gal Gas HWH	1	0	Neat	\$ -	\$ -	\$ -
147	50 gal Gas HWH	1	0	Neat	\$ -	\$ -	\$ -
148	60 gal Gas HWH	1	0	Neat	\$ -	\$ -	\$ -
149	LSW TEST POSITIVE	1	0	10	\$ -	\$ -	\$ -

**DOORS**

Replace door [D ] w/ pre hung, metal insulated door w/ peep hole & new locks.(see drawing)  
 Replace door [D ] w/ pre hung, solid core door.(see drawing)  
 Install solid core door between to eliminate air infiltration.  
 Adjust door [D ] to eliminate air infiltration.  
 Install frame weather-stripping on door [D ]. (see drawing)  
 Install new permanent weather-stripping on door [D ].(see drawing)  
 Install new metal frame weather-stripping on door [D ].(see drawing)

Install new door sweep on door [D ].(see drawing)  
 Install new threshold on door [D ],(solid metal or wood)(see drawing)  
 Install new rubber strip for threshold on door [D ].(see drawing)

**WINDOWS**

Replace windows # ( ).(see drawing)  
 Replace locks on windows # ( ).(see drawing)  
 Replace cranks on windows # ( ).(see drawing)  
 Adjust /Repair windows # ( ) to eliminate air infiltration.(see drawing)  
 Replace cracked window panes at windows # 1 and 8 (See Drawing)  
 Repair/Adjust windows # 5 & 7 at window units for tight seal. (High leakage at window sash junction. (See Drawing)  
 Install Sliding Glass Door labled window # ( ) See Drawing

**ATTIC INSULATION**

Install new attic hatch in using 3/4" plywood or drywall.(paint to finish)  
 Install (1x6) blocking in attic around access.  
 Secure R-30 insulation batt roll to attic hatch.(trim to fit hatch)  
 Install permanent weather-stripping around attic access.  
 Install R-11 blown insulation in attics. (install insulation card & 2 depth markers)  
 Install R-19 blown insulation in attic.(install insulation card & 2 depth markers) Flag accessible electrical junction boxes  
 Install R-30 blown insulation over den. (install insulation card & 2 depth markers) Flag accessible electrical junction boxes  
 Install attic tent or removal box in attic over attic stairs.  
 Install insulation box in attic over whole house fan in hallway.  
 Flag accessible electrical junction boxes in attic  
 Observe a 3 inch minimum clearance for dams around flues and chimneys  
 Install 26 gauge steel to construct seals and dams around all flue pipes in attic (Use high temperature caulk to seal) 3 inch minimum clearance required for dam  
 Weatherize Attic Access To WAP & SWS Standards.

**FLOOR INSULATION**

Install R-19 batt roll insulation between floor joists under dwelling.  
 Repair belly insulation under area.  
 Existing belly insulation meets requirements.  
 Not enough clearance to assets' or repair belly insulation.

**SIDEWALL INSULATION**

No contractor available.  
 Sidewall insulation meet requirements.  
 Install R-11 blown insulation in perimeter sidewall cavities.  
 Block walls.

**SOLAR SCREENS**

Install solar screens or tint on window # ( ). (See Drawing)

**Permits**

Door/Window Permit  
 HVAC Permit  
 Electric Permit  
 Plumbing Permit

**Wall Repair**

Install interior trim/casing on Door [D1] & [D2]. Caulk & Seal to finish  
 Install interior trim/casing on window # ( ) . Caulk & Seal to finish  
 Install gasketed or weatherstripped panel to water heater cavity opening in Bedroom #1 Closet (See  
 Install corner bead or corner trim on center wall corners between (kitchen & Bed 1) and @ (Bed 2).  
 Install gasketed or weatherstripped panel to water heater cavity opening in Bedroom #1 Closet (See  
 Repair (square) hole in drywall @ Laundry Room adjacent to back of bath 1 Shower. Repair to finish  
 Provide drywall repair on side wall of Laundry Room on right side of Water Heater (See Drawing)

**Ceiling Repair**

Repair damaged drywall in ceiling of Living Room over Door [D1] (See Drawing)  
 Foam seal or Repair drywall around pipe penetrations in ceiling of Laundry Room above electrical panel

**Duct Sealing****Return**

**Seal inside return w/ductboard & mastic include all corners and collar connections**

Seal inside return w/mastic include all corners and collar connections

**Install new tilt-out filter grill in hallway at return**

#### **Supply**

Repair/Seal inside supply boot w/mastic. Seal boot to Register Connections w/ UL181-Foil Tape and Mastic. **Location:** (Registers must be removable)

Repair/Seal inside supply boot w/mastic. Seal boot to floor/Register Connections w/ UL181-foil tape or mastic (Registers must be removable)

Replace all supply registers

**Seal/Cap-off supply run-out connection to family rm @ trunkline. Seal behind supply grille with Ductboard & UL181-Foil tape.**

#### **CFL'S**

**Install CFL's throughout dwelling where needed**

#### **HVAC**

**Install 2.5 Ton 14 SEER Split System Heat Pump with a cooling capacity range of (28,000-30,000 btu's) SB**

**Install 2.5 Ton 14 SEER Package Heat Pump with a cooling capacity range of (28,000-30,000 btu's) MH**

#### **Water Heater**

**Install 30 gal electric HWH w/pan or plumb to exterior**

**Install 40 gal electric HWH w/pan or plumb to exterior**

**Install R-12 Insulation Blanket Per Weatherization Standards**

HWH Plumb. to Bucket & when Installed Label Bucket ( **Hot Water Heater Discharge Bucket DO NOT REMOVE**)

**DOORS**

Replace door [D ] w/ standard mobile home door w/ 12" diamond window & new locks.(see drawing)  
 Replace door [D ] w/ mobile home/storm door combo w/ 12" diamond window & new locks.(see drawing)  
 Install new permanent weather-stripping on door [D ].(see drawing)  
 Install new metal frame weather-stripping on door [D ].(see drawing)

**WINDOWS**

Replace windows # ( ).(see drawing)  
 Replace locks on windows # ( ).(see drawing)  
 Replace cranks on windows # ( ).(see drawing)  
 Adjust /Repair windows # ( ) to eliminate air infiltration.(see drawing)  
 Replace cracked window panes at windows # 1 and 8 (See Drawing)  
 Repair/Adjust windows # 5 & 7 at window units for tight seal. (High leakage at window sash junction. (See Drawing)  
 Install Sliding Glass Door labled window # ( ) See Drawing

**ATTIC INSULATION**

Install reflective elastomeric coating on roof.  
 Roof under warranty.  
 Roof meets requirements.  
 Shingled roof.

**FLOOR INSULATION**

Install R-19 batt roll insulation between floor joists under dwelling.  
 Repair belly insulation under area.  
 Existing belly insulation meets requirements.  
 Not enough clearance to assets' or repair belly insulation.

**SEAWALL INSULATION**

No contractor available.  
 Sidewall insulation meet requirements.  
 Install R-11 blown insulation in perimeter sidewall cavities.

**Caulking**

**Caulk /Seal along perimeter ceiling to wall junctions throughout dwelling (include inside closets & cabinets)**  
**Caulk & Seal along all perimeter wall corners in dwelling from ceiling to floor (include inside closets)**  
**Caulk/Seal along length of center beam throughout dwelling on both sides (include junctions/transitions at drop ceilings)**  
**Caulk interior frames of windows #**  
**Caulk or Foam Seal along all junctions @ walls, ceiling & floor inside furnace cavity @ (See Drawing)**  
**Caulk/Seal around Bath Tub Trim and Base of Tub of Bath 2 (See Drawing)**  
**Caulk & Seal around shower enclosure in Bath #2 (See Drawing)**

**Duct Sealing****Supply**

Repair/Seal inside supply boot w/mastic. Seal boot to floor/Register Connections w/ UL181-foil tape or mastic (Registers must be removable)  
 Replace all supply registers  
**Seal/Cap-off supply run-out connection to family rm @ trunkline. Seal behind supply grille with Ductboard & UL181-Foil tape.**

**Return**

Seal inside return w/mastic include all corners and collar connections  
**Seal inside return w/ductboard & mastic include all corners and collar connections**  
**Install new tilt-out filter grill in hallway at return**

**Wall Repair**

**Install interior trim/casing on Door [D1] & [D2]. Caulk & Seal to finish**  
**Install interior trim/casing on window # ( ) . Caulk & Seal to finish**  
**Install gasketed or weatherstripped panel to water heater cavity opening in Bedroom #1 Closet (See Drawing)**  
**Install corner bead or corner trim on center wall corners between (kitchen & Bed 1) and @ (Bed 2). caulk & seal to finish.**  
**Install gasketed or weatherstripped panel to water heater cavity opening in Bedroom #1 Closet (See Drawing)**

**CFL'S**

**Install CFL's throughout dwelling where needed**

**HVAC**

**Install 2.5 Ton 14 SEER Split System Heat Pump with a cooling capacity range of (28,000-30,000 btu's) SB**  
**Install 2.5 Ton 14 SEER Package Heat Pump with a cooling capacity range of (28,000-30,000 btu's) MH**

**Water Heater**

**Install 30 gal electric HWH w/pan or plumb to exterior**  
**Install 40 gal electric HWH w/pan or plumb to exterior**

**COMBUSTIBLE FUEL STOVE REPAIR or REPLACEMENT**

Caulk/Seal around range hood exhaust vent above stove @ ceiling.  
Repair/Seal around range hood exhaust vent above stove @ ceiling.  
Caulk/Seal around boxing for range hood exhaust vent in cabinet above stove.  
Repair/Seal around boxing for range hood exhaust vent in cabinet above stove.

**DETECTORS**

Caulk/Seal around base of smoke alarms @ ceiling.

**ELECTRICAL PANEL**

Install permanent weather-stripping around electric panel access door. (Provide latch for tight seal.)  
Seal electric penetrations @ floor below electric panel box.  
Caulk/Seal around electric panel @ wall.

**DOORS**

Caulk/Seal around casing & trim on door [D ].(see drawing)  
Caulk/Seal along base of threshold @ floor on door [D ].(see drawing)

**WINDOWS**

Caulk/Seal around interior frame of windows # ( ).(see drawing)  
Caulk/Seal around exterior frame of windows # ( ).(see drawing)  
Caulk/Seal around interior/exterior frame of windows # ( ).(see drawing)  
**Caulk/Seal around plumbing Penetrations under Sinks (Kit. & Baths)**

**Duct Sealing**

Repair/Seal inside supply boots w/mastic. Seal boot to floor/Register Connections w/UL181-foil tape or mastic (Registers must be removable)



**COMBUSTIBLE FUEL STOVE REPAIR or REPLACEMENT**

Provide complete maintenance for gas stove in kitchen. (High CO2 Readings)  
Install new gas stove in kitchen.

**SMOKE & CO2 DETECTORS**

Install smoke alarms in kitchen & bed rooms  
Install CO2 alarm w/ 5yr lithium battery backup in kitchen & bedroom areas by SWS standards  
Install CO2 alarm w/ 5yr lithium battery backup in Bedroom area by SWS standards

**ELECTRICAL PANEL**

Install cover plate on electric panel.  
Repair electric panel cover.  
Check for possible electrical upgrade to 200 amp service.

**MOLD AND MOISTURE EVALUATION**

Check roof for damage or leaks. (Repair if possible)  
Inspect fixtures for plumbing leaks. (Repair if possible)  
Inspect water heater for leaks.  
Install new rain diverter above.

**VENTILATION**

Install new 100 CFM on demand vented range hood over stove in kitchen with a max sone rating of 3. (vent to exterior of dwelling) Use collared fitting at roof termination and seal to SWS Standards. **(Fan Exhausting Must Test out a minimum of 100 CFM)**  
Install new 100 CFM on demand vented sidewall exhaust fan above stove in kitchen with a max sone rating of 3.(vent to exterior of dwelling) Use collared fitting at roof termination and seal to SWS Standards  
Install new flex duct vent pipe on dryer.(vent to exterior)  
Install new damper on exterior wall for dryer vent.  
Install new Energy Star 70 CFM ventilation fan w/ a max sone rating of 3 and damper in bath rms.(vent to exterior) Provide approved switch.**(Fan Exhausting Must Test out a minimum of 50 CFM)**  
Install new Energy Star 70 CFM ventilation fan w/ a max sone rating of 3 and damper in bath rms.(vent to exterior) Provide approved controller switch  
Install new Energy Star 70 CFM ventilation fan w/ a max sone rating of 3 and damper on 15 minute timer in bath rms.(vent to exterior)  
Remove whole house fan in. (install attic access to WAP SPECS)  
Install ERV System with an airflow of at least \_\_\_cfm w/maximum sone rating of 1.0 for continuous operation of @ least \_\_\_ min/hr **(Install a Clearly Label Manufacturer Approved Control Switch & Install ERV according to Manufacturer's Specs).**  
Install ERV System with an airflow of at least 50cfm w/maximum sone rating of 3.0 for intermittent operation. Provide approved controller switch. Install ERV according to manufacturer's specs

**Required Measures**

Insulate hot & cold water lines w/ 3/4" pipe insulation @ least 5ft each. Use Wap Standards

**Insulation**

Observe a 3 inch minimum clearance for dams around flues and chimneys  
Install 26 gauge steel to construct seals and dams around all flue pipes in attic (Use high temperature caulk to seal) 3 inch minimum clearance required for dam

**Dilution Air**

Install (2) round vents in Laundry Rm for dilution air. (1:12" from ceiling & 2: 12" from floor) See attached method

**Foot Notes****GAS APPLIANCES**

Gas leak detected @ connection. (Client informed of hazards to disconnect unit)  
High ambient CO2 level detected @ . (Client informed of hazards to disconnect unit)  
High CO2 level @ detected @ . (Client informed of hazards to disconnect unit)  
Install (2) " round vents in for dilution air.(1: 12" from ceiling & 2: 12" from floor)  
Install (2) " pass through vents between & for dilution air.(1: 12" from ceiling & 2: 12" from floor)  
Gas appliance is not drafting properly.

**CHEMICALS OR POLLUTANTS**

The following chemical hazards were found:  
Client informed of hazards & agreed to remove from dwelling.  
Client informed of hazards & disagreed to remove from dwelling.

**MOLD AND MOISTURE EVALUATION**

Use Caution: Mold may be present.

**LEAD PAINT EVALUATION**

LSW Not Required - Lead Test Negative.  
LSW Required - Lead Test Positive.

**MISCELLANEOUS HEALTH & SAFETY**

Evidence of insect infestation present.  
Evidence of rodent infestation present.  
Evidence of sewage back up present.  
Evidence of structural damage to dwelling.



# Orange County Community Action

Notice to Review

January 0, 1900

Dear Contractor:

Attached you will find the work write up form with the items needed for repair for the property listed below:

**Client name:** 0  
**Contact Person:** 0 0  
**Address:** 0 0 0  
**Phone:** 0

Items listed on the work write up have been identified as items proposed for the project and may or may not be feasible to install based on an unforeseen problem. If additional items are needed in conjunction with the specified repair, you must attach to the work write up form an addendum explaining the repair & cost associated with that repair. (ex. Electric Panel upgrade to 200amp service for HVAC install).

**Please note that some items require a permit and your company will not be permitted to bid on that item. ie. Plumbing, electrical HVAC etc., unless you are licensed to do so.**

It is encouraged to inspect the property prior to acceptance of the project, but not required. Your company has **72 hours** or the next business day to submit your acceptance or rejection of the attached work write up cost to me no later than 1/3/00 COB. Once received, you will be contacted with a *Direct Order form* from the Project Coordinator.

If there are any questions please feel free to give me a call.

Thanks,

Cofer Taylor  
Program Manager  
Orange County Weatherization Program  
2100 E Michigan St  
Orlando, FL 32806



## O.C. Community Action Weatherization Program Notice to Review

DATE

Dear Contractor: The Weatherization Program is designed to reduce the monthly energy burden on low-income households by improving the energy efficiency of the home.

The Orange County WAP Program is accepting bids from Licensed General Contractors to Weatherize approved homes.

Attached you will find the work write up form with the items needed for repair for the property listed below:

<b>Client name:</b>	0	
<b>Contact Person:</b>	0	0
<b>Address:</b>	0	0 0
<b>Phone:</b>	0	

Items listed on the work write up have been identified as items proposed for the project and may or may not be feasible to install based on unforeseen problems.

**Please note that some items require a permit and your company will not be permitted to bid on that item. ie. Plumbing, electrical HVAC etc., unless you are licensed to do so.**

It is encouraged but not required to inspect the property prior to submitting your quote for the project. **Pre Quote Bid On-Site Meeting is scheduled for 2/08/17 from 9:00 am to 11:00 am. All Quote Packets must be submitted by Close of Business (COB) on #VALUE!** Once the bid is processed and awarded, you will be notified via email with a copy of the Purchase Order Form. Please note all worked must be performed as specified on the Purchase Order.

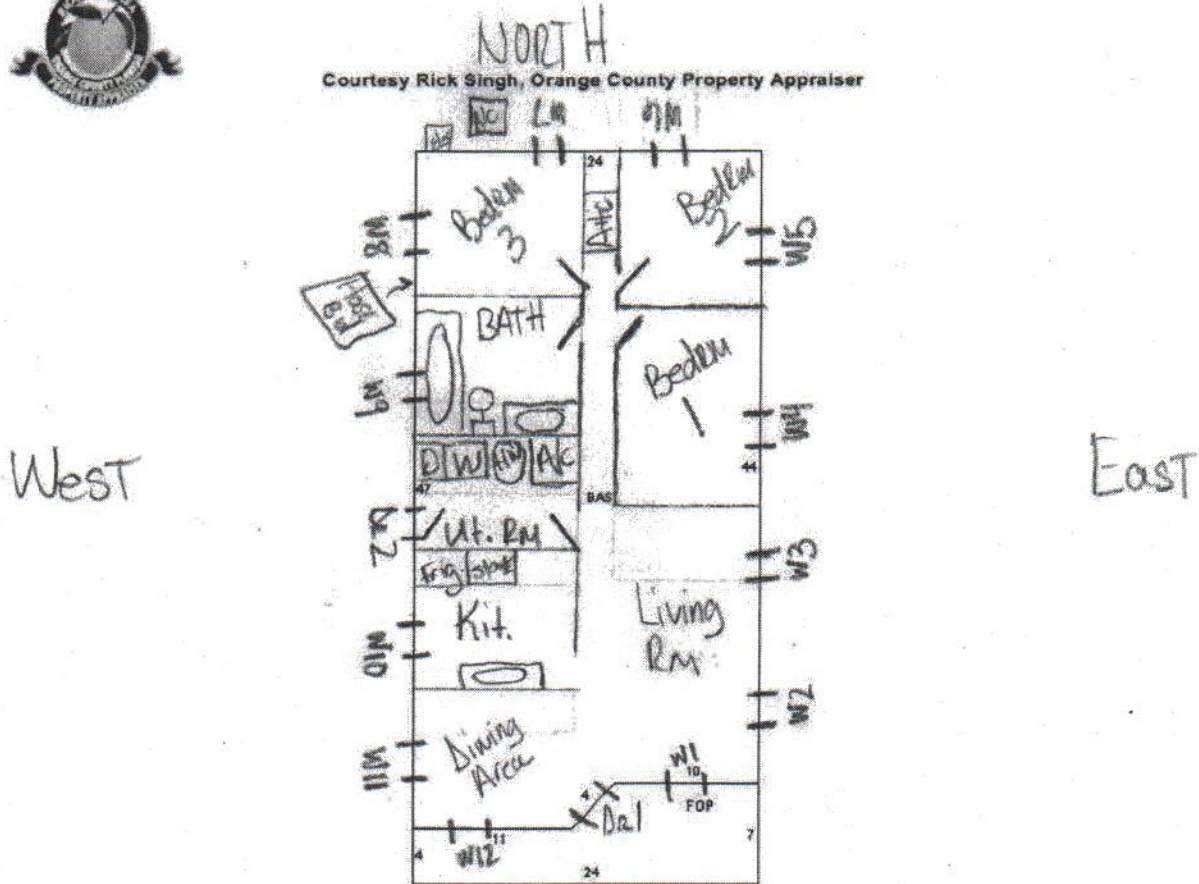
If you have any questions, please contact me at the number listed below.

Thanks,  
Cofer Taylor  
Program Manager  
Orange County Weatherization Program  
2100 E Michigan St  
Orlando, FL 32806

621 Medevitt St - Building #1



Courtesy Rick Singh, Orange County Property Appraiser



Sub Area  
BAS - Base Area  
FOP - F/Opn Prch

South

Sqft  
1098  
126

Value  
working...  
working...

Model Code: 01 - Single Fam Residence  
Type Code: 0102 - Single Fam Class II  
Building Value: working...  
Estimated New Cost: working...  
Actual Year Built: 1997  
Beds: 3  
Baths: 1.0  
Floors: 1  
Gross Area: 1224 sqft  
Living Area: 1098 sqft  
Exterior Wall: Cb.Stucco  
Interior Wall: Drywall