



# Residential Home Energy Audit Program Briefing

November 14, 2008

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OPM – Energy Unit

## § Special Act 08-02 August Special Session, section 9 states:

- *OPM shall establish an energy audit subsidy program for qualified oil companies and other entities that conduct energy audits for people who heat their homes by means other than electricity or natural gas, including, but not limited to, residential home heating oil customers. The program shall cover the balance of the cost of such audits conducted from September 1, 2008 to June 30, 2009, inclusive by qualified oil companies and other entities that can show they (1) provided an energy audit to a residential consumer, and (2) collected a \$75 fee from the customer for such audit.*

## § Program Goals

- Provide residential consumers with services to help them reduce their energy consumption – particularly oil/propane heating bills this winter
- Educate consumers about their energy consumption behavior and how they can use less over the long term to control costs
- Provide an opportunity for fuel oil dealers and technicians to become home energy auditors under the Home Energy Solutions program

§ In order to accomplish both a heating system audit and whole house audit plus weatherization services through the Home Energy Solutions program, OPM is proposing two separate audits at a total cost to the State of \$425 per household (plus \$75 customer co-pay)

1. Audit of Heating system – clean, tune and test  
Cost = \$200 per audit  
Performed by HVAC licensed technicians (fuel oil vendors)
2. Whole house audit and weatherization services  
Cost = \$300 per audit  
Performed by HES authorized vendors through the HES

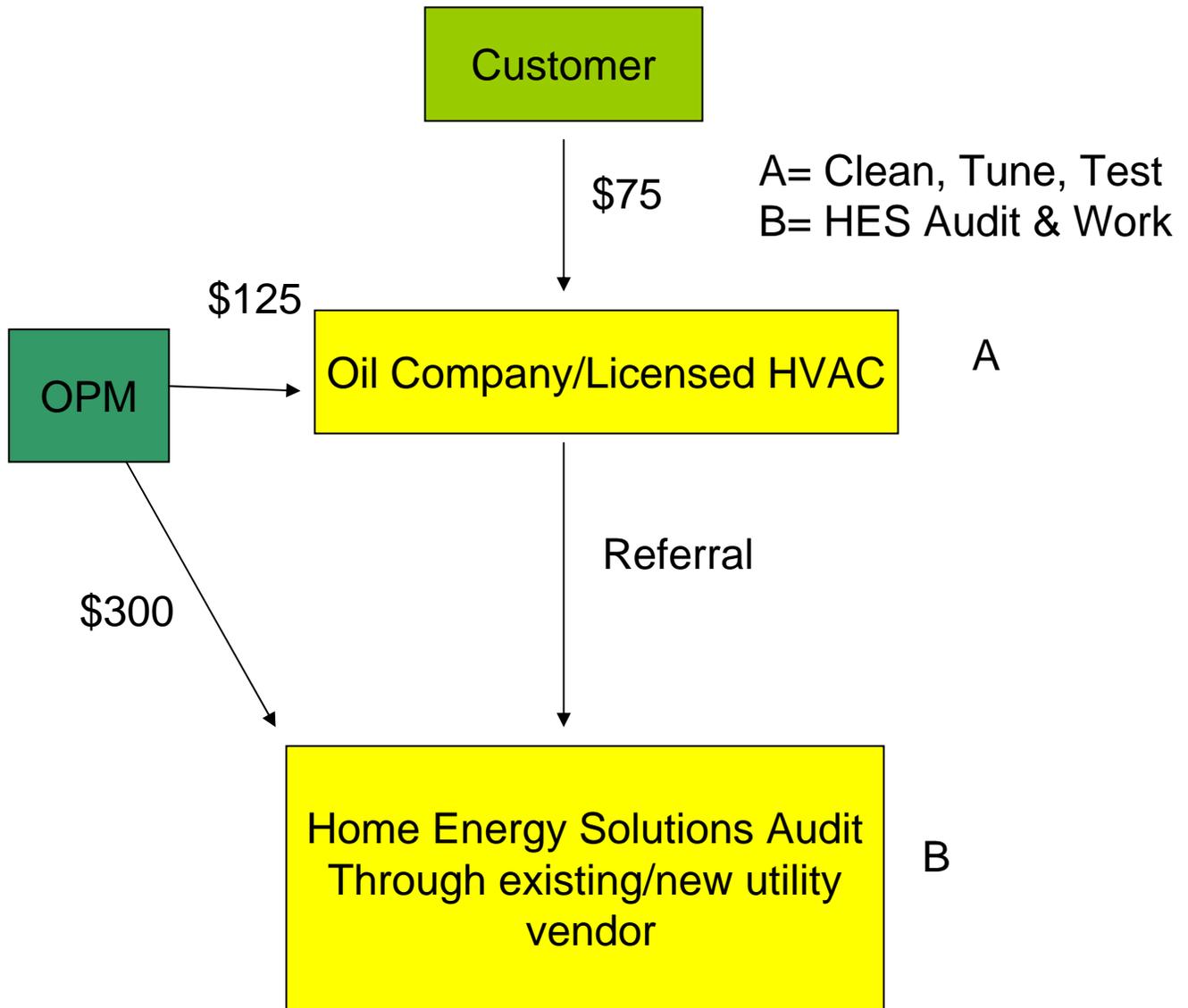
§ Audit training through current HES program to qualified fuel oil dealers and other vendors to preserve the ability for new vendors to participate on an ongoing basis

- OPM will establish the current HES certification – BPI's Building Analyst I - as the qualification for participating in the whole house audit and weatherization services
- Electric utilities will set up courses beginning in the new year to certify new auditors, including fuel oil dealers willing to become certified

# Energy Audit Program: Path 1



ENERGY MANAGEMENT UNIT

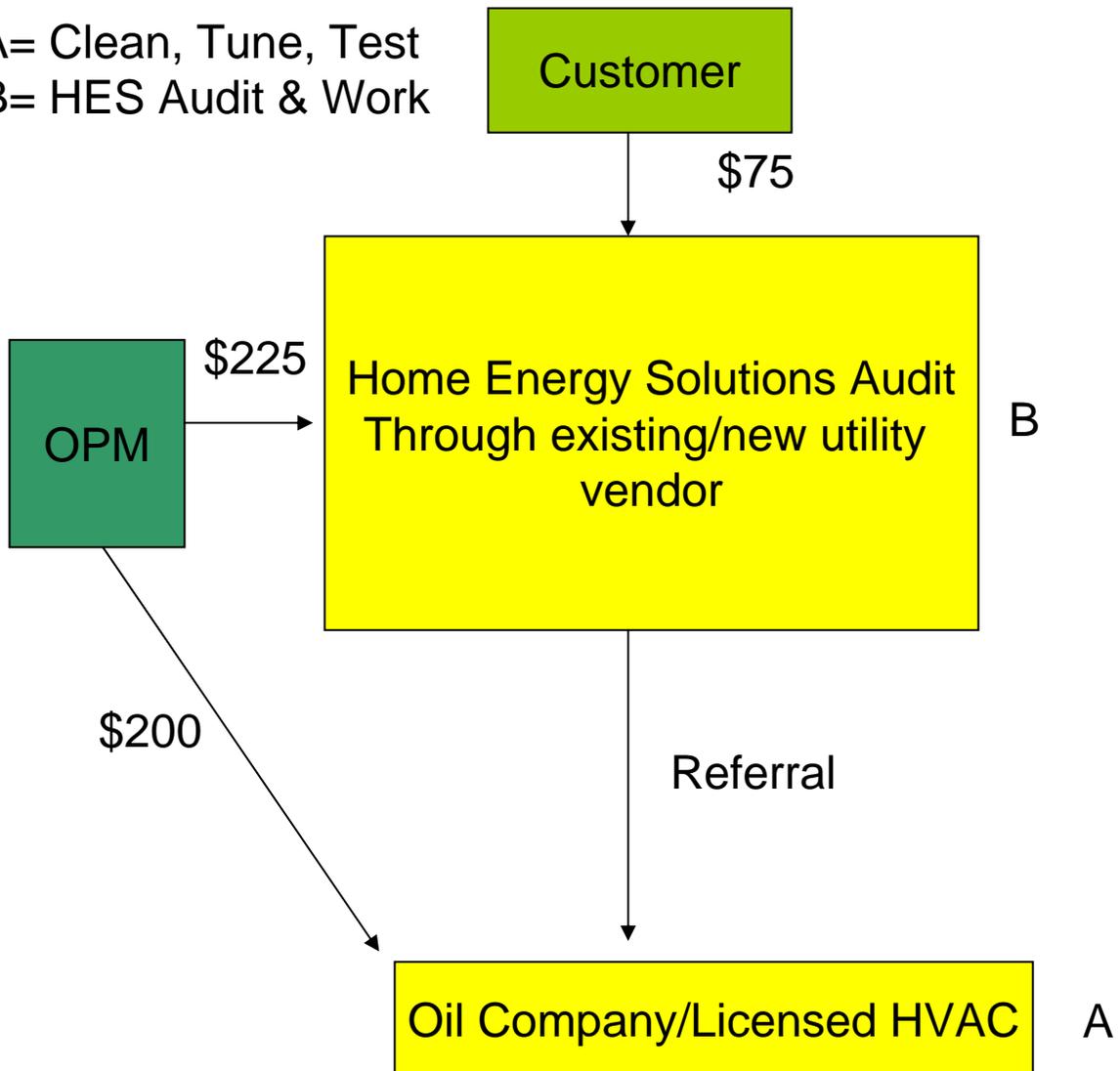


# Energy Audit Program: Path 2



ENERGY MANAGEMENT UNIT

A= Clean, Tune, Test  
B= HES Audit & Work

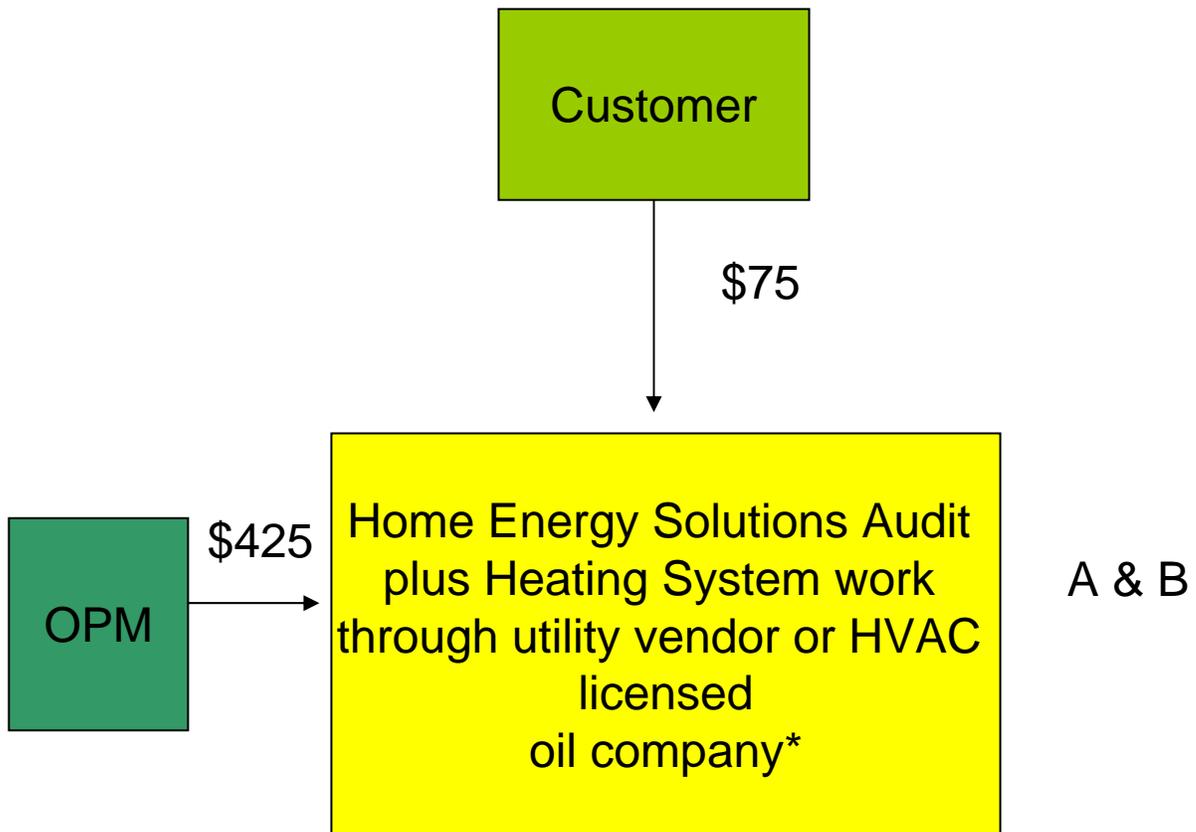




# Energy Audit Program: Goal

ENERGY MANAGEMENT UNIT

A= Clean, Tune, Test  
B= HES Audit & Work



# Time of Service Form – Oil Heating



ENERGY MANAGEMENT UNIT

§ Form must be copied, with a copy returned to OPM with billing invoices

Energy Audit - Form CT&T Oil 001  
Revised 10/2008

STATE OF CONNECTICUT  
Office of Policy and Management

**CUSTOMER INFORMATION**

Name:		
Last	MI	First
Street Address		
,CT		
City/Town	Zip Code	
Phone No.		

**VENDOR INFORMATION**

Technician Name:
Last, First MI
Technician CT License No.
Company Name
Company Address

**Clean, Tune, and Test System Checklist:**

<input type="checkbox"/>	Check for oil leaks - supply lines and tank
<input type="checkbox"/>	Clean out firebox and remove soot build-up
<input type="checkbox"/>	Inspect heat exchanger for cracks
<input type="checkbox"/>	Replace the old oil nozzle
<input type="checkbox"/>	Clean, inspect, and adjust electrodes
<input type="checkbox"/>	Adjust combustion air
<input type="checkbox"/>	Oil the blower motor
<input type="checkbox"/>	Adjust the fuel pump pressure
<input type="checkbox"/>	Install new air filter (if a furnace)
<input type="checkbox"/>	Replace fuel filter
<input type="checkbox"/>	Clean out flue pipe and check chimney base
<input type="checkbox"/>	Check and adjust the draft regulator
<input type="checkbox"/>	Check and clean the oil primary controls
<input type="checkbox"/>	Clean pump strainer and inner housing
<input type="checkbox"/>	Test and adjust the heat anticipator on the wall thermostat
<input type="checkbox"/>	Run efficiency test to include stack flue gas measurement of oxygen, carbon dioxide, temperature, smoke and draft.

**Test Results After C,T, &T:**

Overfire Draft:	_____
Breach Draft:	_____
Smoke Reading:	_____
O or CO2 (%):	_____
CO P.P.M.:	_____
Net Stack Temp (F):	_____
Steady State Efficiency*:	
Before	_____
After	_____

\*<75% = fair or poor performance;  
>90% = excellent performance

**Approx. Age of Heating System (years)**

<input type="checkbox"/> <5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25	<input type="checkbox"/> >25		

**Other System Repairs Needed/Recommended: (Please List)**

--

**Customer Referral and Billing Information**

Customer Referred to Home Energy Solutions Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____/____/____ Referral date
OR			
Customer Referral from Home Energy Solutions Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____/____/____ HES Audit date
Customer has an existing heating system service contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Balance due (balance to be billed to OPM)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200	

**Signature**

<i>The customer's system has been properly serviced in accordance with the Checklist above and all system and billing information contained herein is true and correct.</i>	
_____ Technician Signature	_____ Date

# Time of Service Form – Propane Heating



ENERGY MANAGEMENT UNIT

§ Form must be copied, with a copy returned to OPM with billing invoices

Energy Audit - Form CT&T Propane 001

STATE OF CONNECTICUT  
Office of Policy and Management  
Revised 10/2008

### CUSTOMER INFORMATION

Name:		
Last	MI	First
Street Address		
,CT		
City/Town	Zip Code	
Phone No.		

### VENDOR INFORMATION

Technician Name:
Last, First MI
Technician CT License No.
Company Name
Company Address

### Clean, Tune and Test System Checklist:

<input type="checkbox"/>	Clean and check burner and pilot assembly
<input type="checkbox"/>	Oil all motors on burners, fans, and circulators
<input type="checkbox"/>	Safety check all operating controls
<input type="checkbox"/>	Install new air filters
<input type="checkbox"/>	Check gas tank
<input type="checkbox"/>	Check for gas leaks at the main gas valve, the pilot assembly, and all accessible line couplings.
<input type="checkbox"/>	Inspect the combustion chamber
<input type="checkbox"/>	Clean and inspect flue pipe including chimney base and check the flue for proper draft
<input type="checkbox"/>	Test for carbon monoxide levels
<input type="checkbox"/>	Run an efficiency test to include stack flue gas measurement of carbon dioxide or oxygen and temperature, and adjust burner for maximum efficiency.

### Test Results After C, T, & T:

Breach Draft:
O or CO2 (%):
CO P.P.M.:
Net Stack Temp (F):
Steady State Efficiency*:
Before
After
* <75% = poor to fair performance; >90% = excellent performance
Approx. Age of Heating System (years)
<input type="checkbox"/> <5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25 <input type="checkbox"/> >25

Other System Repairs Needed/Recommended: (Please List)

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### Customer Referral and Billing Information

Customer Referred to Home Energy Solutions Program OR	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Referral date
Customer Referral from Home Energy Solutions Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ HES Audit date
Customer has an existing heating system service contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Balance due (balance to be billed to OPM)	<input type="checkbox"/> \$125 <input type="checkbox"/> \$200	

### Signature

The customer's system has been properly serviced in accordance with the Checklist above and all system and billing	
_____ Technician Signature	_____ Date



## § CT&T vendors are responsible for leaving appropriate HES referral forms with customers

### Home Energy Solutions Program Customer Interest Form 2008

Due to potential high customer participation and program oversubscription, we reserve the right to restrict services to homes that could benefit the most. This program is subject to change based on available funding. There is a \$75 fee for customers who heat with electricity or natural gas. ALL OTHER CUSTOMERS REQUIRE A \$300\* CO-PAY. FILLING OUT THIS FORM DOES NOT AUTOMATICALLY QUALIFY YOU FOR THE HES PROGRAM. If your home is selected, you will be notified via letter or telephone. An authorized adult must be present during the assessment and provide access to the premises.

\* For a limited time the co-pay for customers who heat with oil or propane is reduced to \$75 as a result of a grant from the Connecticut Office of Policy and Management (OPM).

(Please Print) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number ( ) \_\_\_\_\_

Utility Account Number: Electric: \_\_\_\_\_ Natural Gas: \_\_\_\_\_

CL&P       UI       CNG       SCG       Yankee Gas

Check All that Apply:  Apartment       Single Family       Condo       Duplex

Year-round       Seasonal Use Only

Do You:  Rent       Own      Renters: Please have your landlord complete and sign this section

I am the owner or authorized agent of the residential building(s) located at: \_\_\_\_\_

I hereby give permission to the following utility companies: CL&P, CNG, Yankee Gas, UI or SCG, or their authorized agents, to perform an energy conservation needs assessment and to install energy-efficient measures at the above-referenced location at no cost to me.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Average Monthly Utility Bill: Electric \$ \_\_\_\_\_ .00 Gas \$ \_\_\_\_\_ .00

Age of Home: \_\_\_\_\_ Years Heated Square Footage of Home: \_\_\_\_\_ Sq F

Central Air Conditioning:  Yes       No      Age of Central A/C: \_\_\_\_\_ Years

Primary Heat Type:  Electric       Forced Hot Air       Hot Water Baseboard       Other \_\_\_\_\_

Primary Fuel Type:  Electric       Gas       Oil       Propane       Other \_\_\_\_\_

Hot Water Type:  Electric       Gas       Oil       Propane

To determine if you are eligible for additional services, please check the appropriate box:

Total gross household income:  \$0 - \$30,000       \$31,000 - \$50,000       \$51,000 - 70,000       Over \$70,000

How many individuals live in your home? \_\_\_\_\_

How did you hear about the HES program?  Bill Insert       Direct Mail       Radio/TV

Other \_\_\_\_\_

Have you participated in any in-home utility conservation programs within the past 18 months?  No       Yes

(Please Describe) \_\_\_\_\_

Please mail completed form to: C&LM Department - HES Program, PO Box 270, Hartford, CT 06101-9902. You may also send by fax. For CL&P, CNG and Yankee Gas customers, please fax to (860) 832-4700. For UI and SCG customers, please fax to (203) 499-2800.



www.CTEnergyInfo.com

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# Time of Service – Clean, Tune and Test Referral Form



ENERGY MANAGEMENT UNIT

## § HES vendors are responsible for leaving appropriate CT&T referral forms with customers

### Clean, Tune & Test Program: Oil Heat Customers

### Customer Interest Form

Clean, Tune and Test (CT&T) is a thorough 14-point service intended to insure that your heating system is running at peak efficiency. By filling out this form, an approved oil service supplier will contact you to schedule an appointment to clean, tune and test your heating system and to evaluate its energy efficiency and the need to consider an upgrade or replacement.

Because you participated in the Connecticut Energy Efficiency Fund's Home Energy Solutions program, the \$75 fee for the Clean, Tune & Test program will be waived. This form must be signed by the Home Energy Solutions service representative acknowledging they have collected the fee through the Home Energy Solutions program. This program is subject to change based on available funding. If your home is selected, you will be notified via letter or telephone. An authorized adult must be present during the service and provide access to the premises.

I am interested in the Clean, Tune & Test Program. Please have a representative call me.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print) First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number ( ) \_\_\_\_\_

Oil Service Provider (If known) \_\_\_\_\_

Fuel Oil Dealer (If known) \_\_\_\_\_

Check All that Apply:  Apartment  Single Family  Condo  Duplex  
 Year-round  Seasonal Use Only

Average Monthly Utility Bill: Electric \$ \_\_\_\_\_ .00 Oil \$ \_\_\_\_\_ .00

Do You:  Rent  Own Renters: Please have your landlord complete and sign this section

I am the owner or authorized agent of the residential building(s) located at: \_\_\_\_\_

I hereby give permission to the following utility companies: CL&P and UI or their authorized agents, to perform an energy conservation needs assessment and to install energy-efficient measures at the above-referenced location at no cost to me.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Age of Home: \_\_\_\_\_ Years Heated Square Footage of Home: \_\_\_\_\_ Sq F

Central Air Conditioning:  Yes  No Age of Central A/C: \_\_\_\_\_ Years

Type of Heat Delivery System:  Forced Air  Steam  Hydronic (Water Baseboard)

Home Energy Solutions Service Company: \_\_\_\_\_

Electric Company Account Number: CL&P: \_\_\_\_\_ UI: \_\_\_\_\_ Other: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

The signature above confirms that the HES service provider's representative collected the \$75 fee from the customer.

State of Connecticut  
 Office of Policy and Management  
 Attn: Home Energy Audit Program  
 450 Capital Avenue  
 MS #52 ENR  
 Hartford, CT 06106  
 1-866-4676

JLD1108



# HEATING SYSTEM AUDIT: VENDOR REGISTRATION FORMS AND INSTRUCTIONS

- § Vendors must complete OPM's vendor qualification registration packet and have a grant award in place before billing OPM for services to customers under the program
  - Services provided before the vendor is registered with OPM will not be eligible for reimbursement from the state
  
- § Once registration is completed, the vendor will have a grant agreement with the state of Connecticut OPM that will allow the vendor to bill the state for payment under this program
  
- § Vendor qualification registration packet will be available online at [www.ct.gov/opm](http://www.ct.gov/opm) see Energy Management > Home Energy Audit Program

# Required Vendor Qualification Registration Forms: Overview



ENERGY MANAGEMENT UNIT

§ The following forms are contained in your Vendor Qualification Registration packets:

1. Grant Award Execution – **Please read carefully**
  - Explains **additional paperwork that may be required** such as a corporate resolution
  
2. One of the two nondiscrimination forms must be filled out:
  - Nondiscrimination Certification (corporation or other business entity); **OR**
  - Nondiscrimination Certification (individuals only-sole proprietorship)
  
3. One of each of the following forms needs to be filled out
  - Form W-9; **and**
  - State of Connecticut Agency Vendor Form; **and**
  - OPM Vendor/Bidder Profile Sheet; **and**
  - State of Connecticut Contract Compliance Package (2 forms):
    - Acknowledgement of Contract Compliance Notification to Bidders; **and**
    - Bidder Contract Compliance Monitoring Report
  
4. Grant (SAMPLE ONLY)
  - Once the forms from 2 and 3 above are received by OPM, a grant will be prepared specific to your company for you to sign and date. When the grant is signed and dated by both parties (OPM and your company), it is fully executable and you can begin scheduling audits.

## § You may be required to supply a Corporate Resolution

- See Grant Award Execution document for further information

**(NOTE: Other options are acceptable in lieu of a corporate resolution. Please consult with “Grant Award Execution” write-up this package, item b or c)**

### SAMPLE CORPORATE RESOLUTION [name of company]

This certificate is delivered to the State of Connecticut, Office of Policy and Management to evidence the proper execution of a grant agreement (the “Agreement”) by [name of company] (the “Company”) in connection with the Energy Audit Program for Oil and Propane Heating Customers.

I, \_\_\_\_\_ (name) \_\_\_\_\_, [Secretary] of the Company hereby certify that the Company is duly organized and validly existing under the laws of the State of Connecticut with full right, power and authority to enter into the Agreement; and

THAT, in accordance with a meeting of the [Board of Directors] of the Company held on \_\_\_\_\_ (date) \_\_\_\_\_, I hereby affirm that \_\_\_\_\_ (name) \_\_\_\_\_ in his/her capacity as the \_\_\_\_\_ (position) \_\_\_\_\_ of the Company is authorized to sign the Agreement referenced above.

IN WITNESS HEREOF, I have set my hand this \_\_\_\_ day of \_\_\_\_\_, 2008.

Signed \_\_\_\_ (signature of officer, preferably Secretary) \_\_\_\_

[Typed name]

[Typed title]

# Form 2: Nondiscrimination Certificate: Corporation or Business



ENERGY MANAGEMENT UNIT

## § Corporations or businesses must complete this form

- Either corporation/business OR individual form required

Rev. 09-20-2007

### NONDISCRIMINATION CERTIFICATION

*(By corporate or other business entity regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)*

I, \_\_\_\_\_ of \_\_\_\_\_, an entity lawfully organized and existing  
(signer's name) (signer's title) (name of entity)

under the laws of \_\_\_\_\_ do hereby certify that the following is  
(name of state or commonwealth)

a true and correct copy of a resolution adopted on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

the governing body of \_\_\_\_\_, in accordance with all of its documents of  
(name of entity)

governance and management and the laws of \_\_\_\_\_, and further  
(name of state or commonwealth)

certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That \_\_\_\_\_ hereby adopts as its policy to support the  
(name of entity)  
nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-243 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

Don't forget to sign and date

Effective June 25, 2007

# Form 3: Nondiscrimination Certificate: Individuals



ENERGY MANAGEMENT UNIT

## § Individuals must complete this form

- Either corporation/business OR individual form required

Rev. 09-20-2007

### NONDISCRIMINATION CERTIFICATION

*(By individual contractor regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)*

I, \_\_\_\_\_, of \_\_\_\_\_, am entering into a contract (or an extension or other  
(signer's name) (business address)

modification of an existing contract) with the State of Connecticut (the "State") in my

individual capacity for \_\_\_\_\_

(if available, insert "Contract No. \_\_\_", otherwise generally describe goods or

\_\_\_\_\_ I hereby certify that I support the  
services to be provided.

nondiscrimination agreements and warranties required under Connecticut General

Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public

Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE I, the undersigned, have executed this certificate this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

Don't forget  
to sign and  
date

Effective June 25, 2007

# Form 3: W-9



§ W-9 is 4 pages long, but only the first page must be submitted back to OPM with registration materials

**Form W-9**  
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (disregarded entity, C corporation, F partnership) in \_\_\_\_\_  Exempt payee  
 Other (see instructions) in \_\_\_\_\_

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) (if any) (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 5.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments of interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here: Signature of \_\_\_\_\_ Date: \_\_\_\_\_

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to the Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Individual may use SSN; otherwise use EIN (also referred to as "FEIN")

Sign and date

# Form 4: State Agency Vendor Form



ENERGY MANAGEMENT UNIT

- § Participating businesses/sole proprietors are considered “vendors”
- § Complete this form in its entirety

**STATE OF CONNECTICUT - AGENCY VENDOR FORM**  
SP-262B Rev. 4/03

**IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.**

**READ & COMPLETE CAREFULLY**

COMPLETE VENDOR LEGAL BUSINESS NAME		Taxpayer ID # (TIN): SSN   FEIN	
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)		<small>Write/Type GIVER'S NAME ABOVE</small>	
BUSINESS ENTITY:	CORPORATION NON-PROFIT	LLC CORPORATION PARTNERSHIP	LLC PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR
<b>NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.</b>			
BUSINESS TYPE:	A. SALE OF COMMODITIES	B. MEDICAL SERVICES	C. ATTORNEY FEES
			D. RENTAL OF PROPERTY <small>(REAL ESTATE &amp; EQUIPMENT)</small>
E. OTHER (DESCRIBE IN DETAIL)			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
<b>NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.</b>			
<b>NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?</b>			
VENDOR ADDRESS	STREET	CITY	STATE ZIP CODE
<small>Add Additional Business Address &amp; Contact information on back of this form.</small>			
VENDOR E-MAIL ADDRESS		VENDOR WEB SITE	
<b>REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS SAME AS VENDOR ADDRESS ABOVE.</b>			
REMIT ADDRESS	STREET	CITY	STATE ZIP CODE
CONTACT INFORMATION: NAME (TYPE OR PRINT)			
1 <sup>ST</sup> BUSINESS PHONE:	Ext. #	HOME PHONE:	
2 <sup>ND</sup> BUSINESS PHONE:	Ext. #	1 <sup>ST</sup> PAGER:	
CELLULAR:		2 <sup>ND</sup> PAGER:	
1 <sup>ST</sup> FAX NUMBER:		TOLL FREE PHONE:	
2 <sup>ND</sup> FAX NUMBER:		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR			DATE EXECUTED
<b>← SIGN HERE</b>			
TYPE OR PRINT NAME OF AUTHORIZED PERSON		TITLE OF AUTHORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? Yes (ATTACH COPY OF CERTIFICATE) No			
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS			
<b>FOR PURCHASE ORDER DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)</b>			
E-MAIL		FAX	USPS MAIL EDI
<b>IF EDI was selected, give us a person to contact in your company to set up EDI:</b>			
NAME			
E-MAIL ADDRESS:			
TELEPHONE NUMBER:			
<b>FOR REQUEST FOR QUOTATION (RFQ) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW 2) INPUT E-MAIL ADDRESS OR FAX # (IF CHECKED)</b>			
E-MAIL		FAX	USPS MAIL

**ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED**

Be consistent with ID numbers on all forms or registration will be delayed

# Form 5: Vendor Profile Sheet



ENERGY MANAGEMENT UNIT

## § Complete this form in its entirety

### OPM VENDOR/BIDDER PROFILE SHEET (Form OPM-15, Jun-06)

Complete Vendor/Bidder Name		Federal Employer Id Number/SSN	
Vendor/Bidder Address			
Contact Person's Name		Telephone Number(s)	
<b>AFFIRMATION OF VENDOR/BIDDER</b> The undersigned Vendor/Bidder affirms and declares:			
1) That this proposal is executed and signed by said Vendor/Bidder with full knowledge and acceptance of the conditions as stated in the CONDITIONS Section of the RFP. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No RFP			
2) That the services shall be delivered to the agency at the prices proposed therein and within the timeframes as delineated in the RFP. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No RFP			
3) That neither the Vendor/Bidder and/or any company official nor any subcontractor to the Vendor/Bidder and/or any subcontractor company official has received any notices of debarment and/or suspension from contracting with the State of Connecticut or the Federal Government. <input type="checkbox"/> YES <input type="checkbox"/> NO			
4) That neither the Vendor/Bidder and/or any company official nor any subcontractor to the Vendor/Bidder and/or any subcontractor company official has received any notices of debarment and/or suspension from contracting with other states within the United States. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>ACKNOWLEDGEMENT OF VENDOR/BIDDER</b>			
With regard to a State contract as defined in Public Act 07-1 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the undersigned expressly acknowledges:			
Receipt of the State Elections Enforcement Commission's notice advising prospective state contractors of state campaign contribution and solicitation prohibitions. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Written Signature of Person Authorized to Bind the Vendor/Bidder Contractually		Date	
Type or Print Name of Authorized Signator		Title of Signator	

Be consistent with ID numbers on all forms or registration will be delayed

RFP = grant for the purposes of these forms

Elections Enforcement Materials are part of packet

Be sure to sign and date

Corporations MUST provide copy of resolution or by-laws

IF VENDOR/BIDDER IS A CORPORATION	
What is the authority of signator to bind the Vendor/Bidder contractually?	
<input type="checkbox"/> Corporate Resolution	<input type="checkbox"/> Corporate By Laws
<input type="checkbox"/> Other	<b>Please provide a written copy!</b>

Is your business income reportable to the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Are you a DAS certified minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, check all that apply.
<input type="checkbox"/> Women Owned <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian
<input type="checkbox"/> Disabled <input type="checkbox"/> Iberian Peninsula <input type="checkbox"/> Asian <input type="checkbox"/> Other

Demographic information

Subject of RFP	Submission Due	Division	Date Issued

Internal use – leave blank

# Form 6: Contract Compliance Form



ENERGY MANAGEMENT UNIT

## § Complete this form in its entirety

This form is **MANDATORY** and must be completed, signed, and returned with the vendor's bid.

### ACKNOWLEDGMENT OF CONTRACT COMPLIANCE NOTIFICATION TO BIDDERS

**INSTRUCTION:** Bidder must sign acknowledgment below, and return this form to the awarding agency with the bid proposal.

The undersigned duly authorized representative of the bidding vendor acknowledges receiving and reading a copy of the **NOTIFICATION TO BIDDERS**. (Please print name under signature line.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

On behalf of:

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Federal Employee Identification Number  
(FEIN/SSN)

Be consistent with ID numbers on all forms or registration will be delayed

This form is **MANDATORY** and must be completed, signed, and returned with the vendor's bid.

# Form 7: Contract Compliance Monitoring Report



ENERGY MANAGEMENT UNIT

## § Complete this form in its entirety

“Bidder” and “vendor” are the same

### BIDDER CONTRACT COMPLIANCE MONITORING REPORT

Be consistent with ID numbers on all forms or registration will be delayed

(Page 3)

<b>Company Name</b> Street Address City & State Chief Executive	Bidder Federal Employer Identification Number _____ Or Social Security Number _____
<b>Major Business Activity</b> (brief description)	Bidder Identification Number (response optional) (defined on page 1)  -Bidder is a small contractor: Yes ___ No ___ -Bidder is a minority business enterprise: Yes ___ No ___ (if yes, check ownership category) Black ___ Hispanic ___ Asian American ___ American Indian/Alaskan Native ___ Berlin Peninsula ___ Individual(s) with a Physical Disability ___ Female ___
<b>Bidder Parent Company</b> (State)	- Bidder is certified as above by State of CT: Yes ___ No ___
<b>Other Locations in Ct.</b> (State)	- DAB Certification Number: _____

### PART II - Bidder Nondiscrimination Policies and Procedures

1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes ___ No ___	7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 49-60 & 49-60a Conn. Gen. Stat? Yes ___ No ___
2. Does your company have the state-mandated sexual harassment provision in the workplace policy posted on company bulletin boards? Yes ___ No ___	8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes ___ No ___
3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes ___ No ___	9. Does your company have a mandatory retirement age for all employees? Yes ___ No ___
4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes ___ No ___	10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your superiors? Yes ___ No ___ NA ___
5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes ___ No ___	11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes ___ No ___ NA ___
6. Does your company have a collective bargaining agreement with workers? Yes ___ No ___ If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes ___ No ___ If no, please explain.	12. Does your company have a written affirmative action Plan? Yes ___ No ___ If no, please explain.
If yes, have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct? Yes ___ No ___	13. Is there a person in your company who is responsible for equal employment opportunity? Yes ___ No ___ If yes, give name and phone number. _____

### Part III - Bidder Subcontracting Practices

1. Will the work of this contract include subcontractors or suppliers? Yes ___ No ___  1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)
1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes ___ No ___

PLEASE COMPLETE REVERSE SIDE

# Form 7: Contract Compliance Monitoring Report Continued



ENERGY MANAGEMENT UNIT

§ Complete this form in its entirety

“Bidder” and “vendor” are the same

**PART IV Bidder Employment Information** Date: \_\_\_\_\_ (Page 4)

JOB CATEGORY	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management											
Business & Financial Ops											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
High Grounds/Construction/Maintenance											
Construction & Electrical											
Installation, Maintenance & Repair											
Modeling/Writers											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINING (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

**PART V - Bidder Hiring and Recruitment Practices**

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)			2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination.
SOURCE	YES	NO	% of applicants provided by source		
State Employment Service				Work Experience	
Private Employment Agencies				Ability to Speak or Write English	
Schools and Colleges				Written Tests	
Newspaper Advertisement				High School Diploma	
Walk-ins				College Degree	
Present Employees				Union Membership	
Labor Organizations				Personal Recommendation	
Minority/Community Organizations				Height or Weight	
Others (please identify)				Car Ownership	
				Arrest Record	
				Wage Requirements	

Certification (Read this form and check your statements. I am hereby certifying that the information provided on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT is true and correct to the best of my knowledge and belief, and was made in good faith. I understand that if I knowingly make any false statements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-63a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)
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Be sure to sign and date

- § Along with your vendor registration materials, please include a note with an estimate of how many customers you will serve through June 30, 2009
  - This need be an estimate only; grant award amounts can be adjusted down the road
  
- § Once your vendor registration materials have been completed and submitted to OPM, OPM will:
  - Review your materials for completeness, and either:
    - Contact you to address any deficiencies; or
    - Send you a grant award notice
  
- § Once you sign and date your grant award notice, you
  - Must return it to OPM (keep a copy for your records); and
  - Are free to begin serving customers under the program!

- § You may bill OPM for customers served based on a billing cycle that works for you
  - Monthly, weekly, etc.
  
- § Use a cover sheet including:
  - Your business name and identifying grant number
  - Number of customers served at the appropriate rate - \$125 or \$200. For example:
    - 10 customers at \$200 = \$2,000
    - 5 customers at \$125 = \$625
    - Total amount due = \$2,625
  - Attach copies of the CT&T Form (CT&T OIL 001 or CT&T Propane 001) see slides 7 and 8 for each customer you are billing OPM for
  
- § Initial payments may take several weeks, but once the system is developed, payment turnaround will be timely

## § Consumers

- To request information about the program and how to apply, call 1 866 940 4676 or log on to [www.ct.gov/opm](http://www.ct.gov/opm) > Energy Management > Home Energy Audit Program for information

## § Vendors

- Call 1 866 940 4676 or log on to [www.ct.gov/opm](http://www.ct.gov/opm) > Energy Management > Home Energy Audit Program for information
- Mail completed Vendor Qualification Registration Packets to:

**Office Of Policy And Management  
450 Capitol Avenue  
MS# 52ENR  
Hartford, CT 06106-1379  
ATTN: Home Energy Audit Program**