

# General Weatherization Work Plan For Year 0000

(For the period from January 1 to December 31)

***This document must be completed electronically***  
*Submit one electronic copy and one printed copy with signatures*

## Agency Name:

TIN Number:

DUNS Number:

Contractors Registration Number (if applicable):

**Contact person for questions regarding this work plan:**

Name

Phone:

E-mail:

## CONTACTS:

### Executive Director

Name:

e-mail:

Address:

Phone:

City/State/ZIP

FAX:

### Weatherization Program Manager

Name:

e-mail:

Address:

Phone:

City/State/ZIP

FAX:

### Housing Director

Name:

e-mail:

Address:

Phone:

City/State/ZIP

FAX:

### Fiscal Director

Name:

e-mail:

Address:

Phone:

City/State/ZIP

FAX:

### Board Chair or Equivalent

Name:

e-mail:

Address:

Phone:

City/State/Zip:

FAX:

**What phone # should clients use to contact you?**

Phone:

If changes occur to the information above within the calendar year, please update this document and submit it electronically to Diane Chrisler: [dianec@cted.wa.gov](mailto:dianec@cted.wa.gov)

## WEATHERIZATION PROGRAM ADMINISTRATION

*This form must be completed electronically*

|  |   |
|--|---|
| <p>1. What is the agency's fiscal year?<br/>(Example: January 1 – December 31)</p> <p>From            through</p> <p style="text-align: right;">✓</p>  | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>2. In accordance with CTED policies your agency must have fidelity bonding. Please attach a copy of the Face Sheet from your insurance and bonding policies.</p> <p style="text-align: right;">✓</p>        |   |
| <p>3. For those agencies doing actual installation, please attach a copy of your General and/or Specialty Contractors License.</p> <p style="text-align: right;">✓</p>   |   |
| <p>4. Please describe your efforts to use volunteers to help with the Weatherization Program.</p>  | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>5. Describe your agency's plan for prioritizing services and conducting outreach to the elderly, handicapped, children under six, and other priority populations that your agency has chosen to target.</p> | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>6. What are the predominant non-English speaking populations in your area?</p> <p>How do you let these populations know about the weatherization program?</p>   | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>7. Describe how you coordinate efforts with tribal housing organizations or use other methods of outreach to Native Americans.</p>  | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |

|  |  |
|--|--|
| <p>8. Client Income Eligibility: What form does your agency use to record client information needed to determine eligibility for the weatherization program?</p> <p><input type="checkbox"/> CTED Household Information Form</p> <p><input type="checkbox"/> Local Agency Form (submit a copy of your form and any supporting documents/backup sheets)</p> | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |
| <p>9. Owner/Agency Forms: What form does your agency use for owner/agency agreements?</p> <p><input type="checkbox"/> CTED Form</p> <p><input type="checkbox"/> Local Agency Form (submit a copy of your form)</p>   | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |
| <p>10. Deferral/Walk Away Policy: What is your agency's deferral/walk away policy?</p> <p>What form do you use?</p> <p><input type="checkbox"/> CTED Form</p> <p><input type="checkbox"/> Local Agency Form (submit a copy of your form)</p>   | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |
| <p>11. Proposed Weatherization Work: Do you inform clients in writing of the work you are going to do on their home?</p> <p><input type="checkbox"/> Yes If yes, submit a sample form or letter.</p> <p><input type="checkbox"/> No</p>  | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |
| <p>12. What form does your agency use to inform clients of proposed weatherization work?</p> <p><input type="checkbox"/> CTED Form</p> <p><input type="checkbox"/> Local Agency Form (submit a copy of your form)</p> <p><input type="checkbox"/> None</p>   | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |
| <p>13. Describe your agency's process for informing clients of their right to appeal when they have been denied service.</p>   | <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> No Change</p> |

|   |   |
|---|---|
| <p>14. Describe your agency's process for responding to clients who are dissatisfied with the service they have received.</p>   | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>15. Describe your agency's training needs for this year and how you will sustain and enhance the skills and knowledge of weatherization staff.</p>   |   |
| <p>16. Describe or attach a copy of your agency's procedures that ensure client confidentiality.</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>17. What is your agency policy on file retention for weatherization?</p>   | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>18. Describe your good faith efforts to ensure compliance with policies on use of the highest recycled material content for insulation products?</p>   | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>19. Describe the process for how your agency's Executive Director or Board of Directors approve agency decisions when CTED weatherization policies allow flexibility in program-level definitions, direction, or procedures.</p> | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |

**WEATHERIZATION FISCAL ADMINISTRATION**

|   |   |
|---|---|
| <p>20. If you intend to use a federally approved indirect cost rate under this contract, submit a copy of a current Indirect Cost Agreement Letter with this work plan. The cost agreement will be used to review and evaluate the planned budget.</p> <p><input type="checkbox"/> If not attached, a current Indirect Cost Agreement Letter will be mailed by what date?</p> <p style="text-align: right;">✓</p> |   |
| <p>21. If you do not intend to use a federally approved indirect cost rate, submit your Administrative Cost Allocation Plan that applies to your weatherization contracts.</p> <p style="text-align: right;">✓</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>22. Are your Puget Sound Energy (PSE) funds excluded from your cost allocation plan?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <b>COSTS</b>  |   |
| <p>23. Describe how you track specific measure costs by fund source? Please submit an example.</p> <p style="text-align: right;">✓</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>24. Describe how you track health and safety measures separate from the costs of other measures? (Health &amp; Safety Measures: Those measures necessary to eliminate hazards within a structure, which by their remedy, allow for the installation of weatherization materials while ensuring that the structure is left in a safe condition.)</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |

|  |   |
|--|---|
| <p>25. Describe how you track weatherization-related repairs separate from the cost of other measures? (Weatherization-related repairs: Repairs needed to protect weatherization materials or their function. Such repairs include, but are not limited to, window and door framing or repair which could not otherwise be caulked or weather-stripped; protective materials, such as paint or sealer used to weatherproof materials installed, pest control measures necessary to protect the weatherization work, patching leaks in the roof, fixing plumbing leaks, replacing rot in critical areas, and other repairs necessary in order to insulate.)</p> | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>26. During the past calendar year, what was your agency's average per-unit cost for providing weatherization services? Please include all program support costs and crew and contractor labor and materials costs. Be sure to include health and safety and weatherization-related repair costs.</p> <p><i>Please take into account all funding sources: CTED, utility and rental owner contributions. Exclude agency administrative costs.</i></p> <p>\$</p>   | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |

**SUBCONTRACTING**

|   |   |
|---|---|
| <p>27. Do you plan to subcontract weatherization work, including specialty contractors?</p> <p><input type="checkbox"/> Yes<br/> <input type="checkbox"/> No</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>28. Describe the type and percentage of work to be subcontracted?</p>  | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>29. Describe or submit your agency's written procedures for soliciting and selecting subcontractors, including efforts to recruit women and minority owned businesses.</p> <p style="text-align: right;">✓</p> | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |
| <p>30. How do you verify that your subcontractors are not debarred?</p>   | <input type="checkbox"/> Change<br><input type="checkbox"/> No Change |

|   |   |
|---|---|
| <p>31. Submit a copy of your agency's contractual agreement with subcontractors.</p>  | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>32. Are subcontract agreements reviewed by your legal counsel?</p> <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |
| <p>33. Please attach a list of your current subcontractors.</p>   | <p><input type="checkbox"/> Change<br/><input type="checkbox"/> No Change</p> |

## DESCRIPTION OF STAFF DUTIES

*This form must be completed electronically.*

### ADMINISTRATION:

|                |               |
|----------------|---------------|
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
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| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |

### PROGRAM SUPPORT:

|                |               |
|----------------|---------------|
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
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| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |
| <b>Name:</b>   | <b>Title:</b> |
| <b>Duties:</b> |               |



## INSTRUCTIONS

### **FULL TIME EQUIVALENT (FTE) AND STAFFING INFORMATION ADMINISTRATION AND PROGRAM SUPPORT**

Use these forms to itemize positions and salaries that will be charged to weatherization programs. Include all compensation for work to be performed by employees of your agency. Do not include work performed under a subcontract.

#### **Position Title:**

Enter the title you use for each position. Please list all positions assigned to weatherization, supported by all CTED funds and any other funds available to your weatherization program.

#### **Percent of Time:**

Show the percentage of time each position is charged to each weatherization program.

#### **Number of Months:**

Enter the number of months (between January 1 and December 31) position will be charged to each fund source.

#### **Annualized Salary:**

Enter the annualized salary based on what one employee would earn if the position were filled 100 percent of the time year-round, regardless of funding.



## FULL TIME EQUIVALENT (FTE) AND STAFFING INFORMATION

### Administration and Program Support

Under DOE, BPA, LIHEAP, and Energy Matchmakers, calculate the percent of time charged to each fund source to report the full-time equivalent (FTE) for each person under the appropriate funding source.

| ADMINISTRATION  |               |               |                  |              |                                |                        |                      |
|-----------------|---------------|---------------|------------------|--------------|--------------------------------|------------------------|----------------------|
| Title           | DOE<br>% Time | BPA<br>% Time | LIHEAP<br>% Time | EM<br>% Time | Other Wx<br>Programs<br>% Time | Number<br>of<br>Months | Annualized<br>Salary |
|                 |               |               |                  |              |                                |                        |                      |
|                 |               |               |                  |              |                                |                        |                      |
|                 |               |               |                  |              |                                |                        |                      |
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|                 |               |               |                  |              |                                |                        |                      |
| PROGRAM SUPPORT |               |               |                  |              |                                |                        |                      |
| Title           | DOE<br>% Time | BPA<br>% Time | LIHEAP<br>% Time | EM<br>% Time | Other Wx<br>Programs<br>% Time | Number<br>of<br>Months | Annualized<br>Salary |
|                 |               |               |                  |              |                                |                        |                      |
|                 |               |               |                  |              |                                |                        |                      |
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|                 |               |               |                  |              |                                |                        |                      |

# Lead-Based Paint Training Information

*This form must be completed electronically*

**Agency:** \_\_\_\_\_

| Employee | Position | e-mail address | Type of Training Completed | Date of Training | Who provided the training? | EPA Certification Yes or No | Certification Date |
|----------|----------|----------------|----------------------------|------------------|----------------------------|-----------------------------|--------------------|
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
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|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |
|          |          |                |                            |                  |                            |                             |                    |

**NARRATIVE YEAR-END REPORT FOR ALL WEATHERIZATION PROGRAMS  
(DOE, LIHEAP, BPA & ENERGY MATCHMAKERS)**

*This form must be completed electronically.*

**AGENCY NAME:**

**Complete the information for each of the four areas below. Use data from last year to complete this section.**

**1. Training provided to employees:**

**2. Accomplishments:** Includes examples of:

a) how the program helped people:

b) cooperation with other agencies:

c) use of other resources to help household(s), etc.

d) other

**3. Problem areas encountered:**

**4. Recommendations for improving the program:**

## Success Stories

**Please submit two of your agency's success stories from last year. ✓**

These success stories could include (but are not limited to):

- Stories about families that you have helped and how weatherization made a difference in their lives;
- Innovative technical or health and safety programs or pilot projects;
- Leveraging successes or utility partnerships.

Describe the planned outcome and results. Quotes from homeowners, participants, or utility partners are important. You may also submit letters of thanks or commendation as success stories.

**Staff List for Training Notices or Opportunities**

We would like to collect contact information about staff for possible training opportunities and award purposes. We have not included this information on the budget and position title parts of the work plan to maintain privacy about salary information.

| Name  | Phone Number | E-mail | Years working in Wx and/or Home Repair | Address<br>(if different from Wx. Coordinators address) |
|---|--------------|--------|--|---|
| <b>ENERGY/BUILDING AUDITORS and INSPECTORS</b>  |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
| Name  | Phone Number | E-mail | # of Years                             | Address   |
| <b>CREW – Weatherization</b>  |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
| Name  | Phone Number | E-mail | # of Years                             | Address   |
| <b>OTHER STAFF (Please include name and position – fiscal and administrative staff may be included)</b> |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |
|   |              |        |  |   |

## SIGNATURE AUTHORITY

*This form must be completed electronically and a hard copy with original signatures must be submitted to CTED.*

Please provide signature, typed name, and title for each of the following. Use blocks A and B to authorize signatures other than those provided in block C, who are authorized to sign all documents, unless indicated otherwise. Use additional sheets if needed.

| A. AUTHORIZED TO SIGN CONTRACTS/CONTRACT MODIFICATIONS | All*                     | HHS                      | DOE                      | BPA                      | EM                       | HOME HRRP                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature  | Name (typed)             |                          |                          |                          |                          |                          |
| 2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature  | Name (typed)             |                          |                          |                          |                          |                          |
| B. AUTHORIZED TO SIGN VOUCHERS                         |                          |                          |                          |                          |                          |                          |
| 1)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature  | Name (typed)             |                          |                          |                          |                          |                          |
| 2)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Signature  | Name (typed)             |                          |                          |                          |                          |                          |

\*Refers to all programs.

### C. AUTHORIZING AUTHORITIES

|           |              |           |              |
|-----------|--------------|-----------|--------------|
| Signature | Name (typed) | Signature | Name (typed) |
| Title     | Date         | Title     | Date         |



# CERTIFICATION FORMS

- **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion**
- **Federal Certification Regarding Lobbying**
- **Certification Regarding Pollution Occurrence Insurance and Errors & Omissions Insurance for Lead-Based Paint**
- **Lead-Based Paint Training for Crews and Contractors**

**Certification Regarding Debarment, Suspension,**  
**or Ineligibility and Voluntary Exclusion – Primary Tier Covered Transactions**

Period: Year 0000 (January 1 to December 31)

The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, person, primary covered transaction, principal, and voluntarily excluded, as used in this section, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the Department of Community, Trade and Economic Development (CTED) for assistance in obtaining a copy of these regulations.

**The Contractor certifies by signing this form that to the best of its knowledge and belief that its principals:**

Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

Have not within a three-year period preceding this contract, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property.

Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated above in this section; and

Have not within a three-year period preceding the signing of this contract had one or more public transactions (Federal, State, or local) terminated for cause of default.

Where the contractor is unable to certify to any of the statements in this contract, the contractor shall attach an explanation to this contract.

The Contractor agrees by signing this contract that it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the CTED.

The Contractor further agrees by signing this contract that it will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” as follows, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

“Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions

- a. The lower tier contractor certifies, by signing this contract that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the lower tier contractor is unable to certify to any of the statements in this contract, such contractor shall attach an explanation to this contract.”

NAME OF AGENCY COVERED BY THIS CERTIFICATION:

(STREET ADDRESS, CITY, STATE, ZIP CODE)

CERTIFYING OFFICIAL

TYPED NAME AND TITLE:

SIGNATURE (ORIGINAL): \_\_\_\_\_

DATE:

***This form must be submitted annually with original signature.***

Department of Community, Trade and Economic Development  
Housing Division  
Housing Improvements and Preservation Programs

**Certification Regarding**

**Federal Certification Regarding Lobbying**

Period: Year 0000 (January 1 to December 31)

**The undersigned certifies, to the best of his or her knowledge and belief, that:**

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
1. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was or will be placed when this transaction was/is made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

***This form must be submitted annually with original signature.***

Department of Community, Trade and Economic Development  
Housing Division  
Housing Improvements and Preservation Programs

**Certification Regarding  
Pollution Occurrence Insurance and Errors & Omissions Insurance  
For Lead-Based Paint Work**

Period: Year 0000 (January 1 to December 31)

In "Weatherization Program Notice 02-6," DOE requires agencies have sufficient insurance coverage before performing weatherization work that will disturb surfaces that may contain lead-based paint. CTED requires Pollution Occurrence Insurance (POI) for both agencies and subcontractors. POI is purchased for the lead hazard control work associated with weatherization and rehabilitation. It is likely that POI will need to be added to an agency or subcontractor's general liability insurance coverage.

If agencies or their subcontractors are performing Lead-Based Paint Inspections or Risk Assessments, Errors and Omissions Insurance (EOI) is required. Errors and Omissions insurance is purchased for lead-based paint inspections, risk assessments, and clearance tests.

Check all that apply:

1.  By submission of this form, I certify that the organization and/or its contractors have acquired Pollution Occurrence Insurance and I have attached a copy of the Face Sheet from the insurance policy/policies.
2.  I am unable to certify that the organization has Pollution Occurrence Insurance. The organization and its contractors are referring or deferring weatherization work that will disturb surfaces that may contain lead-based paint until the organization has insurance that will provide coverage for lead-safe weatherization work, and I have attached an explanation regarding our efforts to secure insurance by a specific date.
3.  By submission of this form, I certify that the organization and/or its contractors have acquired Errors & Omissions Insurance and I have attached a copy of the Face Sheet from the insurance policy/policies.
4.  I am unable to certify that the organization or its contractors have Errors & Omissions Insurance and I have attached an explanation regarding efforts to secure insurance by a specific date.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization

***This form must be submitted annually with original signature.***

Department of Community, Trade and Economic Development  
Housing Division  
Housing Improvements and Preservation Programs

**Certification Regarding**

**Lead-Based Paint Training for Crews and Contractors**

Period: Year 0000 (January 1 to December 31)

As of April 1, 2004, The Housing Division of CTED and its weatherization funding sources require all direct hire and contractor weatherization workers, supervisors, and coordinators who work on homes with lead paint to attend the Lead Safe Weatherization training. Staff and contractors who have already taken Lead Safe Work Practices, and those with EPA certification for Risk Assessor, Inspector, Lead Abatement Worker, and Lead Supervisor, but who have NOT taken Lead Safe Weatherization may meet this training requirement by taking a one-day hands-on Lead Safe Weatherization Refresher training provided through the Building Performance Center. CTED believes the techniques for lead safe weatherization are unique enough that it warrants required training focused on lead-based paint protocol specific to weatherization.

1. By submission of this form, I certify that the crews or contractors conducting weatherization work for this organization have had the training required by CTED and its weatherization funding sources, and all required lead-based paint staff certifications are on file and current.
2. I am unable to certify this statement and I have attached an explanation.

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Address of Organization