



**Florida Association for Community
Action, Inc.**

Request for Proposals

For

**Training Vendor for the
Weatherization Assistance Program**

Written proposals are required via e-mail by **December 11, 2020 at 5:00 pm EST**. All responses should be sent to Kenya Woodard, FACA Project Coordinator at admin@faca.org.

REQUEST FOR PROPOSALS

The Florida Association for Community Action, Inc. serves as a contractor for the State of Florida Department of Economic Opportunity (DEO) providing coordination and capacity building Training and Technical Assistance (T&TA) for the Florida State Community Action Network including the Weatherization Assistance Program (WAP).

BACKGROUND

DEO delivers weatherization services in coordination with other state and local partners. The WAP is funded by the U.S. Department of Energy and U.S. Department of Health and Human Services. The purpose of WAP is to install energy conservation measures in homes of income-eligible persons, especially homes occupied by the elderly, persons with disabilities and children. The WAP helps to reduce national energy consumption, reduces carbon emissions that contribute to climate change and lessens the impact of higher energy costs on low-income families. It also provides health and safety of assisted households.

The Florida WAP uses the Weatherization Assistant, National Energy Audit (NEAT) and Manufactured Home Energy Audit (MHEA) to determine cost-effective energy efficiency measures to be installed. The Florida Health and Safety Plan determines the allowable health and safety measures that may be installed. The Florida Standard Work Specifications (SWS) and Florida Field Guide (FFG) are the standard for the quality of work to be installed. The Florida WAP state plan, policy and procedures manual, health and safety plan, and other documents can be found here at <http://www.floridajobs.org/community-planning-and-development/community-services/weatherization-assistance-program>.

SUMMARY

FACA is soliciting proposals from qualified applicants to perform comprehensive training for all WAP providers in the state of Florida. DEO contracts with 18 local agencies to deliver the WAP to all 67 counties in Florida.

The Applicant must possess a general knowledge and understanding of regulations governing the DOE's WAP and Florida's WAP state plan, field guides and health and safety plan. Excellent oral and written communication skills and strong analytical capabilities are needed. The applicant must demonstrate strong knowledge in use of NEAT/MHEA audit tools, blower door, infrared camera, and combustion appliance zone (CAZ) testing equipment. Must be capable of working with diverse populations and must have knowledge of basic construction principles, energy conservation and energy auditing.

SCOPE OF WORK

- 1) The provider will collaborate with FACA and DEO to create a customized training plan for the Florida WAP. Training delivery must include virtual component for classroom requirements. Provider will be responsible for securing lab facility for in-person requirements. The plan will include at a minimum the following list of required trainings and any others as identified by FACA and DEO:
 - a. Energy Auditor Certification Training (BPI)
 - b. EPA Certified Renovator Training
 - c. Quality Control Inspector (QCI) Training (BPI)
 - d. Combustion Appliance Zone (CAZ) Refresher Training
 - e. Health and Safety training to include ASHRAE 62.2 2016, Personal Protection Equipment and other health and safety trainings as identified by FACA and DEO.

- f. NEAT/MHEA Training and Test according to Weatherization 8.9 NEAT/MHEA Manual, that includes Setup Library Training. Class is designed for people that have never had NEAT/MHEA Training. Train up to 30 people (people) (up to 5-day class that includes testing). Multiple sessions required to complete training for all participants.
- g. NEAT/MHEA Review Training and Test according to Weatherization 8.9 NEAT/MHEA Manual for participants that failed previous NEAT/MHEA Training that includes Setup Library Training. Class is designed for people that need a review of the foundational skills required for NEAT/MHEA. Train up to 30 people (minimum full 2-day class review, then test). Multiple sessions required to complete training for all participants.
- h. NEAT/MHEA Refresher Training according to Weatherization 8.9 NEAT/MHEA Manual that includes Setup Library Training. Class is designed for people that have NEAT/MHEA experience but, need refresher skills to optimize use of the software. Train up to 30 people (minimum 2-day class; no test required). Multiple sessions required to complete training for all participants.
- i. NEAT/MHEA Electronic Audit Reviews by applicant and recommended corrections to agency auditor in writing for up to forty (40) audits. In case NEAT/MHEA Audit Reviews exceed 40 audits, please include an hourly rate for additional audits in the Proposal Narrative. These reviews should take place after NEAT/MHEA trainings above are completed, to ensure participants have retained skills and are conducting quality electronic audits. Audit reviews to take place between April 1, 2021 - December 31, 2021.

Upon approval by FACA and DEO, the applicant will deliver all trainings included in the plan.

- 2) Due to the importance of the State Quality Assurance Inspection role in ensuring that sub recipients are conducting valid energy audits, the provider will review a sampling of QCIs and provide DEO with a summary report outlining any issues or areas for improvement on the State QCIs audit reviews.
- 3) The provider will develop a system for tracking training effectiveness and will report monthly progress. Upon completion of the full plan the provider will deliver a comprehensive assessment report that details the overall impact of the WAP training for the state of Florida. The report will include both qualitative and quantitative data reflective of improvements in network capacity and knowledge in each identified training area.
- 4) In addition to delivering the customized training plan, the provider will review and provide subject matter expertise on the Weatherization Information Tool (WIT) to further pursue as an approved tool by the U.S. Department of Energy to be used as a pre-assessment and an information tool supporting all phases of weatherization of the dwelling.
- 5) The applicant will provide training during the FACA Annual Training conference in May 2021. The purpose of the training will be to provide guidance and instruction to all 18 agencies during the conference workshops. Specific workshop content will be determined by provider, FACA and DEO prior to the conference dates.
- 6) The applicant will provide up to five hours of technical instruction and training in May 2021, based on findings or issues in the field, ASHRAE 62.2.2016, NEAT/MHEA, Combustion Safety Testing or other applicable WAP training.

CERTIFICATION AND LICENSE REQUIREMENTS

Must have current certification as a Home Energy Professional Energy Auditor and Home Energy Professional Quality Control Inspector that will be in effect through 12/31/2021. Must have Building Performance Institute (BPI) Training Certification. Interstate Renewable Energy Council (IREC) certification is required. Must be able to engage in overnight travel. Valid driver's license is required.

SUBMISSION OF PROPOSALS

Written proposals are required via e-mail by **December 11, 2020 at 5:00 pm EST**. All responses should be sent to Kenya Woodard, FACA Project Coordinator at admin@faca.org. Questions may be directed in writing via e-mail to Kenya Woodard at admin@faca.org.

CONTRACT AND INVOICING INFORMATION

Estimated Funding: Approximately \$100,000 is available for WAP training project.

Period of Performance: FACA anticipates the contract to begin in the December 2020 and to terminate no later than September 30, 2021. Below is a tentative timeline for this effort. Once a contractor has been selected, FACA and the contractor will work together to modify this timeline as necessary. Award is subject to funding availability.

November 2020:	Publish request for proposals announcement
December 2020:	Receive and review quotes, select contractor, execute contract
January 2021:	Develop schedule, training materials/content, approve training plan
January - August 2021:	Deliver Training to Florida WAP Network, monthly report submission
September 2021	Deliver Comprehensive Assessment Report

Pricing Parameters/Method of Payment: FACA will provide additional information on invoice requirements for the selected proposal. In addition to standard management and financial reporting requirements, the following information and supporting documentation will be required in invoices as appropriate and applicable to the proposed project:

- Training Summary
- Attendance Reports
- Monthly Progress Reports
- Expenditures

PROPOSAL NARRATIVE

The proposal should not exceed ten pages in length. Attachments such as certifications and licenses are not a part of the ten-page limit. Be as concise and direct as possible by addressing key issues and information. The Applicant shall submit a written narrative outlining each of the following:

Cover Letter: All applicants or their authorized representative shall prepare and sign a cover letter. Submission of the letter shall constitute a representation by the applicant that it is willing and able to perform the services described in the Request for Proposal (RFP) and their proposal response. Cover letter must include title of project, name of Applicant's organization, local address, telephone number, email address, name of contact person(s), and date submitted. **This section counts toward the ten (10) page limit.**

Business and Management Structure: Provide a description of the applicant organization's size, background, and structure, a list by name and title of management personnel. Indicate which management personnel will be responsible for the delivery of services under the contract. **This section counts toward the ten (10) page limit.**

Background and Experience: Give a brief description of the qualifications and experience of the individual(s) assigned to this project and briefly describe similar projects which your organization has developed and implemented. Include staff member's technical ability and expertise. Please include copies of required certifications and licenses for these individuals. **Copies of certifications DO NOT count toward the ten (10) page limit. All other items in this section count toward the ten (10) page limit.**

Project Strategy / Scope of Work: Provide a detailed description of the proposed scope of work and methodology chosen to achieve the goals of the project. Discuss how the project will be implemented and processes that will be developed. Include preliminary feedback on the WIT, Exhibit A. Provide clearly defined, quantifiable and measurable task elements, with clearly stated goals and objectives. **This section counts toward the ten (10) page limit.**

Task Statement and Timeline: Outline major tasks and services to be provided. Include a timeline for task completion. **This section counts toward the ten (10) page limit.**

Project Budget and Budget Narrative: The Project Budget should outline the expenditures for the project. The Budget Narrative should include a detailed explanation of the expenditures outlined in Applicant's Project Budget. **This section counts toward the ten (10) page limit.**

References: Provide a list of completed projects in similar scope to proposed project; references to include business contact name, title, phone number and email.

EVALUATION AND SCORING

FACA retains the right to reject any or all proposals, and to waive technicalities, irregularities, and informalities, and retains the right to cancel or conclude this request for proposals at any time without selecting a firm to provide the described services, without any liability to any respondents, or any other person or entity, and is under no obligation to make an award relating to this request for proposals to any person or entity.

Technical Criteria: 60 pts
Program Delivery Criteria: 40 pts

WAP Proposals Review Sheet

Reviewer Name: _____

Date: _____

Applicant Name: _____

Applicant Budget: \$ _____

List Attached
Certifications: _____

I. Technical Criteria (60 possible points)

Score Possible

Scope of Work – Applicant details how they will perform the work based on specifications stated in the RFP. Applicant provides clearly defined, quantifiable and measurable task elements, with clearly stated goals and objectives. Applicant includes description of assessment planning and preliminary review of the WIT (Exhibit A).	30
Background and Experience – Applicant personnel possess required certifications, technical skills and demonstrates clear history of successful similar project completion. Please list individuals by name and include their qualifications summary, and include copies of certifications/licenses as attachments to this proposal. Vendor while IREC accredited and BPI qualified, must demonstrate having instructional materials, lab resources, online access to educational material and subject matter expertise in the area of QCI, Energy Auditor, Crew Lead, Installer, DEO's in place energy audit tool NEAT and MHEA.	20
References – Past projects supporting Applicant's stated experience with WAP priority training needs as identified in Scope of Work Section 1.	5
Business and Management Structure – Applicant has adequate business structure and staffing resources to manage the project from design to completion.	5

II. Program Delivery Criteria (40 possible points)

Proposed project strategy, deliverables and timeline to complete the project and deliver on the scope of work.	40
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EXHIBIT A
Weatherization Information Tool (WIT)

Full digital version available via email admin@faca.org

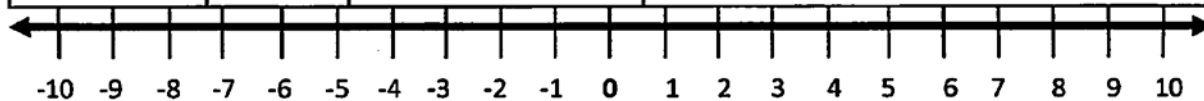
CAZ DEPRESSURIZATION LIMITS	
Venting Condition	Limit (Pascals)
Orphan natural draft water heater	-2
Natural draft boiler or furnace drafted with water heater	-3
Natural draft boiler or furnace with damper commonly vented with water heater	-5
Individual natural draft furnace, water heater, or boiler	-5
Mechanically assisted draft boiler or furnace vented with water heater	-5
Mechanically assisted draft boiler or furnace alone, or fan assisted DHW alone	-15
Direct vented appliances, sealed appliances	-50

>> CAZ Worst Case fails if the pressure is **MORE NEGATIVE** that the limit (Ex. -6 is more negative than -5. <<

ACCEPTABLE WORST CASE DRAFT TEST RANGES	
OUTSIDE TEMPERATURE (°F)	MINIMUM DRAFT PRESSURE STANDARD (PA)
<10	-2.5
10-90	$(T_{\text{outside}} \div 40) - 2.75$
>90	-0.5

>> Worst Case Draft fails if the pressure is **MORE POSITIVE** that the limit (Ex. -1 is more positive than -3. <<

COMBUSTION SAFETY TEST ACTION LEVELS			
CO TEST RESULT	AND/OR	SPILLAGE AND DRAFT RESULTS	RETROFIT ACTION
0-25 ppm	And	Passes	Proceed with work.
26-100 ppm	And	Passes	Recommend that the CO problem be fixed.
26-100 ppm	And	Fails at worst case only	Recommend that the CO problem be fixed.
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 and have the homeowner call for service immediately.



ADD Positive = Move Right
SUBTRACT Positive = Move Left

ADD Negative = Move Left
SUBTRACT Negative = Move right

WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM

AGENCY NAME:	ADDRESS	JOB NO
CLIENT NAME:	OWNER'S NAME:	
SOCIAL SECURITY # (last 4 digits)	PHONE NO.:	
UNIT ADDRESS:	MAILING ADDRESS:	
CITY:	ZIP:	COUNTY:
LANDLORD AGREEMENT YES/NO	OWNERSHIP PROOF (source):	Year Built:
INCOME ELIGIBILITY: Must include <u>annual</u> income for <u>ALL</u> household members.		
Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (Type)		
TOTAL HOUSEHOLD INCOME \$	\$0.00	Annual \$0.00 Monthly
Main Heating Fuel	Utility Company	
TOTAL # OF PEOPLE RESIDING IN HOUSE:	CLIENT CHARACTERISTICS:	
Ages of Residents	Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)	
Utility Bill at time of application \$	ELDERLY (60 & older)	
CHARACTERISTICS OF ALL PEOPLE IN HOUSE: (Each person may be counted in more than one category)	DISABLED	
	VETERAN	
ELDERLY (60& older)	HIGH ENERGY BURDEN HOUSEHOLD	
DISABLED	RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)	
VETERAN	OTHER (Income qualified only)	
CHILDREN (2 & under)	UNITS BY OCCUPANCY: check only one below:	
CHILDREN (3 to 5 years)	OWNER OCCUPIED HOME	
CHILDREN (6 to 12 years)	SINGLE FAMILY RENTER	
All other people not included in above categories	MULTI FAMILY	
	OWNER MOBILE HOME	
	RENTER MOBILE HOME	
CLIENT AGREEMENT:		
1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.		
2. I certify that my household meets the guidelines of this program based on the documents I have submitted.		
3. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.		
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.		
5. I have not received weatherization services prior to September 30, 1994		
I/ We certify that the statements above are true and complete to the best of my/our knowledge and belief. And shall fall under penalty of perjury, including fines and/ or imprisonment.		
CLIENT SIGNATURE:	DATE:	
AGENCY OFFICIAL SIGNATURE:	DATE:	

Weatherization Inspection Tool (WIT) February 2019

0		0	
CUSTOMER NAME:	0	PHONE	0
ADDRESS:	0		FL 0
DIRECTIONS:	Utility Company		0
JOB NUMBER:	0	House Faces	North
		# Of Stories	2
		Primary Fuel	0
Initial Auditor	Derrick Blue		DATE INSPECTED
		6/4/2018	YEAR BUILT
Auditor ID #:	123456		
TYPE OF DWELLING	Site Built	Ceiling Height	10
		SQ FOOT	1000
		NO. OF OCCUPANTS	0
NEAT Audit or Priority List?	The workscope follows the Priority List Below		

PRIORITY LIST SUMMARY

	Site Built Priority List Item	Comments	Y/N		Mobile Home Priority List	Comments	Y/N
H&S	Health and Safety Measures		Y	H&S	Health and Safety Measures		Y
PAM	Pre-Approved Measures		Y	PAM	Pre-Approved Measures		
1	Air Sealing	Plumbing Penetrations only	Y	1	Duct Sealing	Return Side Only	
2	Attic Insulation		Y	2	Air Sealing		
3	Duct Sealing and Insulation	Return Only	Y	3	Sun Screens/ Solar Film	On South Side Only	
4	Floor Insulation	Too Low	Y	4	Roof Insulation		
5	Sun Screens/ Solar Film		Y	5	Wall Insulation		
6	Dense-Pack Sidewall Insulation	Mobile Home	Y	6	Refrigerator Replacement		
7	Refrigerator Replacement		Y	OPT	Thermostat/ HVAC/ Water Heater		

Initial Evaluation for Health & Safety

	Yes Or No	Description	Comments
Gas Leak?	Y	Location of Gas Leak	Kitchen
Lead Test?	Y	Test Result (Positive/Negative)	Positive
		Lead Safe Practices Needed?	Y
Mold & Moisture?	N	Locaton of Mold	Bathroom
Pollution Survey?	Y	Pollutants in Living Area?	Y
		Where	Bathroom
Smoke Detectors	Y	Install?	Y
		How Many	5
CO Detectors	Y	Install?	Y
		How Many	3
Electric Panel Cov	Y	Size Amps	150
		Location	Closet

Initial H&S Equipment Information

Heating System Information				Water Heater Information			
Fuel Type	Elec	Model #	1561656456	Fuel Type	LP	Model #	54646456
Locaton	Kitchen	Upflow/Downflow	Package Unit	Size Gal	30	Height	5
Btuh Intput	25,555	Ambient PPM	36	Location	closet	Ambient PPM	40
Btuh Output	20,000	Unit PPM	203	Btuh Input	30,000	Unit PPM	112

Stove System Information		Yes or No	Auditor Comments
Fuel Type	Kerosene	Vented to the Outside?	N

*FOR OVENS: 100 ppm to 300 ppm as measured—you must install a carbon monoxide detector and recommendation for service must be made to the consumer. Greater than 300 ppm as measured—the unit must be serviced prior to work. If greater than 300 ppm after servicing, exhaust ventilation must be provided with a capacity of 25 CFM continuous or 100 CFM intermittent.

Information	Pre	Post	Yes or No	Comments
Ambient (PPM)	35	50	Pass	Be sure to make everything fit into the box so that it will look legible that way everything looks great
*Oven (PPM)	201	201	Y	Clean and Tune?
Burner LF	25	26	Y	Clean and Tune?
Burner RF	26	26	Y	Clean and Tune?
Burner LR	23	22	Y	Clean and Tune?
Burner RR	25	26	Y	Clean and Tune?
Other	120	30	Y	Clean and Tune?

Combustion Safety Test Sheet

After performing a thorough visual inspection of the combustion equipment, complete the following to prepare for testing:

- 1.) Calibrate **monoxer** and **gas leak** detector outside
- 2.) Record outdoor **temperature**
- 3.) Enter Living Space - record **ambient CO** (if >35, corrective action required)
- 4.) Set all combustion appliances to their **pilot** setting
- 5.) Measure **Water Temperature** at Tap (should not exceed 120 degrees)

0.0	°F	
0.0	ppm	PASS

0.0	°F
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Worst Case Depressurization Test

- 1.) Put house in winter time conditions (**close exterior doors and windows**).
- 2.) **Turn off** all air moving devices (**HVAC, Exhaust Fans, Dryer, Etc..**)
- 3.) Setup **Monomter** and hoses to record **BASE** pressure (**CAZ WRT outdoors**)
- 4.) Establish **GROSS** worst case depressurization/ Record most **negative** pressure
 - a. After **turning on** all exhaust fans and **checking door** (pressure +closed, -open)
 - b. **Turn on HVAC** fan and **recheck door** (pressure +closed, -open)
- 5.) **Calculate NET** worst case depressurization (**GROSS Highest Fan/HVAC - BASE**)
- 6.) Does **NET** meet CAZ Depressurization Table **Limits ??**

	- or +	
Base	0.0	Pa
Gross		
Fans on	0.0	Pa
HVAC on	0.0	Pa
Deduct Base	0.0	Pa
NET	0.0	Pa

Spillage Test

Check ambient CO in CAZ	0.0
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- 1.) Keep appliance under Worst Case conditions.
- 2.) Turn on appliance (if more than one in CAZ, test **smallest** to largest BTU input)
- 3.) Under Worst Case, does spillage stop before **1 minute**? If **NO**, **re-test** under **natural conditions**.

DHW	BTU	0.0	AFUE	0.0	Sec.	0.0
Furnace/HVAC	BTU	0.0	AFUE	0.0	Sec.	0.0

Draft Test

Check ambient CO in CAZ	0
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- 1.) Keep appliance under Worst Case Conditions
- 2.) Measure pressure in flue WRT the CAZ
- 3.) Does appliance meet Acceptable Draft Test Tange? If **NO**, **retest** under **Natural Conditions**.

	<u>WORST CASE</u> Tested Draft Pressure		Natural Conditions	Draft Pressure	Acceptable Draft Test Range Chart	Temp /40 - 2.75=	-3
DHW	0.0	Pa	0.0	Pa	0.0	Pa	
Furnace/HVAC	0.0	Pa	0.0	Pa	0.0	Pa	

Carbon Monoxide Test

Check ambient CO in CAZ	0.0
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- 1.) Calibrate monoxer outside
- 2.) Test undiluted **CO** and **record** the **level**. Identify if the appliance **meets CO requirements?**

DHW	Both sides - spiral heat exchanger			0.0	ppm	0.0	ppm
Furnace/HVAC	Heat Rise Delta T	0.0	°F	Steady State Efficiency (5-10m)	0.0	% Eff	0.0
Stove/Oven	Natural State and After Heated			0.0	ppm	0.0	ppm

Post Test Actions

- 1.) Return home to normal operating conditions after all testing has been completed.

Combustion Air					
Appliance	BTU's	Calculating Room Size			Total Cubic Ft in CAZ
		Length	Width	Height	
DHW	20.00	8	9	5	360.00
Furnace HVAC	23.00				
Total Btuh's	43.00	Divide Total Btuh's by 20= Total Cubic Feet Needed			Additional Cubic Ft Need
		Total Cubic Feet Needed			2.15
					357.85

REFRIGERATOR Assessment (All Refridgerators Must Be Assessed)										
Brand name		Whirl Pool				Model number		1515646546		
Type	Top Freezer				Total Cu. Ft	24	Door Hinge	Right		
Dimensions of space	36	" - W	38	" - D	40	" - H	Number of household occupants	5		
Brand name		Fridgidaire				Model number		5465465456		
Type	Top Freezer				Total Cu. Ft	22	Door Hinge	Right		
Dimensions of space	36	" - W	50	" - D	40	" - H				
Replacement "Options" to be utilized for determining energy efficiency and replacement recommendation										
Option #1* - Metering for a 24 hour period = kWhY usage										
Option #2* - Metering for a 2 hour period w/o defrost cycle = kWhY usage							Peak Watts			
* Note: For Option #1 & #2, if the energy use exceeds 900kWhY, unit may be replaced.										
Option #1 and/or #2 / was used and the replacement allowed?										
Option #3 – Did you enter all required dwelling data in the NEAT and/or MHEA for recommended replacement?										
Old refrigerator was decommissioned/ removed from the premises										
Refridgerator Summary	Replace?	Comments:								
25 CuFt refrigerator / decommission existing	Y									
17 CuFt refrigerator / decommission existing										
If client refuses measure installation there must be an initial with "Refused Measure" notation on the PWOA.										
Attach or place photo(s) in client file of refrigerators(s) being tested with meter & reading if option 1 or 2 (include defrost switch) is utilized; or page one of the audit of the refrigerator to be replaced.										
Auditor Notes										

Walls								
Wall Code	Wall Type	Stud Size	Exposure	Orientation	Area Sq. ft	Ex. Insulation Type	R-Value	Add Insul?
Wall 1	Masonry or Stone	None	Outside (Ambient)	South	25	Blown Fiberglass	R15	Y
Wall 2	Concrete Block	N/A				Polystyrene Board	R15	Y
						Blown Cellulose	R30	Y
		2x6				Blown Cellulose		Y
						Blown Cellulose		Y
						Blown Cellulose		Y
						Blown Cellulose		Y
		None				Blown Cellulose		Y

Site Built Doors							
#/Wall Code	#/Door Code	Type	Dimensions of Door		Orientation	Condition	Repair, Replace, Weather-strip, Door Sweep & Threshold
							Work that needs to be done
Wall 2	D4	Single Pane Sliding Glass	36	x	North	Deteriorated	Caulk perimeter (Inside/ Out)
		Double Pane Sliding Glass		x			
				x			
				x			

Mobile Home Doors							
#/Wall Code	#/Door Code	Type	Dimensions of Door		Orientation	Condition	Repair, Replace, Weather-strip, Door Sweep & Threshold
							Work that needs to be done
		Single Pane Sliding Glass		x		Deteriorated	Caulk perimeter (Inside/ Out)
		Standard Mobile Home		x			Weatherstrip
				x			
				x			
				x			

Wall Codes: D1, D2, etc. Storm: A=Adequate D=Deteriorated N=None

Door Types: Hollow Core Wood, Solid Core Wood, Insulated Steel, Single Pane Sliding Glass, Double Pane Sliding Glass

AUDITOR Notes

Windows													
#/Window Code	Orientation	Type	Dimension of Windows (Inches)		How Many This Size on Wall?	Frame Type	Pane Type	Condition	Repair, Replace, Weather-strip, Caulk	Interior Shading	%	Install Solar Screen/Tint on Window?	
									Work that needs to be done		Exterior Shading		
W3	South	Sliding Glass Door	36	x	36	2	Improved Metal	Single with Metal Storm	Medium	Caulk perimeter (Inside/ Out)	Drapes w/ Blinds or Shade	40%	N
W4		Door Window		x			Vinyl				Drapes w/ Blinds or Shade		
W5		Sliding Glass Door		x			Wood						
W6				x			Metal						
W7				x									
W8				x			Improved Metal						
W9		Sliding Glass Door		x									
W10	South			x									
W11				x									
W12				x									
W13				x									
W14				x							Drapes w/ Blinds or Shade		

AUDITOR Notes

Attic/ Crawl Space Insulation

Building Type		Site Built			Insulate Attic?		NA		To R38?		Y	
Attics									Conditioned	1000		
Desc	Area (Sq ft)	Floored/Unfloored	Existing Access	Existing Insulation		Add Insulation			Open Bypasses	Air Sealing Notes		
				Type	Depth/R-Value	Type	Depth/R-Value/#					
AT1	200	Unfloored	Collar Beam	Vermiculite	R 12	Blwn FG	R	19	Y	Seal around all seams and penetrations		
AT2		Floored	Collar Beam		R	Blwn Cell	R	19				
Metal Damming		Y		Scuttle Lid		Scuttle W/S	Y		Scuttle Hole Damming	Y		
Scuttle Insulation				Vents		Seal Top Plates	Y					

Desc: AT1 = Attic 1 AT2 = Attic 2 AT3 = Attic 3 AT4 = Attic 4 RR/SL = Roof Rafters/Slants CB = Collar Beam KW = Kneewall OCJ = Outside Ceiling Joist

Existing Access: Roof Vent, Gable Vent, Attic, Collar Beam, Scuttle Lid, Interior Wall, No Access, Access Needed, Pull-Down Stairs, Door, In Garage
 Insulation Types: Blwn Cell (Blown Cellulose), Blwn FG (Blown Fiberglass), FG Batts (Fiberglass Batts), Rockwool, Balsam Wool, 2-Part Foam, Vermiculite, None

AUDITOR Notes

ATTIC – Manufactured Home

Some manufactured homes may have cathedral and one or more flat ceilings thus multiple data collection spaces.

Location	Area to be insulated		Existing Insulation Type		Existing Thickness			Access Location
Attic space #1	1,000	Sq.ft	Rockwool		In -		R-	
Attic space #2		Sq.ft			In -		R-	Sidewall
Cathedral		Sq.ft			In -		R-	Gable
Roof Type	Bowstring		Roof Color	Weathered		Cathedral %	0	Roof Height-
Kool Seal Roof	Y		SqFt to be coated	1,000				

Foundation Spaces / Crawlspace / Exposed Floors / Underbelly

Desc	Wall Height?	Skirting?	Joist Direction	Perimeter (Linear ft)	Foundation Type	Floor Joist Size	Vapor Barrier	Ground Condition
CS	Under 24"	Y	Widthwise	120	Vented Non Conditioned	2x8		Ground Sloping Does not allow for Proper Run-off
BJ			Lengthwise				Y	Ground Sloping Does not allow for Proper Run-off
			Lengthwise		Unintentionally Conditioned		Y	Not Enough Clearance
			Lengthwise					
			Lengthwise					

Desc: CS=Crawlspace BJ=Bandjoist OB=Open Basement S=Slab US=Uninsulated Slab EF=Exposed Floor C=Cantilever

AUDITOR Notes ie: Slope of the ground/ Subject to flooding

Health & Safety Measures

Measures	# Existing	Hardwired/ Battery	Location	# Needed
CO Alarm		Hardwired		
Smoke Alarm		Battery Operated		
Combo (Smoke/ CO)		Battery Operated		

Pre- Approved Measures

Utility Measures/ Pre- Approved Measures	Y or N	# Existing	# Needed	Location	Filter Sizes	# Installed
AC Filters with Filter whistle	Y					
Kitchen Faucet Aerator	Y	1	1	Kitchen		2
Bathroom Faucet Aerator	Y	2	2	Bathroom 1 & Bathroom 2		2
Low-Flow Showerhead	Y					
Handheld Showerhead						
Water Heater Wrap						
Pipe Wrap						

Optional Maintenance Measures (Bill to Client Education)	Y or N	Comments
Coil Brush (Back of Refrigerator)	Y	
Wall plate Thermostat	Y	
Temperature Check Card	Y	
Filter Whistle	Y	

Lighting

Light Code	Room Description	Room Location	Lamp Type	Quantity	Size/ Watts	Usage (hr./day)	Comments
LT01	Bathroom 2	Ceiling					
LT02	Bathroom 3	Ceiling					
LT03	Master Bedroom		Standard				
LT04	Master Bedroom		Other				
LT05	Master Bedroom		Floor				
LT06	Master Bedroom						
LT07	Master Bedroom						
LT08	Master Bedroom						

Heating & Cooling/ Water Heater

Cooling

(either SEER or Year of unit acceptable)

Type:	Evaporative Cooler	Size:	3 ton	(S)EER:	9	Year:	1989
Type:	Window Room Air Conditioner	Size:		(S)EER:		Year:	
Type:	Heat Pump	Size:		(S)EER:		Year:	
Filter Size:		If window unit, enter number of units:			<i>(either SEER or Year of unit acceptable)</i>		

Type: W= Window Unit C= Central Air N=None

Are refrigerant lines Insulated?	NA	If No, Insulate?	Y
----------------------------------	-----------	------------------	----------

Recommendation	Repair	
Justification for Replacement	Health & Safety	Only If replacing

AUDITOR Notes

Heating

Fuel Type

0

Type:	Forced Air Furnace	Size:		HSPF		Year:	
Type:	Forced Air Furnace	Size:		HSPF		Year:	
Type:	Forced Air Furnace	Size:		HSPF		Year:	

GAS SYSTEM INFORMATION

Input Units	Cubic Centimeters per Hour	Output Capacity (kBtu per hour)	Steady State Eff %	Condition	Poor (but working)	Comments
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If window unit, enter number of units:

Type: W= Window Unit C= Central Air N=None HP= Heat Pump UV=Unvented

Recommendation	Repair	
Justification for Replacement	Other Funding (Non WAP)	Only If replacing

AUDITOR Notes

Water Heater

Existing Water Heater

Replacement Water Heater

Make:	
Model:	
Serial #:	
Water Heater Type:	Electric
Fuel Type:	Gallons:
Input Rating (Units/kBtu/hr.):	
Max Height:	Water Temp: 120
	Temp. Verified: Yes
Vent Diameter:	Pipe Type:
Pressure Relief Valve Tube:	Y
Factory Insulated?	

Make:	
Model:	
Serial #:	
Water Heater Type:	Electric
Fuel Type:	Gallons:
Input Rating (Units/kBtu/hr.):	
Eff Rating:	Water Temp:
	Temp. Verified:
Vent Diameter:	Pipe Type: Single W
Pressure Relief Valve Tube:	
Venting Installed:	Y

Auditor's Notes

Blower Door Air Leakage Rate (CFM50)

0

	<u>Reading</u> <u>Date</u>			
Pre-Retrofit:	3500		Ring Used	B
Target	1500		Location of Blower Door	Back Door
Final-Retrofit:	1456			
CFM Change:	2044			
Type of Duct Work	Flex			
Number of Vents	14			
Is Ductwork Accessible	Yes			
Location of Duct Work	None			

Pressure Pan Readings (Supply Vents)				
<u>Location</u>	<u>Pre</u>	<u>Sealing Required?</u>	<u>Post</u>	<u>Final</u>
Bedroom 2	1	NO	1	1
Utility Room	1.2	YES		1.2
	0.9	NO		4
	0.3	NO		5
	1.4	YES		6
	2	YES		7
	1	NO		1
	1	NO		1
	1	NO		0.9
	1	NO		2
	3	YES		1.1

Return Pressure Pan Readings				
<u>Location</u>	<u>Pre</u>	<u>Sealing Required?</u>	<u>Post</u>	<u>Final</u>
Family Room	1	NO		1.3
Master Bedroom	2	YES		2.3
	2	YES		3.3

Other Common Infiltration Areas	Did you check?	Comments
Checked Attic Top Plates?	Y	
Any Pipe & Wire Penetrations?	Y	
Check Recess Cans in Attic?	Y	

Zone Pressure		Room Pressure Greater than 3pa?/ If Yes, choose option below	Is Wall/ Ceiling/ Floor Repair Required? List in Notes	<u>Post</u>	<u>Final</u>
<u>Location</u>	<u>Pre</u>				
Family Room	2	Jumper Duct/ celing to celing	N		3
Bathroom 2	2.3	Install grill above room door			3.1
Utility Room	2.9	Install grill above room door			3
	3	Under-cut room door			3
	3	Under-cut room door			3.2
	5.2	Under-cut room door			3
	3	Jumper Duct/ celing to celing			3
	2.4	Under-cut room door			4
	5	Under-cut room door			3

AUDITOR Notes				



Weatherization Assistance Programs Pre Work Order Agreement



Form PWO--10

Client name:	0	Address:	0	0	FL
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Below is a list of the work that **may** be completed on your home. These services are free and funded by the State of Florida and the U.S. Department of Energy and Health & Human Services and should make your home safer and more energy efficient. **However, these are not home repair or rehabilitation programs and are limited in the scope of work that may be performed. Please review the below list and sign to indicate your understanding of the work that MAY be performed on your home contingent upon available funding. **ITEMS ARE SUBJECT TO CHANGE OR POSSIBLY DELETED****

SPECIFIC WORK TO BE COMPLETED:

Priority	Quantity	Description	COMMENTS
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
10	0	0	0
11	0	0	0
12	0	0	0
13	0	0	0
14	0	0	0
15	0	0	0
16	0	0	0
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19	0	0	0
20	0	0	0
21	0	0	0
22	0	0	0
23	0	0	0
24	0	0	0
25	0	0	0
26	0	0	0
27	0	0	0
28	0	0	0
29	0	0	0
30	0	0	0
31	0	0	0
32	0	0	0

Weatherization Assistance Program Work Write Up

0

0

Client name:	0	Address:	0			FL	0	0
Client Phone Number:	0	Type of Dwelling	Site Built	Sq ft	1000	Pre- Blower Door Reading		3500
Job Number:	0	Ceiling Height	10	Stories	2	Target Blower Door Reading		1456

SPECIFIC WORK TO BE COMPLETED:

Priority	Quantity	Description	COMMENTS	Material	Labor	Total
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
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97						\$	-		
				\$	-	\$	-	\$	-

Contractor Name:		Address:		Phone Number	
------------------	--	----------	--	--------------	--

By Accepting this Project, you agree to install and perform all measures in accordance to Florida Building Code, SWS standards, Florida Program Guidelines & Agency Specifications. All projects must pass City/ County Code Inspections, Agency Final Insection and QCI to be considered complete.

Acceptance of Pricing Listed on This Work Write Up

Rejection of Pricing Listed on This Work Write Up

Signature Date

Signature Date

0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -

0

0

0

INVOICE #	DATE
0	2/21/2018

CUSTOMER ID	TERMS
0	Net 30

CLIENT INFORMATION

For: 0 Rebate Program 0
0
0
0

Rebate Information/ Household Information

Sq Ft.	1000	Pre Rvalue- R	12	Post Rvalue- R	31
Existing type of Insulation	Vermiculite		Rvalue Added	19	
Type of Insulation Installed?	Blwn FG				
Type of Duct Work	Flex				
75% Accessible?	Yes	Aerators Installed?	Y		
Number of Vents	14	Low Flow Installed?	Y		
Replace/ Seal Reccomended	NO	Coil Brush Clean	Y		
9 W LED 6 Pack Installed	#REF!	Filter Whistle	Y		
Water Heater Temperature	120	Wall Plate Thermometer	Y		
Temperature Check Card Issued?	Y	Number of Wall/ Window Units	0		
Foam Sealant	Y				

EXHIBIT 'B'			
FLORIDA WEATHERIZATION ASSISTANCE PROGRAM			
QUALITY ASSURANCE INSPECTION FORM			
Agency:	0	0	
Inspection Date:	6/20/2018		
Job #:	0		
Client Name:	0		
Own/Rent:	Own		
Address:	0		
City:	0		
County:	0		
Year of Construction or Manufacturing:	0		
Site Built/Manufactured Home/Multi-Family:	Site Built		
Primary Heating Fuel:	0		
Acronyms			
DAT – Dwelling Assessment and Testing forms (for audits)		PLAT – Priority List Assessment and Testing forms	
CO – Carbon Monoxide CAZ - Combustion Appliance Zone		NEAT – National Energy Audit	
MHEA - Manufactured Home Energy Audit		IRM - Incidental Repair Measures	
HVAC – Heating, Ventilation and Air Conditioning		PWOA - Pre Work Order Agreement	
BWR - Building Work Report		SWS/FFG – Standard Work Specifications/Florida Field Guide	
WORK RELATED Client File Review			
<i>Note: In the Compliance section, a "No" requires notes in Comment Section Page 4.</i>	Yes, No, N/A	Notes	
1. Completed PLAT by the subgrantee inspector.	N		
2. CO printout tapes with testing location (Pre and Post weatherization).	N		
3. CAZ testing results (Pre and Post weatherization).	N		
4. Copy of NEAT or MHEA output forms (central heating and cooling unit).	N		
5. Sizing calculations for HVAC replacements? (NEAT, MHEA, Manual J or other).	N		
6. ASHRAE 62.2-2013 Ventilation Rate Calculator work sheet in file.	N		
7. Client signed PWOA form.	N		
8. Work order for contractor bid / crew completed.	N		
9. Copy of change orders (must be approved by subgrantee inspector).	N		
10. Replaced refrigerator disposal documentation/confirmation.	N		
11. Replaced water heater disposal documentation/confirmation.	N		
12. Client and subgrantee inspector signed and dated the BWR.	N		
File documentation review meets Florida WAP Procedures and Guidelines.			

ON-SITE WORK ASSESSMENT			
HEATING, VENTILATION & AIR CONDITIONING	Yes, No, N/A	Reference	Comments & Notes
1. Heating System Replacement/Repair?	N		
2. Air Conditioning Replacement/Repair?	Y		
3. Heating System Tune-Up?	Y		
4. Air Conditioning Tune-Up?	Y		
5. Distribution System Modifications?	N		
6. Duct Sealing (All Joints, Seams and Connections in Ductwork Shall Be Securely Fastened and Sealed Accordingly)?	Y		
7. Set-Back Thermostat Installed (old thermostat disposed of properly if w/mercury)?	N		
8. Mechanical Ventilation Installed (ERV, local mechanical exhaust)? (Whole Building Mechanical Ventilation Rate: if calculated final mechanical ventilation rate is less than or equal to <u>15 cfm</u> , then whole building ventilation is <u>not</u> required.)	Y		
9. Ventilation Requirements Verified and Complies with ASHRAE 62.2-2013?	Y		
a. Air Flow Measured using airflow measuring device?	Y		
10. Filter Installed/1 extra left with client?	N		
11. Combustion Safety Testing Verified and Documentation is Complete?	N		
12. Measures(s) followed Priority List?	N		
13. NEAT or MHEA used instead of Priority List (Specific Measure Does Not Fit Into Parameters of the Priority List)?	N		
14. Work Meets Florida SWS/FFG Installation Standards?	Y		

ATTIC			
1. Attic Insulation Installed?	NA		
a. If below R-19, Insulated to R-38?	Y		
2. Proper Coverage R-value?	Y		
3. Insulation Certificate Completed & Posted?	Y		
4. If Knob/Tube Present, Is Sign Posted: "Caution Live Knob & Tube Wiring Present"? (Post in English & Spanish.)	Y		
4. Proper Heat Source Damming & Air Sealing (High Temperature Caulk, Non-Combustible Sheet Metal - Air Sealing Combustion Flue Pipes/Chimneys)?	Y		
6. Insulation/Vent Damming?	Y		
7. Junction Box/Markers Present?	Y		
8. Attic Access Insulated/Dammed?	Y		
9. Attic Air Sealing Performed?	Y		
10. Manufactured/Mobile Home Attic?	Y		
a. Attic Accessible?	Y		
b. If not accessible, Ceiling (Pressure Boundary) Air Sealed?	Y		
c. Insulation blown in through ceiling?	Y		
d. Insulation installed through roof?	Y		
11. Measure(s) followed Priority List?	Y		
12. NEAT or MHEA used instead of Priority List (Atypical Unit or Specific Measure Does Not Fit Into Parameters of the Priority List)?	Y		
13. Work Meets Florida SWS/FFG Installation Standards?	Y		

SIDEWALLS & KNEEWALLS			
1. Wall Insulation Installed (Dense Packed)?	Y		
a. Kneewall Insulated to R-18?	Y		
2. Plugs, Patching, & Painting Appropriate?	Y		
3. Air Sealing Performed?	Y		
4. Manufactured/Mobile Home?	Y		
a. Insulation Installed?	Y		
5. Measure(s) followed Priority List?	N		
6. NEAT or MHEA used instead of Priority List (Specific Measure Does Not Fit Into Parameters of the Priority List)?	Y		
7. Work Meets Florida SWS/FFG Installation Standards?	Y		
SUBSPACE			
1. Bandboard/Rimjoist Insulation Installed?	Y		
2. Floor Insulation Installed (R-19)?	Y		
3. Basement/Crawlspace Wall Insulation Installed?	Y		
4. Vapor Barrier (Site Built) Installed?	Y		
a. 100% Coverage Installed (Exposed Earth)?	Y		
b. Fastened To Ground (landscape staples, ballast to prevent movement)?	Y		
c. Minimum 6" Up Foundation Wall?	Y		
d. Seams On Wall Taped?	Y		
e. Wall to Floor Connection, Wall V.B. Installed Under Ground V.B.?	Y		
f. Fastened Mechanically To Wall (furring strips and staples)?	Y		
g. Vented Crawlspace - (Ground V.B. On Sloped Ground Use Reverse or Upslope Lapping To Allow Water To Drain Into Ground) Overlap Seams 12"?	Y		
h. Sealed Crawlspace - Seams Overlapped 12" and Taped To Prevent Water Leakage?	Y		
5. Crawlspace Signage: "Prohibited: Do Not Store Hazardous or Flammable Materials In This Space" installed? (Post in English & Spanish.)	Y		
a. Signage: "Caution, Do Not Damage. If Damaged, The Following Must Be Repaired Immediately: ____, If Repairs Needed, Contact: ____, installed? (Post in English & Spanish.)	Y		
6. Air Sealing Performed?	Y		

7. Manufactured/Mobile Home?	Y		
a. Air Sealing at floor, inside belly?	Y		
b. Ductwork sealed, inside belly?	Y		
c. Insulation Installed Accordingly?	Y		
d. Belly repaired/replaced?	Y		
e. Vapor Barrier Installed? If existing conditions of the ground and skirting mandates, a moisture barrier that covers the crawlspace ground will be installed with allowances for structural supports (piers) and accessibility. *Aim for complete coverage. If access to the entire crawlspace is impossible, cover all accessible areas. *Overlap seams by 12" and seal with waterproof tape and/or polyurethane caulk or adhesive. *Wrap and cover support piers at least 6" high. *Fasten to ground (landscape staples).	Y		
8. Measure(s) followed Priority List?	Y		
9. NEAT or MHEA used instead of Priority List (Specific Measure Does Not Fit Into Parameters of the Priority List)?	Y		
10. Work Meets Florida SWS/FFG Installation Standards?	Y		

WINDOWS/DOORS			
1. Ninth Window Replaced/DEO approval?	Y		
a. DEO approval recorded electronically?	Y		
2. Third Door Replaced/DEO approval?	Y		
3. Door Weather-stripping/Thresholds/Sweeps?	Y		
4. Measure(s) followed Priority List?(If No Why?)	Y		
5. NEAT or MHEA used instead of Priority List ?	Y		
6. Work Meets Florida SWS/FFG Installation Standards?	Y		
OTHER			
1. Water Heater Replaced/Repaired?	Y		
a. Temp. & Pressure Relief Valve Installed?	Y		
b. Discharge Pipe Installed?	Y		
c. Expansion Tank Installed?	Y		
d. Water Temp. should not exceed 120 degrees F?	Y		
2. Water Heater Insulation Installed (Storage Tanks Must Be Insulated to R-24 or better; this includes insulation inside of tank)?	Y		
3. Pipe Insulation Installed (First 6 feet hot/cold)?	Y		
4. Low Flow Showerheads Installed (2.5 gpm or less)?	Y		
5. Aerators Installed (2.2 gpm or less)?	Y		
a. If damage could result from existing conditions, use skilled professional or omit.	Y		
6. Lighting - CFLs Installed (must be installed)?	Y		
7. Refrigerator Replaced?	Y		
a. Metering/database?	Y		

8. Smoke Alarms Hardwired?	Y		
or Battery w/Variance?	Y		
9. Carbon Monoxide Alarms Hardwired?	Y		
or Battery w/Variance?	Y		
10. Other H&S Measures:	Y		
11. Other Energy Related Repairs:	Y		
12. Manometer/Combustion Analyzer within Calibration Date?	Y		
13. Pressure Diagnostics Performed?	Y		
14. Attached Garage Air Sealed?	Y		
a. All Penetrations Sealed?	Y		
b. Ductwork Sealed?	Y		
c. Construction Materials Sealed?	Y		
d. Doors Weatherstripped, Sweeps?	Y		
15. CAZ Sealed?	Y		
16. Duct Insulation Installed on Duct Outside Conditioned Space?	Y		
a. Foiled Faced/Vapor Barrier R-8?	Y		
b. Insulation Installed Completely on Foiled Faced Duct Insulation, Hard Pipe Ductwork, Plenums and Duct Boots and Fastened with Code Approved Materials?	Y		
17. Occupant Provided With Copies of Applicable Documentation?	Y		
18. Clothes Dryer, Semi-Rigid Metal Duct Installed?	Y		
19. Screen Mesh Installed (1/4"-1/2") for Pest Exclusion Exhaust Terminations Accordingly?	Y		
20. Refrigerant Lines Insulated To R-4?	Y		
21. Occupant Education (dryer lint filter cleaning, HVAC filter replacement, use of local mechanical exhaust, etc.)?	Y		
Other (Describe):	Y		

INCIDENTAL REPAIR MEASURES (IRM's)

1. Are IRM's justified in the client file with an explanation for their need and relationship to the specific energy conservation measure (ECM) or group of ECM's?	Y		
2. Are IRM's within the allotted dollar limit?	Y		
3. Does this unit need additional attention from the Agency?	Y		
4. Add comments on additional pages if needed.			

REQUIRED CORRECTIVE ACTION

Note: All corrections must be completed and signed off by the Crew Leader or Agency Inspector. When corrections are completed the Quality Control Inspector (QCI) must sign off affirming that required deficiencies were addressed to Florida WAP standards. If the job was inspected and all corrections were made on the final day of the job, the Crew Leader/ Agency Inspector and QCI must sign the Inspection Form to verify completion. Final day inspections must reflect corrections cited by the QCI. Inspection Form must be included in client file.

Correction(s):	Crew Leader (CL), Quality Control Inspector (QCI)					
	CL			Notes:		
	CL			Notes:		
	CL			Notes:		
	CL			Notes:		
	CL			Notes:		
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	CL			Notes:		

Crew Leader Name (print):	
Signature:	
Date:	
Quality Control Inspector Name (print):	
Signature or e-signature:	
Certification #:	
Date:	

I hereby confirm that this job is considered complete. All measures have been properly justified and this unit can be reported as completed.

A pdf copy of this completed QCI report must be included with the dwelling when submitted for reimbursement.

BWR Household Information

0

0	0	0	Job #	0
---	---	---	-------	---

Total Household Income	\$ -
Total Number of People Assisted who Reside in House	0

CHARACTERISTICS OF ALL PEOPLE IN HOUSE:		UNITS BY OCCUPANCY: check only one below:	
(Each person may be counted in more than one category)		OWNER OCCUPIED HOME	0
ELDERLY (60& older)	0	SINGLE FAMILY RENTER	0
DISABLED	0	MULTI FAMILY	0
VETERAN	0	OWNER MOBILE HOME	0
CHILDREN (2 & under)	0	RENTER MOBILE HOME	0
CHILDREN (3 to 5 years)	0		
CHILDREN (6 to 12 years)	0		
All other people not included in above categories	0		

Baseload Measures	Quantity	Unit of Measure	Cost Per Materials	WAP		WAP-LIHEAP	
				Total Material Cost	Labor Cost	Material Charge	Labor Charge
Client Education		Quantity					
Efficient Lighting (CFL)		Quantity					
Efficiency Lighting fixtures		Quantity					
Water heater pipe insulation (6ft hot & cold)		Quantity					
Water heater insulation		Quantity					
Water heater replacement		Quantity					
Water pipe insulation		Linear Ft					
Refrigerator		Quantity					

Air Filters - AC/Heat		Quantity					
Low Flow Showerheads		Quantity					
Faucet aerators		Quantity					
Other baseload		Quantity					
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

***Infiltration Reduction Measures**

Caulking		Linear Ft					
Ceiling Repairs - Minor		Sq. Ft.					
Doors - Exterior		Quantity					
Floor Repair - Minor		Sq. Ft.					
Threshold		Quantity					
Wall Repair - Minor		Sq. Ft.					
Weatherstrip		Quantity					
Window - Repair		Quantity					
Window - Replace		Quantity					
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Heating and Cooling Measures

HVAC - Central		Quantity					
Cooling - Window		Quantity					
Heating system repair		Quantity					
Furnace cleaned and tuned		Quantity					
Heating system replacement - Central		Quantity					
Heating - Space		Quantity					
Smart Thermostat		Quantity					
Duct sealing		Quantity					
Duct insulation		Linear Ft					
Duct System Repair		Quantity					
Duct System Replacement		Quantity					
Other heating/cooling		Quantity					
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Envelope/Insulation Measures

Ceiling/attic insulation		Sq Ft					
Knee Wall		Sq Ft					
Wall insulation		Sq Ft					
Floor insulation		Sq Ft					
Roof - Mobile Home Coating		Sq Ft					
Perimeter insulation		Sq Ft					
Priority air sealing		Quantity					
Blower door assisted air sealing		CFM					
Weather strips/door sweeps		Quantity					
Screens - Solar		Quantity					
Windows		Quantity					
Doors		Quantity					
Other Shell							
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Weatherization Related Repairs

Electrical repairs		Quantity					
Plumbing repairs		Quantity					
Roof repairs		Sq Ft					
Other repairs							
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Health & Safety

CO detector		Quantity					
Smoke detector		Quantity					
Mechanical Ventilation		Quantity					
Make up air vents installed		Quantity					
Attic ventilation		Quantity					
Lead safe weatherization		Quantity					
Dryer venting		Quantity					
Other health and safety		Quantity					

Air Seal Air Handler and Plenum		Linear Ft					
Duct Insulation R-11 Wrap		Linear Ft					
Duct Repair		Linear Ft					
Duct Sealing		Quantity					

Install Ductwork		Linear Ft					
Repair Registers and Returns		Quantity					
Replace Register Boots/Covers and Returns		Quantity					
Clean & Tune		Quantity					
Gas Valve		Quantity					
HVAC System Repairs		Quantity					
Power Vent		Quantity					
Repair Gas Line		Quantity					
Replace HVAC Unit		Quantity					
Vented Space Heater		Quantity					
Install Smart Thermostat		Quantity					
Vent Connectors		Quantity					
Replace Water Heater		Quantity					
Repair Water Heater		Quantity					
Water Heater Insulation		Quantity					
Water Heater Vent		Quantity					
Vapor Barrier		Sq Ft					
Gas Stove Burner Cleaning		Quantity					
Gas Oven Burner Cleaning		Quantity					
Dryer Vent Hose, Termination & Coils Cleaning		Linear Ft					
Replace Dryer 4" Alum Vent Hose		Linear Ft					
Vent Dryer Outside		Linear Ft					
High/Low Vents in DHW CAZ		Quantity					
Install Bath Exhaust Fan(s)		Quantity					
Install C/O Alarm(s)		Quantity					
Install Range Hood		Quantity					
Install Smoke Alarm(s)		Quantity					
Install Smoke/CO Alarm Combo(s)		Quantity					
Install Whole House Ventilation		Linear Ft					
Junction Boxes		Quantity					

Minor Electrical Repairs (\$1,000 Limit)		Quantity					
Electrical Knob & Tube Wiring (\$2,000 Limit)		Quantity					
Remove Un-Vented Space Heater		Quantity					
Vent Existing Bath Fan		Quantity					
Vent Existing Kitchen Fan		Quantity					
Vent Existing Range Hood		Quantity					
Address Minor Mold Issues		Sq. In.					
Correct Minor Drainage Issues (\$500 Limit)		Linear Ft					
Minor Fire Hazards		Quantity					
Repair Stairs and/or Handrails		Quantity					
Minor Pest Removal		Quantity					
H&S - Hazard Abatement		Quantity					
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total WAP Material	\$ -
Total WAP Labor	\$ -

\$0.00

0

Total WAP LIHEAP Material	\$ -
Total WAP LIHEAP Labor	\$ -

Total H and S Material WAP	\$ -
Total H and S Labor WAP	\$ -

Total H and S WAP LIHEAP Material	\$ -
Total H and S WAP LIHEAP Labor	\$ -

Readings	Blower	Monoxer	Comments	Date
Pre	3500			0
Target	1500			0
Final	1456			0

I certify, to the best of my knowledge, that the work shown above has been completed.

Client Signature: _____

Date

I certify, to the best of my knowledge, that the work shown above has been completed.

Agency Signature: _____

Date

Exhibit B QAI Audit Samples

SAMPLE INC.		Inspection Date: 08/14/19	
Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO
1. H&S items were not included in the NEAT, when looking at the NEAT last item on the "cumulative cost" should always be higher than or equal to your total cost on the BWR. H&S items can be included on a NEAT using the itemized cost tab, this will not affect what items you get approved as long as you do not include them in the SIR.			2. Unsupported - Submit documents that supports replacement.
2. A water heater was replaced under H&S but I could not find a state waiver in the file? This water heater was also not included on the NEAT.		2. Program Notice 15-08A	3. Submit Corrective Actions.
3. Front left burner on gas stove is 182 ppm.		3. P&G, Page 140	4. Submit corrected page from PLAT.
4. Before blower door reading on NEAT is 6780 but on the PLAT the reading is 3912?		4. P&G, Page 105	5. Submit corrected RED and compliance with ASHRAE documents
5. Final blower door: 2905. QAI blower door: 2672.		5. Program Notice 15-06	

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector (2)			
Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CGC1521427	Client Name:	Sample Sample - 000 Sample St., Sample, Florida 33333
Funding Source:	<input checked="" type="checkbox"/> DOE <input type="checkbox"/> LEW	Job Number:	2561
I hereby confirm that this job is considered Passed or Failed based on the 2015 Florida WAP SWS and P&G.		PASSED	DATE:
		FAILED	DATE: 08/14/2019

Sample County Board of County Commissioners		Inspection Date: 09/17/2019	
Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO
1. No items noted. 2. Mobile Home in excellent condition.			

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector			
Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CGC1521427	Client Name:	Sample Sample - 123 Sample Street, Sample Florida 33333
Funding Source:		Job Number:	17WAP22
<input checked="" type="checkbox"/> DOE <input type="checkbox"/> LEW I hereby confirm that this job is considered Passed or Failed based on the 2015 Florida WAP SWS and P&G.		PASSED	DATE: 09/17/2019
		FAILED	DATE:

Sample 2 County Board of County Commissioners

Inspection Date: 09/17/2019

Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO
1. Range hood not working at time of inspection. 2. Home is going through a massive renovation at the time of this inspection. Much of the electric has been disconnected in the home and many breakers are off in the panel. The wires at the range hood are no longer connected by the wire nut, and the cover for the electric is on the counter next to the stove.		ASHRAE 62.2 / FL Electrical Code	

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector

Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CGC1521427	Client Name:	Sample Sample - 456 Sample Place, Sample Florida 33333
Funding Source:		Job Number:	17WAP26
I hereby confirm that this job is considered <input type="checkbox"/> Passed <input type="checkbox"/> Failed based on the 2015 Florida WAP SWS and P&G.		PASSED	DATE: 09/17/2019
		FAILED	DATE:

SAMPLE COMMUNITY ACTION PROGRAM

Inspection Date: 10/15/2019

Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO	
<p>1. Recalculated Ashrae with the corrected blower door & Bath fan readings shows that whole house ventilation is required with a Qfan of 31 CFM. With no fan deficit the home still requires ventilation at 16 CFM per hour. If the agency can adjust all exhaust fans to have no deficit and get a blower door reading of 1460@50 or higher the home would not require ventilation.</p> <p>2. A second smoke detector was installed next to an existing working smoke detector on the left side of home. Initial auditors notes show that only one smoke detector needs to be installed but for some reason two were installed and invoiced for.</p> <p>3. Four solar screens were installed on Northside but we're not on contractors invoice.</p> <p>4. Final blower door: 1500. QAI blower door: 1397.</p>	1. ASHRAE Sheet, Kitchen, Hall and Master.	1. Program Notice 15-06	<p>1. Bring dwelling into compliance with Program Notice 15-06.</p> <p>2. Reimburse DEO for smoke detector.</p>	
	2. Smoke	2. P & G, Page 49		

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector (2)

Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CDC1521427	Client Name:	Sample Sample 789 Sample Street, Sample Florida 33333
Funding Source:	<input type="checkbox"/> DOE <input checked="" type="checkbox"/> LEW	Job Number:	17-78
I hereby confirm that this job is considered Passed or Failed based on the 2015 Florida WAP SWS and P&G.		PASSED	DATE:
		FAILED	DATE: 10/15/2019

SAMPLE 2 - COMMUNITY ACTION PROGRAM	Inspection Date: 10/15/2019
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Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO
1. No findings. 2. CO detector was installed high on the wall. CO gase evenly disperses throughout a room so while there is no required height for CO detectors, it is recommended to install them at eye level as this is the air the occupant will breathe. 3. Homeowner took down hallway smoke detector. 4. Contractor did a very nice job with attic hatch build up.			

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector (2)			
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Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CDC1521427	Client Name:	Sample Sample 101112 Sample Road, Sample, FL 33333
Funding Source:	<input type="checkbox"/> DOE <input checked="" type="checkbox"/> LEW	Job Number:	17-79
I hereby confirm that this job is considered Passed or Failed based on the 2015 Florida WAP SWS and P&G.		PASSED	DATE: 10/15/2019
		FAILED	DATE:

SAMPLE 3 - COMMUNITY ACTION PROGRAM

Inspection Date: 10/15/2019

Findings & Notes (Compliance Concerns)	Reference Photos	Reference Documents	Corrective Action Prescribed by DEO
1. In the MHEA input under infiltration "evaluate duct sealing" is check "Yes", this means you ran a duct blaster on the home but there are no pictures in the file to corroborate this.	3. See All Photos		
2. On a MHEA the last item on the "cost" column should always be higher than or equal to your total cost on the BWR. If there is a change order for a job the NEAT/MHEA must be update to include changes.			
3. Ductwork leaking at 8.7 PA. Agency noted multiple attempts to seal ductwork with little change in between each attempt, it is unlikely to get under 1.0 PA due to the difficulty of getting to the ductwork.			
4. Final blower door: 1184. QAI blower door: 1301.			

QUALITY ASSURANCE INSPECTOR NAME: Sample Inspector (2)

Signature: On File	Gulf Beach Development, Inc.		
Certification Number:	CDC1521427	Client Name:	Sample Sample 131415 Sample Road, Sample Florida 33333
Funding Source:		Job Number:	17WLHL34
<input type="checkbox"/> DOE <input checked="" type="checkbox"/> LEW		PASSED	DATE: 10/15/2019
I hereby confirm that this job is considered Passed or Failed based on the 2015 Florida WAP SWS and P&G.		FAILED	DATE: