

# WX-10

(REV. 9/2023)

## Frontier Housing, Inc.

Contractor Weatherization Application

Contractor Name: \_\_\_\_\_

Contractor Telephone Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Services Offered: \_\_\_\_\_

### EXPERIENCE

List all owners'/partners' names, address and years of experience in construction and or HVAC (Use additional sheets if necessary.)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Have you performed weatherization work for another agency before? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please list agency name(s): \_\_\_\_\_

### REFERENCES

List three customers for whom you have done contracting work for:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### INSURANCE

Liability insurance: Yes \_\_\_\_\_ or No \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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## Kentucky Housing Corporation

Contractor Weatherization Application

In consideration of being placed on the "APPROVED CONTRACTORS LIST", he/she will comply with the following conditions on all weatherization work performed within the \_\_\_\_\_ area.

(Subgrantee)

1. Contractor will use the forms required by Kentucky Housing Corporation.
2. All work will be approved by the aforementioned subgrantee. The Kentucky Weatherization Policy Manual and Field Guide will be used as a guide for work performance, and all work will be subject to such inspections as deemed necessary.
3. If such work performed by the contractor is found to be unsatisfactory or if contract relations between contractor, client, or other parties are found to be unsatisfactory, contractors name may be removed from the "APPROVED CONTRACTORS LIST".
4. Adequate proof of Liability Insurance and Workers Compensation Insurance will be provided.
5. Contractor will abide by the EQUAL OPPORTUNITY provisions of the Civil Rights Act.
6. Contractor certifies that they have not been suspended or debarred from performing work and business functions.

The undersigned contractor hereby applies to be placed on the "APPROVED CONTRACTORS LIST", maintained by the \_\_\_\_\_ (subgrantee name) for the purpose of performing weatherization work for the Weatherization Assistance Program. Contractor certifies that all information provided is complete, factual and that no unfavorable information has been withheld.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Subgrantee Use Only

Subgrantees verified on [www.sam.gov](http://www.sam.gov) that the contractor is not suspended or debarred. Confirmation documentation is in the contractor file.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date