



RFP # 712
PROFESSIONAL, TECHNICAL, AND EXPERT SERVICES

Clark County Washington

RELEASE DATE: Wednesday, August 31, 2016

PROPOSALS DUE: Thursday, September 29, 2016 at 3:00 p.m.

Request for Proposals for:

RE-ISSUE HVAC SERVICES

Proposal(s) shall be sealed and clearly marked on the package cover with RFP #, Project Title, and Company Name.

Submit one (1) original and three (3) complete copies of the Proposal to:

Clark County
Office of Purchasing
P.O. Box 5000
1300 Franklin Street, 6th Floor, Suite 650
Vancouver, Washington 98660
(360) 397-2323

Refer Questions to:

Project Manager: Lynn Mueller
Senior Management Analyst
lynn.mueller@clark.wa.gov
360-397-2130 (ext 7806)

ADMINISTRATIVE REQUIREMENTS - Contractors shall comply with all management and administrative requirements established by Washington Administrative Code (WAC), the Revised Code of the State of Washington (RCW), and any subsequent amendments or modifications, as applicable to providers licensed in the State of Washington.

ALL proposals submitted become the property of Clark County. It is understood and agreed that the prospective Proposer claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted. Clark County has the right to reject or accept proprietary information.

AUTHORSHIP - Applicants must identify any assistance provided by agencies or individuals outside the proposers own organization in preparing the proposal. No contingent fees for such assistance will be allowed to be paid under any contract resulting from this RFP.

CANCELLATION OF AWARD - Clark County reserves the right to immediately cancel an award if the contractual agreement has not been entered into by both parties or if new state regulations or policy make it necessary to change the program purpose or content, discontinue such programs, or impose funding reductions. In those cases where negotiation of contract activities are necessary, Clark County reserves the right to limit the period of negotiation to sixty (60) days after which time funds may be unencumbered.

CONFIDENTIALLY: Proposer shall comply with all applicable state and federal laws governing the confidentiality of information."

CONFLICT OF INTEREST - All proposals submitted must contain a statement disclosing or denying any interest, financial or otherwise, that any employee or official of Clark County or the appropriate Advisory Board may have in the proposing agency or proposed project.

CONSORTIUM OF AGENCIES - Any consortium of companies or agencies submitting a proposal must certify that each company or agency of the consortium can meet the requirements set forth in the RFP.

COST OF PROPOSAL and AWARD - The contract award will not be final until Clark County and the prospective contractor have executed a contractual agreement. The contractual agreement consists of the following parts: (a) the basic provisions and general terms and conditions, (b) the special terms and conditions, (c) the project description and goals (Statement of Work), and (d) the budget and payment terms. Clark County is not responsible for any costs incurred prior to the effective date of the contract. Clark County reserves the right to make an award without further negotiation of the proposal submitted. Therefore, the proposal should be submitted in final form from a budgetary, technical, and programmatic standpoint.

DISPUTES: Clark County encourages the use of informal resolution to address complaints or disputes arising over any actions in implementing the provisions of this RFP. Written complaints should be addressed to Clark County – Purchasing, P.O. Box 5000, Vancouver, Washington 98666-5000.

DIVERSITY IN EMPLOYMENT AND CONTRACTING REQUIREMENTS - It is the policy of Clark County to require equal opportunity in employment and services subject to eligibility standards that may be required for a specific program. Clark County is an equal opportunity employer and is committed to providing equal opportunity in employment and in access to the provision of all county services. Clark County's Equal Employment Opportunity Plan is available at <http://www.clark.wa.gov/hr/documents.html>. This commitment applies regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, or sexual orientation. Employment decisions are made without consideration of these or any other factors that are prohibited by law. In compliance with department of Labor Regulations implementing Section 504 of the rehabilitation Act of 1973, as amended, no qualified handicapped individual shall be discriminated against in admission or access to any program or activity. The prospective contractor must agree to provide equal opportunity in the administration of the contract, and its subcontracts or other agreements.

ENVIRONMENTALLY RESPONSIBLE PURCHASING PROGRAM - Clark County has implemented an Environmentally Responsible Purchasing Policy with a goal to reduce negative impacts on human health and the environment. Negative environmental impacts include, but are not limited to, greenhouse gases, air pollution emissions, water contamination, waste from the manufacturing process and waste in packaging. This policy also seeks to increase: 1) water and energy efficiency; 2) renewable energy sources; 3) use of products with recycled content; 4) product durability; 5) use of products that can be recycled, reused, or composted at the end of its life cycle. Product criteria have been established on the Green Purchasing List <http://www.clark.wa.gov/general-services/purchasing/erp/environmental.html>

INDEPENDENT PRICE DETERMINATION - The prospective contractor guarantees that, in connection with this proposal, the prices and/or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and/or agencies for purposes of engaging in jointly sponsored proposals.

INTERLOCAL AGREEMENT - Clark County has made this RFP subject to Washington State statute RCW 39.34. Therefore the bidder may, at the bidders' option, extend identical prices and services to other public agencies wishing to participate in this RFP. Each public agency wishing to utilize this RFP will issue a purchase order (or contract) binding only their agency. Each contract is between the proposer and the individual agency with no liability to Clark County.

LIMITATION - This RFP does not commit Clark County to award a contract, to pay any costs incurred in the preparation of a response to this RFP, or to procure or contract for services or supplies.

LATE PROPOSALS - A proposal received after the date and time indicated above will not be accepted. No exceptions will be made.

ORAL PRESENTATIONS: An oral presentation may be required of those prospective contractors whose proposals are under consideration. Prospective contractors may be informed that an oral presentation is desired and will be notified of the date, time and location the oral presentation is to be conducted.

OTHER AUDIT/MONITORING REQUIREMENTS - In addition, auditing or monitoring for the following purposes will be conducted at the discretion of Clark County: Fund accountability; Contract compliance; and Program performance.

PRICE WARRANT - The proposal shall warrant that the costs quoted for services in response to the RFP are not in excess of those which would be charged any other individual or entity for the same services performed by the prospective contractor.

PROTESTS must be submitted to the Purchasing Department.

PUBLIC SAFETY may require limiting access to public work sites, public facilities, and public offices, sometimes without advance notice. The successful Proposer's employees and agents shall carry sufficient identification to show by whom they are employed and display it upon request to security personnel. County project managers have discretion to require the successful Proposer's employees and agents to be escorted to and from any public office, facility or work site if national or local security appears to require it.

REJECTION OF PROPOSALS - Clark County reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with any or all prospective contractors on modifications to proposals, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP if it is in the best interest of Clark County to do so.

SUBCONTRACTING - No activities or services included as a part of this proposal may be subcontracted to another organization, firm, or individual without the approval of Clark County. Such intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in a subcontract.

VERBAL PROPOSALS: Verbal proposals will not be considered in making the award of any contract as a result of this RFP.

WORKERS COMPENSATION INSURANCE - The contractor shall comply with R.C.W. Title 51- with minimum coverage limits of \$500,000 for each accident, or provide evidence that State law does not require such coverage.

FOR ALTERNATIVE FORMATS
Clark County ADA Office; Voice (360) 397-2025;
TTY (360) 397-2445; ADA@Clark.wa.gov

REQUEST FOR PROPOSALS #712

TABLE OF CONTENTS

PART I PROPOSAL REQUIREMENTS

Section IA: General Information

1. Introduction
2. Background
3. Scope of Project
4. Project Funding
5. Timeline for Selection
6. Employment Verification

Section IB: Work Requirements

1. Required Services
2. County Performed Work
3. Deliverables and Schedule
4. Place of Performance
5. Period of Performance
6. Prevailing Wage
7. Insurance/Bond
8. Plan Holders List

PART II PROPOSAL PREPARATION AND SUBMITTAL

Section IIA: Pre-Submittal Meeting/Clarification

1. Pre-Submittal Meeting
2. Proposal Clarification

Section IIB: Proposal Submission

1. Proposals Due
2. Proposal

Section IIC: Proposal Content

1. Cover Sheet
2. Project Team
3. Contractor's Capabilities
4. Proposed Cost

PART III PROPOSAL EVALUATION and CONTRACT AWARD

Section IIIA: Proposal Review and Selection

1. Evaluation and Selection
2. Evaluation Criteria Scoring

Section IIIB: Contract Award

1. Contractor Selection
2. Contract Development
3. Award Review

ATTACHMENTS

- | | |
|-------------------------|--|
| A: Proposal Cover Sheet | D: Proposal Checklist |
| B: Letter of Interest | E: HVAC Bid Sheet |
| C: Qualifications | F-I: Clean and Tune Specifications and Combustion Testing Info |

Part I Proposal Requirements

Section IA General Information

1. Introduction The Department of Community Services and the Department of Community Development provide HVAC services to qualified homeowners as part of their Emergency Services and Weatherization programs.

In this Request for Proposal, Clark County seeks to compile a list of qualified HVAC Contractors for the following types of furnace repair or replacement: wall/baseboard heaters, electric furnace/heat pump, oil, natural gas, propane, wood, and pellet stoves.

2. Background HVAC system repair or replacement is provided to qualified homeowners. **The average repair ranges from \$500 to \$750.**

3. Scope of Project The County is seeking proposers who are experienced in servicing existing home heating systems as well as installing new home heating systems. Proposers will indicate on their bid sheets the type of heating system(s) they are qualified to work on.

As a result of this RFP, the County will develop a qualified Contractor list for all types of heating systems. Thereafter, when the County receives a request for evaluation and repair/replacement at a client's home, the County will use its list of qualified Contractors to repair or replace that type of heating system.

The County will sign a contract with each Contractor selected for the list. Contractors will bill the County for time and materials for each project.

4. Project Funding Federal, state, and local funds are made available for this project in an estimated amount of \$100,000. Proposals shall include the Proposers true estimated cost to perform the work irrespective of the budgeted funds for this work.

5. RFP Timeline Anticipated event dates for this RFP are as follows. These dates are subject to change.

EVENT	DAY	DATE
RFP Released	Wednesday	August 31
Pre-Submittal Meeting	Tuesday	September 13
Deadline for Questions	Monday	September 19
Proposals Due	Thursday	September 29
Proposal Evaluation Period	Monday - Friday	October 3 – October 21
Contractor Interviews or Site Visits	Monday - Friday	October 24 – October 28
Award Decision	Monday	October 31
Contract Negotiations	Monday - Friday	November 7 – November 11
Approval by Board of County Councilors	Tuesday	December 6
Contract Start Date	Sunday	January 1

6. Employment Verification To be considered responsive to any formal Clark County RF, all vendors shall submit before, include with their response, or within 24 hours after submittal, a recent copy of their E-Verify MOU or proof of pending enrollment. The awarded Contractor shall be responsible to provide Clark County with the same E-Verify enrollment documentation for each sub-contractor (\$25,000 or more) within thirty days after the sub-contractor starts work. Contractors and sub-contractors shall provide a report(s) showing status of new employee's hired after the date of the MOU. The status report shall be directed to the county department project manager at the end of the contract, or annually, whichever comes first. E-Verify information and enrollment is available at the Department of Homeland Security web page: www.dhs.gov/E-Verify

To submit the MOU in advance of the submittal date:

1. Hand deliver to 1300 Franklin St, Suite 650, Vancouver, WA 98660, or;
2. Fax to (360) 397-6027, or;
3. Call Purchasing at (360) 397-2323 for a current email address.

Note: Sole proprietors are exempt from the E-Verify requirement.

Section IB Work Requirements

1. Required Services Contractors will respond to calls for repair to client's homes within Clark County or within the Clark Public Utilities service area.
2. County-Performed Work The County's responsibilities will be to call a contractor on its Qualified Contractor List when notified of a need for HVAC repair or replacement services. The County and the Contractor will assess the heat system problem and the work necessary to correct it. The County will pay the Contractor per job on a parts-and-labor basis, will review and approve invoices for payment, and maintain the project files. Prior County approval will be required for all work performed.
3. Deliverables and Schedule The County has 24 hours to respond to a heating crisis notification. Contractors will be expected to be responsive to the urgency of the need.
4. Place of Performance Work will be done in clients' homes.
5. Contract Period Contractors chosen to be on the County list will be expected to provide services beginning January 1, 2017. The initial contract term will be for two (2) years, with up to two (2) two-year extension options, for a total of six years, with the same terms and conditions. Contract extensions will be subject to the written approval of both parties.
6. Prevailing Wage Prevailing wage standards must be applied to labor done under this contract. All payment for salaries and wages shall conform to the Washington State Department of Labor and Industries (L&I) prevailing wage rates, pursuant to RCW 39.12. Before each payment is made by the County under this contract, the County must receive from the Contractor (and every sub-contractor performing work under a County contract) a copy of the "**Statement of Intent to Pay Prevailing Wages**" (L&I Form F700-029-000). Upon completion of each project, the County must then receive from the Contractor (and every sub-contractor performing work under a County contract) a copy of the "**Affidavit of Wages Paid**" (L&I Form Number F700-007-000). These documents and other relevant information are available at the L&I website: www.lni.wa.gov/TradesLicensing/PrevWage; telephone (360) 902-5335.

The Contractor is advised to consult with L&I to determine the prevailing wages that must be paid. The Contractor is responsible for obtaining and filing these documents on its own behalf as well as any sub-contractors performing work ordered under County contract.

The County will pay the Contractor a flat fee of \$110 for obtaining Affidavits and Intents.

7. Insurance

- A. Commercial General Liability (CGL) Insurance. The Contractor must provide an original ACORD Form with the Commercial General Liability (CGL) or Business Owners Policy (BOP), showing the broker of record, insurance limits, renewal dates, deductible that is less than or equal to \$5,000, and \$1,000,000 of annually renewing occurrence based coverage. A “Claims-Made Policy” is not acceptable. In the case where the underlying insurance policy is expended due to excessive defense and/or indemnity claims, before renewal, the Contractor warrants and guarantees the coverage limits, to include indemnity and defense up to the listed limit, from its own resources regardless of coverage status due to cancellation, reservation of rights, or any other no-coverage-in-force reason. Coverage shall not contain any endorsements excluding nor limiting product/completed operations, contractual liability or cross liability. In all cases, the Contractor’s policy is primary and they waive their right of subrogation.
- B. Automobile Insurance: Assuming vehicles are used in the Contractor’s business, an ACORD form shall be provided with \$1,000,000 in annually renewing occurrence based coverage for all vehicles owned, used, or leased by the Contractor. This coverage may be added to the above CGL or BOP ACORD Form(s).
- C. Fidelity Insurance: The Contractor shall provide the County with proof of Fidelity Insurance. Every officer, director, employee, or agent who is authorized to act on behalf of the Contractor for the purpose of receiving or depositing funds, or issuing financial documents, checks, or other instruments of payment shall be insured to provide protection against loss. The amount of Fidelity coverage secured shall be \$100,000 or the highest planned reimbursement for the contract period, whichever is lowest. Fidelity Insurance secured pursuant to this paragraph shall name Clark County as beneficiary.
- D. Proof of Insurance: Proof of Insurance shall be provided prior to the starting of the contract performance. Proof will be on an ACORD Certificate(s) of Liability Insurance, which the Proposer shall provide to Clark County. Each certificate will show the coverage, deductible and policy period. Policies shall be endorsed to state that coverage will not be suspended, voided, canceled or reduced without a 30 day written notice by mail. It is the Proposer’s responsibility to provide evidence of continuing coverage during the overlap periods of the policy and the contract.

All coverage must be through companies that have an A.M. Best’s rating of A-VII or higher.

8. Plan Holders List

All proposers are required to be listed on the Plan Holders list. Prior to submission of a proposal, please confirm that your organization is on the County’s official Plan Holders list.

To view the Plan Holders List, please click on the link below or copy and paste into your browser.
<http://www.clark.wa.gov/general-services/purchasing/rfp.html>

If your organization is NOT listed, please submit the “Letter of Interest” to ensure your inclusion. See Attachment B.

Proposals received by Clark County by proposers not included on the Plan Holders List may be considered non-responsive.

Part II Proposal Preparation and Submittal

Section IIA Pre-Submittal Meeting / Clarification

1. Pre-Submittal Meeting There will be an OPTIONAL pre-submittal meeting for this RFP. County personnel will be in attendance to discuss the RFP requirements and answer questions.

DATE: Tuesday, September 13, 2016
TIME: 9:00 to 10:00 a.m.
LOCATION: VA Medical Center Campus
Center for Community Health (Building 17)
1601 E. Fourth Plain Blvd.
Vancouver, WA 98661
ROOM: Room C210-B

2. Proposal Clarification Questions and Requests for Clarification regarding this Request for Proposal must be directed in writing, via email, to the person listed on the cover page. The deadline for submitting such questions/clarifications is 5:00 p.m. on Monday, September 19, 2016.

An addendum will be issued by Clark County no later than 5:00 p.m. on Wednesday, September 21, 2016 to all recorded holders of the RFP if a substantive clarification is in order.

The Questions and Answers/Clarifications are available for review at the link below. Each proposer is strongly encouraged to review this document prior to submitting their proposal.

Clark County RFP site:

<http://www.clark.wa.gov/general-services/purchasing/rfp.html>

~~~~~

### Section IIB Proposal Submission

1. Proposals Due Sealed proposals must be received no later than the date, time and location specified on the cover of this document.

The outside of the envelope/package shall be clearly marked with the following information:

1. RFP number and;
2. RFP title and;
3. Proposer's name and address

Responses received after submittal time will not be considered and will be returned to the proposer - unopened.

Proposals received in insufficient quantities (as noted on the cover of this document) may be rejected by the County.

2. Proposal Proposals must be clear and succinct. For purposes of review and in the interest of the County, the County encourages the use of submittal materials (i.e. paper, dividers, binders, brochures, etc.) that contain post-consumer recycled content and are readily recyclable.

The County discourages the use of materials that cannot be readily recycled such as PVC (vinyl) binders, spiral bindings, and plastic or glossy covers or dividers. Alternative bindings such as reusable/recyclable binding posts, reusable binder clips or binder rings, and recyclable cardboard/paperboard binders are examples of preferable submittal materials.

Proposers are encouraged to print/copy on both sides of a single sheet of paper wherever applicable; if sheets are printed on both sides, it is considered to be two pages.

Color is acceptable, but content should not be lost by black-and-white printing or copying.

All submittals will be evaluated on the completeness and quality of the content. Only those Proposers providing complete information as required will be considered for evaluation. The ability to follow these instructions demonstrates attention to detail.

Additional support documents, such as sales brochures, should be included with each copy unless otherwise specified.

## **Section IIC**

### **Proposal Content**

1. Cover Sheet      Proposers must use **Attachment A – Cover Sheet** as the cover sheet for their proposals.
2. Project Team      On **Attachment E - Bid Sheet**, Proposers must provide the names and licenses held by persons who will serve as contact people for this work.
3. Contractor's Capabilities      Proposer's capabilities must be indicated using **Attachment E - Bid Sheet**.
4. Proposed Costs      Proposed costs must be provided using **Attachment E - Bid Sheet**.

## Part III Proposal Evaluation and Contract Award

### Section IIIA Proposal Review and Selection

1. Evaluation and Selection  
Proposals received in response to this RFP will receive an initial administrative review for acceptance of proposal. Proposals passing the initial review will be evaluated by a review committee.
2. Evaluation Criteria Scoring  
Each proposal that passes the initial administrative review will then be objectively evaluated and rated by the review committee according to criteria specified below.

**A one hundred (100) point system will be used, weighted against the following criteria:**

|                                               |            |
|-----------------------------------------------|------------|
| Experience in required types of HVAC services | 50         |
| Cost                                          | 50         |
| <b>Total Points</b>                           | <b>100</b> |

### Section IIIB Contract Award

1. Contractor Selection  
The County will develop a list of qualified contractors for each type of HVAC system.
2. Contract Development  
The County will enter into multiple contracts with qualified contractors that are placed on the list for each type of HVAC system. This RFP, as well as the Contractor's proposal, will become a part of any subsequent contract.
3. Award Review  
The public may view proposal documents after contract execution. However, any proprietary information so designated by the Proposer as a 'trade secret' will not be disclosed unless the Clark County Prosecuting Attorney determines that disclosure is required. At this time, Proposers not awarded the contract may seek additional clarification or debriefing, request time to review the selection procedures, or discuss the scoring methods utilized by the evaluation committee.

**ATTACHMENT A: COVER SHEET**

General Information:

Legal Name of Applicant/Company/Agency \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Program Location (if different than above) \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

**ADDENDUM:**

Proposer shall insert number of each Addendum received. If no addendum received, please mark "NONE".

No. \_\_\_\_\_ Dated: \_\_\_\_\_ No. \_\_\_\_\_ Dated: \_\_\_\_\_ No. \_\_\_\_\_ Dated: \_\_\_\_\_.

**NOTE: Failure to acknowledge receipt of Addenda may render the proposal non-responsive.**

→ Did outside individuals or agencies assist with preparation of this proposal?

Yes  No (if yes, describe.)

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels.

\_\_\_\_\_  
Signature, Owner/Administrator of Applicant Company

\_\_\_\_\_  
Date

**ATTACHMENT B: LETTER OF INTEREST**

Legal Name of Applicant Agency \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Program Location (if different than above) \_\_\_\_\_

Email address \_\_\_\_\_

- All proposers are required to be included on the plan holders list. If your organization is NOT listed, submit the ‘Letter of Interest’ to ensure your inclusion.

In the body of your email, request acknowledgement of receipt.

Email Attachment B to: [beth.balogh@clark.wa.gov](mailto:beth.balogh@clark.wa.gov)

Clark County web link:  
<http://www.clark.wa.gov/general-services/purchasing/rfp.html>

**This document will only be used to add a proposer to the plan holders list. Submitting this document does not commit proposer to provide services to Clark County, nor is it required to be submitted with proposal.**

**Proposals may be considered non-responsive if the Proposer is not listed on the Plan Holders list.**

**ATTACHMENT C: QUALIFICATIONS**

Page 1 of 2

- A. Is your company currently involved in or does it have pending any legal actions? Has your company filed for bankruptcy in the past five years?
- Yes  No (If yes, explain.)\_\_\_\_\_
- B. Does your company guarantee that the costs for services quoted in response to this RFP are not in excess of those which would be charged any other individual for the same services performed by your company?
- Yes  No (If no, explain.)\_\_\_\_\_
- C. Within the past five years, has your company had any disciplinary action taken against it by a state or federal agency? Has it been the subject of any state licensing investigations?
- Yes  No (If yes, please provide appropriate documentation and explanation with proposal.)
- D. Does your company guarantee that the costs for services quoted in response to this RFP are not in excess of those that would be charged any other customer for the same services?
- Yes  No (If no, explain.)\_\_\_\_\_
- E. Does your company have certification in the Environmental Protection Agency's Repair, Renovation and Painting Rule (RRP)? Please list by name the staff members who are certified RRP renovators.
- Yes  No
- F. Lead Compliance Plan  
Does your company have an approved lead hazard compliance plan?
- Yes  No
- Does your company follow lead safe work practices as outlined by the EPA's Lead-Based Paint Renovation, Repair and Painting Program Rule effective April 22, 2010?
- Yes  No
- G. Combustion Safety Testing  
Is your company trained and equipped to perform combustion safety testing that is equal to or exceeds that shown in Exhibit I?
- Yes  No

**ATTACHMENT C: QUALIFICATIONS**

Page 2 of 2

H. Safety Plan

Does your company have a safety plan in place and available upon request?

Yes  No

I. Company Capacity

Does your company have the capacity to provide other necessary services such as electrical, carpentry, and plumbing?

Yes  No

J. Is your organization certified by the Washington State Office of Minority and Women's Business Enterprises as a minority and/or woman-owned enterprise?

Yes  No *(If yes, provide certification number and date of certification or renewal.)*

The undersigned certifies that neither it nor its principals, as defined by Title 2 Code of Federal Regulations Part 180, are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. The Contractor shall provide immediate written notice to the Clark County Department of Community Services if at any time the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

I, the undersigned, have read and reviewed all of the above statements and attest, to the best of my knowledge, that they are correct and that I have the legal authority to commit this company to a contractual agreement.

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Printed Name of Authorized Signer

\_\_\_\_\_  
Date

## **ATTACHMENT D: PROPOSAL CHECKLIST**

**Proposer must submit one (1) original and three (3) copies of the proposal documents as shown below:**

- Documentation of any disciplinary actions or suits, if any
- Attachment A – Proposal Cover Sheet (The original must be signed by Proposer)
- Attachment C – Qualifications
- Attachment D – Proposal Checklist
- Attachment E – Bid Sheet
- E-Verify Memorandum of Understanding (MOU)

**ATTACHMENT E: BID SHEET**

Page 1 of 2

| <b>SECTION 1 -- FURNACE OR STOVE "CLEAN AND TUNE"</b> |                            |
|-------------------------------------------------------|----------------------------|
|                                                       | <b>LABOR AND MATERIALS</b> |
| Electrical Furnace                                    | \$ _____                   |
| Gas Furnace                                           | \$ _____                   |
| Oil Furnace                                           | \$ _____                   |
| Wood or Pellet Stove                                  | \$ _____                   |

| <b>SECTION 2 -- THERMOSTAT, INCLUDING INSTALLATION</b> |                            |
|--------------------------------------------------------|----------------------------|
|                                                        | <b>LABOR AND MATERIALS</b> |
| Honeywell Focus Pro 5000 or equal (single)             | \$ _____                   |
| Honeywell Focus Pro 5000 or equal (multi)              | \$ _____                   |
| Honeywell Focus Pro 6000 or equal (single)             | \$ _____                   |
| Honeywell Focus Pro 6000 or equal (multi)              | \$ _____                   |
| Honeywell Vision Pro 8000 or equal (single)            | \$ _____                   |
| Honeywell Vision Pro 8000 or equal (multi)             | \$ _____                   |
| Honeywell White-Rogers 1A65-641 or equal               | \$ _____                   |

| <b>SECTION 3 -- FEES, MARKUP, AND HOURLY RATES FOR ALL OTHER WORK</b> |                                                             |
|-----------------------------------------------------------------------|-------------------------------------------------------------|
| Intent and Affidavit fee                                              | County will pay the Contractor a \$110 fee for this service |
| Hourly labor rate                                                     | \$ _____ per hour                                           |
| New HVAC equipment/parts markup rate                                  | _____ %                                                     |

**ATTACHMENT E: BID SHEET**

Page 1 of 2

**SECTION 4 – SYSTEMS**

Check the type(s) of HVAC systems that your company is able to work on. Indicate the number of years of experience your firm has with that type of system.

| <b>CHECK ALL THAT APPLY:</b>                            | <b># YEARS EXPERIENCE</b> |
|---------------------------------------------------------|---------------------------|
| <input type="checkbox"/> Wall or baseboard heaters      | _____                     |
| <input type="checkbox"/> Electric furnace or heat pumps | _____                     |
| <input type="checkbox"/> Ceiling heat                   | _____                     |
| <input type="checkbox"/> Gas or propane furnaces        | _____                     |
| <input type="checkbox"/> Oil furnaces                   | _____                     |
| <input type="checkbox"/> Wood or pellet stoves          | _____                     |

**SECTION 5 – COMPANY HISTORY**

If your company is less than five years old, please explain the principal's work history for the types of HVAC systems checked.

---

---

---

---

---

---

---

---

---

---

**SECTION 6 – ELECTRICAL LICENSES**

List the type of electrical licenses held by each member of your staff.

---

---

---

---

---

---

---

---

**ATTACHMENT F**

1300 Franklin St | PO Box 9810 | Vancouver, WA 98666-9810 | tel. 360.397.2375 | fax 360.759.6776 | www.clark.wa.gov



Clark County Community Development  
Weatherization Program

**CLEAN AND TUNE SPECIFICATIONS FOR ELECTRIC FURNACE**

**I. CLEAN**

- 1. Clean & vacuum blower, return cabinet, and filter rack so that they are free of dirt, grease, and any foreign matter.
- 2. Inspect filter. If permanent type, clean as per manufacturer's recommendations. If disposable type, replace with a new filter **and leave one extra on site.**  
Filter Size \_\_\_\_ X \_\_\_\_ X \_\_\_\_

**II. TUNE**

- 1. Check blower & motor bearings. Lubricate as needed.
- 2. Check belt condition (replace if cracked or work) and adjust for proper tension.
- 3. Measure Heat Rise & Adjust blower speed to match manufactures recommended heat rise.

**III. REPORT**

- 1. Report to agency when work is complete
- 2. Take digital pictures of all completed work & submit with invoice

**ATTACHMENT G**

Page 1 of 2



Clark County Community Development  
Weatherization Program

**CLEAN AND TUNE SPECIFICATIONS FOR OIL FURNACE**

**I. CLEAN**

**A. Combustion Area**

- 1. Brush down all dirt, soot, and rust from all accessible heat exchange sections.
- 2. Brush down and vacuum all accessible flue passageways within the furnace.
- 3. Remove draw assembly, clean and align ignition electrodes.
- 4. Clean blast tube and flame head.
- 5. Replace nozzle with same size, or lower size if derating is possible or desirable.
- 6. Brush down and vacuum remainder of combustion chamber so that it is free of dirt, soot, and loose rust.
- 7. Clean pilot orifices and test thermocouple.

**B. Flue**

- 1. Inspect flue pipe from furnace to chimney for rust, weak spots and leaks.
- 2. Clean and check barometric damper for proper operation.

**C. Air Handling**

- 1. Clean and vacuum heat exchanger if accessible.
- 2. Clean and vacuum blower, return cabinet, and filter rack so that they are free of dirt, grease, and any foreign matter.
- 3. Inspect filter. If permanent type, clean as per manufacturer's recommendations. If disposable type, replace with a new filter **and leave one extra on site.**

Filter Size: \_\_\_\_ X \_\_\_\_ X \_\_\_\_

**II. TUNE**

**A. Combustion**

- 1. Seal all joints, cracks and openings that would allow air to infiltrate into the combustion area of the furnace.
- 2. Adjust barometric damper so that a reading of .02 - .09" W.C. at the breech is obtained.
- 3. Adjust primary air shutter to obtain highest CO2 in the flue (before barometric damper) with a smoke of 0 to 2 while still maintaining a steady flame. (0- 1 on the flame retention burners)
- 4. Measure the amperage of primary control and set thermostat heat anticipator to match.
- 5. Calibrate thermostat thermometer to within 1 degree at 72 degree setting.

**B. Air Handling**

- 1. Check blower and motor bearings. Lubricate as needed.
- 2. Check belt condition (replace if cracked or worn) and adjust for proper tension.
- 3. If stack temperature is above 550 degrees, increase blower speed to deliver more heat and lower stack temperature. NOTE: Stack temperatures should not be below 350 degrees

1300 Franklin St | PO Box 9810 | Vancouver, WA 98666-9810 | tel. 360.397.2375 | fax 360.759.6776 | www.clark.wa.gov



## ATTACHMENT G

Page 2 of 2

net. If so, decrease blower speed slightly. (NOTE: this may not work on all furnaces) or adjust blower to obtain greatest rise at the supply plenum.

- 4. Set fan switch (if possible) so that blower comes on at 120 degrees and goes off at 100 degrees. Set limit at no higher than 240 degrees if limit is adjustable.
- 5. Test fan and limit control for proper operation.
- 6. Adjust supply register on plenum (if so equipped) to supply between 100 and 125 CFM.

### III. REPORT

- 1. Report to agency when work is complete
- 2. Take digital pictures of all completed work & submit with invoice

**ATTACHMENT H**

Page 1 of 2



Clark County Community Development  
**Weatherization Program**

**CLEAN AND TUNE SPECIFICATIONS FOR GAS FURNACE**

I. CLEAN

A. Combustion Area

- 1. Brush down all dirt, soot, and rust from all accessible heat exchange sections.
- 2. Brush down and vacuum all accessible flue passageways within the furnace.
- 3. Remove ribbon burners or burner tubes and brush down to remove dirt, soot, loose rust and clean all flame ports. Inspect for cracks in tubes.
- 4. Clean gas orifices and assure proper size.
- 5. Brush down and vacuum remainder of combustion chamber so that it is free of dirt, soot and loose dust.
- 6. Clean pilot orifices and test thermocouple.

B. Flue

- 1. Inspect flue pipe from furnace to chimney for rust, weak spots and leaks.
- 2. Clean and vacuum flue pip and reinstall is a secure manner, if needed.

C. Air Handling

- 1. Clean and vacuum heat exchanger if accessible.
- 2. Clean and vacuum blower, return cabinet, and filter rack so that they are free of dirt, grease, and any foreign matter.
- 3. Inspect filter. If permanent type, clean as per manufacturer's recommendations. If disposable type, replace with a new filter **and leave one extra on site.**

Filter Size: \_\_\_\_ X \_\_\_\_ X \_\_\_\_

II. TUNE

A. Combustion

- 1. Adjust gas output to 3.5" natural or 10.5" L.P.W.C. in the manifold and then clock meter (if possible) to assure the input is within 2% of rated input. NOTE: If gas pressure is correct, and clocked input is more than 2% lower than rated input, check orifices for proper size unless derating is desired. If furnace is over firing and gas pressure is correct, then change to lower orifice size.
- 2. Adjust primary air shutter to obtain highest CO2 or lowest O2 in the flue (before diverter) without making CO and still maintaining a steady blue flame with slight yellow tips. There must not be any lifting, floating or jumping flames, or adjust primary air shutter to obtain best flame with lowest possible stack temp without making CO.
- 3. Adjust pilot flame just high enough to activate the thermocouple and ignite without delay.
- 4. Furnaces with electronic pilot should ignite without delay.
- 5. Check igniter to assure that it will lock out after first or second attempt to ignite pilot (LP only).

1300 Franklin St | PO Box 9810 | Vancouver, WA 98666-9810 | tel 360.397.2375 | fax 360.759.6776 | www.clark.wa.gov



## ATTACHMENT H

Page 2 of 2

- 6. Measure amperage of the gas valve and any other low voltage equipment on the circuit and set thermostat heat anticipator to match.

### B. Air Handling

- 1. Check blower and motor bearings. Lubricate as needed.
- 2. Check belt condition (replace if cracked or worn) and adjust for proper tension.
- 3. Adjust stack temperature to manufactures specifications.
- 4. Set fan switch (if possible) so that blower comes on at 110 degrees and goes off at 100 degrees. Set limit at no higher than 240 degrees if limit is adjustable.

### III. REPORT

- 1. Report to agency when work is complete
- 2. Take digital pictures of all completed work & submit with invoice

**ATTACHMENT I**  
 Page 1 of 2

|                                                                                                                                                 |                                                                                                                                                                                    |                                             |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------|--------------------------|--------------------------|
|  <b>Department of Commerce</b><br>Innovation is in our nature. |                                                                                                                                                                                    | <b>Combustion Safety Test Report</b>        |                          |                          |                          |
| Client                                                                                                                                          |                                                                                                                                                                                    | Date                                        |                          |                          |                          |
| Address                                                                                                                                         |                                                                                                                                                                                    | Auditor & Inspector name                    |                          |                          |                          |
| <i>initials do not suffice</i>                                                                                                                  |                                                                                                                                                                                    |                                             |                          |                          |                          |
| <b>Pre-test: START CO measurement (Monoxer) outside</b>                                                                                         |                                                                                                                                                                                    |                                             |                          |                          |                          |
| <b>Combustion Appliance Zone (CAZ)</b>                                                                                                          |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 1                                                                                                                                               | CAZ Pressure with reference to (WRT) outside "BASELINE"                                                                                                                            |                                             |                          |                          |                          |
| 2                                                                                                                                               | Outside wind speed                                                                                                                                                                 |                                             |                          |                          |                          |
| 3                                                                                                                                               | Outside temperature                                                                                                                                                                |                                             |                          |                          |                          |
| 4                                                                                                                                               | Designate appliance(s):                                                                                                                                                            | Appliance name                              | 1:                       | 2:                       |                          |
|                                                                                                                                                 |                                                                                                                                                                                    | Appliance location                          | 1:                       | 2:                       |                          |
|                                                                                                                                                 |                                                                                                                                                                                    | Type of combustion <b>open/closed</b>       | 1:                       | 2:                       |                          |
|                                                                                                                                                 |                                                                                                                                                                                    | Type of draft <b>natural/induced/forced</b> | 1:                       | 2:                       |                          |
|                                                                                                                                                 |                                                                                                                                                                                    | Shared venting <b>yes/no</b>                | 1:                       | 2:                       |                          |
|                                                                                                                                                 | Vent Category <b>Type I, II, III, IV</b>                                                                                                                                           | 1:                                          | 2:                       |                          |                          |
| 5                                                                                                                                               | Hazardous or unsafe conditions observed?                                                                                                                                           | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| 6                                                                                                                                               | Visible signs of vent pipe leaks or damage observed?                                                                                                                               | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| 7                                                                                                                                               | Smell of gas or indication of fuel leak(s) observed?                                                                                                                               | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| <b>Furnace on or off? Could be worst case either way, depending on duct leakage.</b>                                                            |                                                                                                                                                                                    | on/off                                      | on/off                   | on/off                   | on/off                   |
| <b>Set up CAZ in Worst Case Depressurization (see Exhibit 5.3.1B Tech Support Doc)</b>                                                          |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 8                                                                                                                                               | CAZ pressure WRT outside. Door <b>open/closed</b> (circle one)                                                                                                                     |                                             |                          |                          |                          |
| 8a                                                                                                                                              | Result of Line #8 minus Line #1 "baseline" = Worst Case Dep. <small>Line #8 - Line #1 = (8a)</small>                                                                               |                                             |                          |                          |                          |
| 8b                                                                                                                                              | Record CAZ Depressurization Limit: See Reference Tables                                                                                                                            |                                             |                          |                          |                          |
| <b>Start up combustion appliance</b>                                                                                                            |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 9                                                                                                                                               | Flame roll-out observed                                                                                                                                                            | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| 10                                                                                                                                              | Did the equipment spill gasses for more then 1 minute?<br>If yes, <b>STOP</b> test. Let cool. Continue test in <b>natural</b> conditions.                                          | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| 11                                                                                                                                              | Did the flame change when the air handler turned on?                                                                                                                               | Y/N/NA                                      | Y/N/NA                   | Y/N/NA                   | Y/N/NA                   |
| <b>After 5 minutes of combustion (steady state)</b>                                                                                             |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 12                                                                                                                                              | Measure ambient CO in the living space.                                                                                                                                            |                                             |                          |                          |                          |
| 13                                                                                                                                              | Measure draft pressure in combustion appliance vent WRT CAZ                                                                                                                        |                                             |                          |                          |                          |
| 13a                                                                                                                                             | Record Minimum Acceptable Draft Pressures: See Reference Tables                                                                                                                    |                                             |                          |                          |                          |
| 14                                                                                                                                              | Measure CO in the exhaust gases of the vented appliance                                                                                                                            |                                             |                          |                          |                          |
| 15                                                                                                                                              | Measure draft pressure in the combustion appliance vent WRT CAZ<br>(From line #8, if door is closed-open it. If door is open-close it)<br>Door is <b>open / close</b> (circle one) |                                             |                          |                          |                          |
| 16                                                                                                                                              | Measure heat rise temperature across heat exchanger                                                                                                                                |                                             |                          |                          |                          |
| 16a                                                                                                                                             | Record manufacturer's acceptable heat rise range from label                                                                                                                        |                                             |                          |                          |                          |
| <b>Fireplace/Wood Stove Zone (FPWSZ)</b>                                                                                                        |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 17                                                                                                                                              | Measure FPWSZ pressure WRT outside                                                                                                                                                 |                                             |                          |                          |                          |
|                                                                                                                                                 | Vent pipe, chimney, or clearance problems observed (note below)                                                                                                                    | Y/N                                         | Y/N                      | Y/N                      | Y/N                      |
| <b>Oven</b>                                                                                                                                     |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 18                                                                                                                                              | Measure CO in the exhaust gases of the oven                                                                                                                                        |                                             |                          |                          |                          |
|                                                                                                                                                 | Ambient 1                                                                                                                                                                          |                                             |                          |                          |                          |
|                                                                                                                                                 | Ambient 2                                                                                                                                                                          |                                             |                          |                          |                          |
| <b>Return house to pretest conditions</b>                                                                                                       |                                                                                                                                                                                    | PRE                                         | POST                     | PRE                      | POST                     |
| 19                                                                                                                                              | Check box when done. Add any comments or notes below.                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Notes:</b>                                                                                                                                   |                                                                                                                                                                                    |                                             |                          |                          |                          |

**ATTACHMENT I**  
Page 2 of 2

**COMBUSTION SAFETY TEST REPORT REFERENCE TABLES**

| Vent Categorization Per NFPA 54 (Line 4)                                                                                     |  |                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|
| <i>Category I NFGC</i>                                                                                                       |  | <i>Category III Airtight</i>                                                                                     |  |
| Non-Condensing Negative Pressure (-)<br>High Temperature Flue Gases<br>Natural or Fan Assisted Drafts<br>AFUE usually 65-83% |  | Non-Condensing Positive Pressure (+)<br>High Temperature Flue Gases<br>Fan Assisted Draft<br>AFUE usually 78-87% |  |
| Typical Materials: Single wall metal, B-Vent, Lined Masonry                                                                  |  | Typical Materials: Sealed metal or plastics per manufacturer                                                     |  |
| <i>Category II Corrosion Resistant</i>                                                                                       |  | <i>Category IV Airtight &amp; Corrosion Resistant</i>                                                            |  |
| Condensing Negative Pressure (-)<br>Low Temperature Flue Gases<br><<very little equipment in this category>>                 |  | Condensing Positive Pressure (+)<br>Low Temperature Flue Gases<br>Sealed Combustion<br>AFUE usually 90% +        |  |
| Typical Materials: Special as designated by manufacturer                                                                     |  | Typical Materials: Sealed plastics per manufacturer specification                                                |  |

**Table 4: CAZ Depressurization Limits (Line 8b)**

| Venting Condition                                                                                                                            | Limit (Pa) |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Stand alone natural draft water heater (including outside chimneys)                                                                          | -5         |
| Orphaned natural draft water heater                                                                                                          | -2         |
| Natural draft boiler or furnace vented in combination w/ water heater                                                                        | -3         |
| Natural draft boiler or furnace w/ vent damper commonly vented w/ water heater                                                               | -5         |
| Induced draft boiler or furnace commonly vented w/ water heater                                                                              | -5         |
| Individual natural draft boiler or furnace                                                                                                   | -5         |
| Fireplace                                                                                                                                    | -4         |
| Wood stoves & fire place inserts, including air tight models w/ outside combustion air                                                       | -5         |
| Power vented or induced draft boiler or furnace alone, also Pellet Stoves                                                                    | -15        |
| Chimney-top draft inducer;<br>High static pressure flame retention head burner;<br>Direct vented appliances;<br>Sealed combustion appliances | -50        |

**Min Acceptable Draft Pressures (Line 13a)**

| Temp (F) | Draft (Pa) |
|----------|------------|
| ≤15      | -2.4       |
| 20       | -2.3       |
| 25       | -2.1       |
| 30       | -2.0       |
| 35       | -1.9       |
| 40       | -1.8       |
| 45       | -1.6       |
| 50       | -1.5       |
| 55       | -1.4       |
| 60       | -1.3       |
| 65       | -1.1       |
| 70       | -1.0       |
| 75       | -0.9       |
| 80       | -0.8       |
| 85       | -0.6       |
| ≥ 90     | -0.5       |

**Table 3: Combustion Safety Test Action Level Table (Line 14)**

| CO Test Result for undiluted flue gas at steady state | And/Or | Spillage and Draft Test Results | Retrofit Action                                                                                                         |
|-------------------------------------------------------|--------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 0 - 25 ppm                                            | And    | Passes                          | Proceed with work                                                                                                       |
| 26 - 100 ppm                                          | And    | Passes                          | Recommend that CO problem be fixed                                                                                      |
| 26 - 100 ppm                                          | And    | Fails under Worst case only     | Recommend a service call for the appliance. Correct problems causing combustion appliance to fail under worst case test |
| >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. Owner/Agency call for service immediately.                                   |

**Depressurization Result - ACTION**

The Local Agency shall perform a worst-case depressurization test in each combustion appliance zone.

When combustion appliance zone (CAZ) depressurization limits are exceeded under worst-case conditions, the depressurization shall be brought within acceptable limits as detailed in Table 4: CAZ Depressurization Limits (above)

**Exception:** If Local Agency is unable to meet CAZ Depressurization Limits or standards, the reasonable efforts attempted, the actions taken, and the education provided to the client shall be documented in the client file.

**Table 3.1: CO Test Action Levels for Ovens at Steady State Operation (Line 18)**

| CO Test Result for undiluted flue gas | Retrofit Action                         |
|---------------------------------------|-----------------------------------------|
| 0 - 99 ppm                            | Proceed with work.                      |
| 100 - 300 ppm                         | Recommend service.                      |
| >300 ppm                              | Unit must be serviced prior to Wx work. |