

NORTH CAROLINA WEATHERIZATION ASSISTANCE PROGRAM
SUBCONTRACTOR PROFILE & CERTIFICATION

1. Subgrantee Name: Community Action Opportunities

Subcontractor Information

2. Business Name:

3. Owner(s) Name:

4. Address:

5. Telephone: Fax:

6. Email address:

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

8. Business Type:

9. Years in Business:

10. Federal Tax Identification Number:

11. Type of Work to be Performed:

<input type="checkbox"/>	Blower door directed air sealing
<input type="checkbox"/>	Attic insulation
<input type="checkbox"/>	Sidewall insulation
<input type="checkbox"/>	Floor insulation
<input type="checkbox"/>	Duct sealing and insulation

<input type="checkbox"/>	Water heater insulation
<input type="checkbox"/>	Pipe insulation
<input type="checkbox"/>	General heat waste
<input type="checkbox"/>	Glass Storm installation
<input type="checkbox"/>	Other:

12. Years of Weatherization Work Experience, if none, list similar, related experience:

a. List all agencies in which your company served as a Weatherization Assistance Program subcontractor in North Carolina in the past 3 years.

Agency	Main Contact Person	Telephone Number

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

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

Previous WX Training Received by Subcontractor and Staff (all persons that will perform weatherization work must be listed)

Individual Name	Course Name	Dates	Trainer

14. Attach a copy of licenses (include professional, state and or local business or privilege licenses).

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

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