



**SHELTERING ARMS SENIOR SERVICES
WEATHERIZATION ASSISTANCE PROGRAM
INDEPENDENT CONTRACTOR INSPECTOR APPLICATION**

Date: _____

Please furnish the requested information below. This information will be kept in our files and will remain confidential. This information will be used to verify the qualifications of the applicant contractor for weatherization inspector activities only.

GENERAL APPLICANT INFORMATION

A. Name: _____

Business Name (if different): _____

Address: _____

Phone: _____ SSN/Fed ID: _____

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

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

I. LENGTH OF EXPERIENCE

Number of years performing home inspection, assessment and/or construction monitoring activities: _____ Years

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

Current/Most Recent:

Dates of Service: _____

Service Provided: _____

Reference: _____

Dates of Service: _____

Service Provided: _____

Reference: _____

Dates of Service: _____

Service Provided: _____

Reference: _____

II. PAST EXPERIENCE WITH PROJECT MONITORING OF FEDERAL FUNDS AND ENERGY EFFICIENCY PROGRAMS

1. Have you performed inspection, assessment, and project monitoring activities for government-funded program(s)? Yes _____ No _____
If yes, please specify program(s) and/or funding source(s):

2. Have you performed inspection, assessment and project monitoring activities for an energy efficiency program (private and/or public)? Yes _____ No _____
If yes, please specify program(s) and/or funding source(s):

III. Technical Knowledge

1. Please list training, skills and education attained applicable for this contract (please include certification and/or licensure #):

2. Have you used the blower door on 10 or more units? Yes _____ No _____ The computerized energy audit is a major component of Sheltering Arms' weatherization assessment.

3. Are you proficient in Windows? Yes _____ No _____
 4. Are you proficient using the NEAT energy audit system? Yes _____ No _____
 5. What computer software are you proficient at using:
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IV. HISTORICALLY UNDERUTILIZED BUSINESS

If you qualify as a Historically Underutilized Business, please provide your certification and/or licensure number: _____

V. RECORD OF PAST PERFORMANCE

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

1. To the best of your knowledge has this firm or person consistently conducted their business affair in a manner to reflect sound business judgment?
2. Is the quality of work of this firm or person satisfactory or poor?
3. Has this person to the best of your knowledge demonstrated professional behavior at a meeting or at work sites?

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

Name	Address	Phone

List two subcontractors whose work you assessed, inspected, and monitored during the past 6 months.

Name	Address	Phone

PLEASE ATTACH A PERSONAL RESUME FOR ALL PERSONS WHO WILL PARTICIPATE IN ANY CLIENT CONTACT IF A CONTRACT IS AWARDED. THE RESUME MUST INCLUDE THE PERSON'S SOCIAL SECURITY NUMBER, WORK HISTORY, AND FORMAL EDUCATION.

Signature

Date