



## **Request for Proposals for Residential HVAC Services May 21, 2025**

### **Purpose**

The Cabarrus County Planning and Development Department is anticipating funding to administer the Weatherization Program, the Heating and Air Repair and Replacement Program, and the Housing and Home Improvement Program for 2025-2026 for Cabarrus County. As part of that program, heating and air systems are evaluated for efficiency and working condition

### **Scope**

Cabarrus County is accepting proposals from HVAC contractors for potential work under the Weatherization Assistance Program and Housing and Home Improvement program. The Weatherization Program requires special paperwork in addition to typical HVAC services. The contractor cannot be disbarred or on probation from performing work with federal funds and must have a valid North Carolina HVAC license. Cabarrus County reserves the rights to award or deny bids and contracts for electrical services for the Weatherization Assistance program and the Housing and Home Improvement Program. All contractors are required to carry liability, auto, and if applicable, workman's compensation at approved levels by the county. Please see the attached information for insurance requirements.

### **Proposal Requirements**

Complete applications must include the following information at the time of submission:

1. Subcontractor Profile form which includes consultant's experience, background, and all required attachments. (see pages 4-5).
2. Signed Scope of Work – services to be provided pursuant to **Schedule A** of the NCDEQ – Weatherization Subcontractor Agreement (see pages 6-7).
3. Initialed Contractual man-hour rate **Schedule B** (see pages 8-10).
4. Signed Subcontractor Obligations (see page 11).
5. Estimates for HVAC activities and/repair (see page 12).
6. Background checks from a reputable site that conducts comprehensive nationwide background checks for any employee that will be entering homes to perform work. You may go to the website <https://www.tclogiq.com/> or use another site that meets the requirement.

**E-Verify:**

As required by N.C.G.S. §143-48.5 (Session Law 2013-418), the Subgrantee certifies that it, and each of its subcontractors for any contract awarded as a result of this solicitation, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E Verify system. Proof of participation must be presented for companies larger than 25 employees. You may go to the website <https://www.e-verify.gov/> to complete E verify if required.

The contractor may not solicit or provide additional services outside the contract with Cabarrus County to low-income clients who have received NC WAP services or HHI services due to their contact with the client through Cabarrus County programs.

***Must follow North Carolina Weatherization Program's Standard Work Specifications Program Year 2025. The plan may be downloaded at <https://www.deq.nc.gov/energy-climate/state-energy-office/weatherization-assistance-program/state-plans-hearing-process#AnnualWeatherizationProgramDraftDocuments-14687>***

**Proposals:**

***All proposals must be submitted by Wednesday, June 4<sup>th</sup>, at 3:00 p.m. to Susie Morris of the Cabarrus County Planning and Development Department.*** For more information or clarification call 704-920-2858 or email: [samorris@cabarruscounty.us](mailto:samorris@cabarruscounty.us)

**Contact person:**

Ms. Susie Morris, Planning and  
Development Director  
[samorris@cabarruscounty.us](mailto:samorris@cabarruscounty.us)  
Ph. 704-920-2858

**Proposal must be  
submitted to:**

Cabarrus County  
Ms. Susie Morris, Planning  
and Development Director  
P.O. Box 707  
Concord, North Carolina  
28026

Physical address:  
Cabarrus County  
Ms. Susie Morris, Planning  
and Development Director  
65 Church St. SE Suite 280  
Concord, NC 28025

**Deadline**

Submission deadline:  
**Wednesday, June 4<sup>th</sup> at 3:00  
p.m.**

**CABARRUS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER AND ENCOURAGES LOCAL, MINORITY, AND WOMEN OWNED BUSINESSES TO SUBMIT PROPOSALS.**

Any protests regarding contract awards should be addressed to the Cabarrus County Chief Procurement Officer in writing within 5 working days of notification of the award at:

US Mail:

Cabarrus County Manager's Office  
Thomas Nunn, Chief Procurement Officer  
P.O. Box 707  
Concord, NC 28026

Physical address:

Cabarrus County Manager's Office  
Thomas Nunn, Chief Procurement Officer  
65 Church St. SE Suite 235  
Concord, NC 28025

### Subcontractor Information

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

2. Owner(s) Name: \_\_\_\_\_

3. Company contact if different from owner: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Email address: \_\_\_\_\_

7. Company Structure (corporation, partnership, sole proprietorship): \_\_\_\_\_

8. Business Type: \_\_\_\_\_

9. Years in Business: \_\_\_\_\_

10. Federal Tax Identification Number: \_\_\_\_\_

11. Years of Weatherization Work Experience, if none, list similar, related experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. List all agencies in which your company served as a Weatherization Assistance Program subcontractor in North Carolina in the past 3 years.

Agency	Main Contact Person	Telephone Number

12. Identify equipment owned by subcontractor that will be used in performing weatherization work:

Equipment	Manufacturer	Model	Year Purchased	Condition
Generator				
Combustion Analyzer				
Duct Blaster				
Infrared Camera				
Other:				
Other:				

### REQUIRED ATTACHMENTS

1. A copy of licenses and certifications (include HVAC license, lead certifications, asbestos certifications, and any BPI certifications).
2. A copy of insurances (Worker's Compensation, Commercial General Liability, Automobile, & Pollution Occurrence) valid through June 30, 2027.
3. A copy of the voided invoice to be used by the subcontractor.
4. Estimates for the following HVAC activities and/repair:
  - a. Evaluate, Clean, and Tune. This price should include pricing for tune ups **to include filling out the attached document for each job**. This should be submitted in the form of an hourly rate and projected amount of time for a typical job. **Combustion testing is required. Any company wishing to participate must have their own combustion analyzer that is calibrated on a regular schedule.**
  - b. System Recharging. Cost per pound.
  - c. Cost of system replacements. The following information should be included: The system should be a minimum of 14.3 SEER 2. Prices for a 2 ton, 2.5 ton, 3 ton, and 3.5 ton gas and electric HVAC units. Please include names of brands being priced. All typical material and labor costs should be included.
  - d. Basic installation of exhaust fans with and without venting. It is understood that each job is different. A range will be sufficient.

**\*It is understood that this pricing is an estimate on a typical job and that there are no site factors included.**

5. Completed nationwide background checks for employees performing work in homes.
6. Completed E-Verify, if required.

Signature of CEO/Owner or authorized Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## SCHEDULE A

### Scope of Services

The Subcontractor agrees to provide the services and/or materials described in detail below:

1. **Evaluate, clean and tune (ECT)** heating/cooling equipment per ANSI/ACCA Standard 4 (Maintenance of Residential HVAC Systems) and North Carolina Weatherization Assistance Program Guidelines, providing full documentation of tests performed, conditions observed and recommended actions.
  - a. Evaluation should include a visual inspection of existing ductwork, and, if applicable, notifying the Contractor of any deficiencies noted.
  - b. Evaluation should include combustion and safety testing, if applicable.
  - c. Conduct minor repairs to the heating/cooling system as determined by the ECT. For the purposes of this agreement, minor repairs are defined those repairs that and may be performed by Subcontractor performing the ECT service at the time of the initial service at no additional cost.
  - d. Specify any additional work needed by electrician and/or plumber to achieve efficient, safe and code compliant operation of the unit. Any electrical and/or plumbing services must be separately contracted with by the Contractor; if the Subcontractor has a preference for a specific electrical or plumbing service provider, he/she may submit that request to the Contractor.
  - e. Follow procedures for servicing, repairing, and disposing of any and all refrigerant-containing devices, units, and systems as outlined by federal, state, and local laws and regulations now in effect or hereinafter enacted which pertain to the Federal Clean Air Act of 1990.
  - f. Remove any and all non-functioning equipment and parts associated with system, including obsolete ductwork, unless otherwise specified by the Contractor.
2. Replace non-functioning HVAC equipment with equipment of comparable size and type according to Manual J calculations and having an efficiency rating meeting or exceeding Section 7610 of the NC Weatherization Installation Standards. New System must use the same fuel type (oil, propane, electric, etc) as the existing system unless prior approval is granted by Contractor to convert fuel type. If provided, the air filters for the new system shall be rated at MERV 6. Installation must meet ANSI/ACCA Standard 5 (Installation of Residential HVAC Systems) and North Carolina Weatherization Assistance Program Guidelines.
  - a. Specify any additional work needed by electrician and/or plumber to achieve efficient, safe and code compliant operation of the unit. Any electrical and/or plumbing services must be separately contracted with by the Contractor; if the Subcontractor has a preference for a specific electrical or plumbing service provider, he/she may submit that request to the Contractor.
  - b. Remove any and all non-functioning HVAC equipment and parts associated with system, including obsolete ductwork.

- c. Follow procedures for servicing, repairing, and disposing of any and all refrigerant-containing devices, units, and systems as outlined by federal, state, and local laws and regulations now in effect or hereinafter enacted which pertain to the Federal Clean Air Act of 1990.
- d. Provide original documentation of the Manual J calculation, new HVAC system operation manual and warranty information to the Contractor with the invoice.

Signature of CEO/Owner or authorized Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**SCHEDULE B**  
**Subcontractor Compensation**

All labor rates quoted must include all overhead cost including travel, worker compensation, equipment, maintenance, administrative costs, and worker pay. These price categories should be adequate for installing insulation in most weatherization situations. If a particular category will not apply, indicate by stating (N/A) "not applicable" in the price sections. Please avoid adding unnecessary price categories.

**TASK 1: Evaluate, clean and tune (ECT) heating/cooling equipment per ACCA/ANSI Standard 4 and North Carolina standards, providing full documentation of tests performed and recommendations.**

Set Price per unit	
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**TASK 2: Diagnose heating/cooling equipment with repairs and/or parts replacement, as necessary. Task 2 is only to evaluate an inoperable system, not to clean and tune it.**

Set Price per unit	
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**TASK 3: Replace existing non-functioning heating/cooling equipment with new HVAC equipment. The cost should include labor for sizing central systems using ACCA Manual J. Ensure that efficiency meets or exceeds the requirements in section 7610 of the North Carolina Weatherization Installation SWS.**

**\*Replacement of an air handler or outdoor condenser ONLY, as opposed to both outdoor and indoor unit, must have NC WAP approval prior to installation to verify both components are compatible. \***

		Option 1*	Option 2*	Option 3*
Electric Heat Pump (split)	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Natural Gas Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Natural Gas Package	AC included?			
	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			



Packaged Heat Pump	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Natural Gas Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Fuel Oil Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
	AC included?			
Propane Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Fuel Oil Vented Space Heater	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Electric Mini Split	Make/Model			
	Size/Rating			
	Efficiency (HSPF)			
	Material Cost			
	Labor Cost			
Central AC	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
Propane Furnace	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			
	AC included?			
Vented Solid Fuel Oven (Wood/Coal)	Make/Model			
	Size/Rating			
	Efficiency			

	Material Cost			
	Labor Cost			
Unit Natural Gas Boiler	Make/Model			
	Size/Rating			
	Efficiency			
	Material Cost			
	Labor Cost			

\* Please consider options for variously sized site-built vs. manufactured homes. Note that the Weatherization Assistance Program **does not** install electric furnaces and the heating efficiencies requirements are often **greater** than the mechanical code.

\*\* Labor Cost can be Flat Rate or Hourly Rate.

\*\*\* To use lead safe weatherization in all homes older than 1978 where the possibility of generating dust, both indoors and outdoors, exists. There is no de minimus level recognized, however; the preparation area and clean up area should be sized appropriately for the job. Pictures of the lead safe set up must be taken and included with the invoice or emailed to the agency where this may apply. Lead safe weatherization does not need to be followed in homes older than 1978 that have been certified as lead safe by third party verification.

\*\*\*\***Must comply with regulations of OSHA 29 CFR Standard 1910.146 – Permit-Required Confined Spaces. Expired permits must be submitted with invoices.**

Subcontractor Initials \_\_\_\_\_

## **Subcontractor's Obligations**

- A. To perform the services provided for in Schedule A (Scope of Services). The services provided by the subcontractor may not be contracted out to any other organization or company.
- B. To comply with all applicable laws, ordinances, codes and regulations of local, state and federal governments, including the obtaining of all required permits and licenses, at no additional cost to the Contractor.
- C. To use lead safe weatherization in all homes older than 1978 where the possibility of generating dust, both indoors and outdoors, exists. There is no de minimus level recognized, however; the preparation area and clean up area should be sized appropriately for the job. Lead safe weatherization does not need to be followed in homes older than 1978 that have been certified as lead safe by third party verification.
- D. During the term of the contract, the Subcontractor at its sole cost and expense shall provide commercial insurance of such type and with such terms and limits as may be reasonably associated with the contract.
- E. All typical County insurance requirements are shown at the end of this document.
- F. The Contractor shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under any such insurance policies, except as they may conflict with existing North Carolina laws or this contract. The limits of coverage under each insurance policy maintained by the Subcontractor shall not be interpreted as limiting the Subcontractor's liability and obligations under the contract. Cabarrus County, its agent's officers and employees shall be named an additional insured.

Signature of CEO/Owner or authorized representative acknowledging the obligations:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# Cabarrus County Minimum Insurance Coverage Requirements

Coverage	<u>Low</u> Risk Profile	<u>Medium</u> Risk Profile (County’s Standard Requirement)	<u>High</u> Risk Profile	<u>Specialty</u>	<u>Encroachment</u>	<u>Premises Lease</u>
<b>Commercial General Liability</b>  Products/Completed Operation Explosion, Collapse & Underground (XCU)	\$1,000,000 Combined Single Limit (CSL) per occurrence for bodily injury and/or property damage  As above	\$1,000,000/\$2,000,000 *  As above If any. limit To Be Determined	\$1,000,000/\$2,000,000*  As above If any. TBD	\$1,000,000*  As Above If any. TBD	\$1,000,000	\$1,000,000
<b>Automobile Liability</b>	\$1,000,000 CSL per occurrence	\$1,000,000*	\$1,000,000*	\$1,000,000*	n/a	n/a
<b>**Workers’ Compensation</b>	Statutory	Statutory	Statutory	Statutory	n/a	Statutory
<b>**Employers Liability</b>	100/500/100	500/500/500*	500/500/500*	500/500/500*	n/a	100/500/100
<b>**Waiver of Subrogation on WC</b>	Required if available	Required if available	Required	Required	n/a	n/a
<b>Umbrella Liability</b>	n/a	n/a	\$2,000,000+	\$9,000,000+	n/a	n/a
<b>Professional Liability</b> <i>may be required on a risk profile</i> depending on nature of services provided by contract. Coverage required for professional service such as accountant, attorney, architect, design, engineering and most consultants	\$1,000,000 per occurrence	\$1,000,000	TBD	TBD	n/a	n/a
<b>Environmental/Pollution Liability</b> required if demolition, use of hazardous materials or environmentally sensitive	n/a	\$1,000,000*	\$1,000,000+*	\$1,000,000+*	n/a	n/a
<b>Fidelity Bond</b> (loss of money or other property due to dishonest acts). Only for Contracts such as Banking, Janitorial, Fund Raising, TPA’s and similar	TBD	Amount depends on exposure to loss	TBD	TBD	n/a	n/a
<b>Other Coverage</b> As Required	TBD	TBD	TBD	TBD	n/a	n/a
<b>Bid, Performance &amp; Payment Bonds</b>	TBD	TBD	TBD	TBD	n/a	n/a

\* A combination of Umbrella/Excess and primary limit may be used to provide coverage for the amount shown.

\*\* **Workers Compensation is required if the contractor/vendor has employees.** Owner Waiver is acceptable for a  
Sole Proprietor, Partners or LLC that has no employees. Corporation owner/officers are employees under NC Workers’ Compensation Act

	Low Risk Exposure	Standard Risk	High Risk Exposure	Specialty
<b>Common Service for Risk Profile includes but is not necessarily limited to service shown.</b>	Desk Top Publishing Mail Sorting Word Processing Copying Landscaping (minor, no trees, no electrical or excavation) Microfilm services Small low risk repair or service jobs (usually those jobs <30 days duration <b>and</b> <\$500) Tennis Instructor Yoga Instructor	Appliance Repair Asbestos Removal (small project) Carpentry Carpet Cleaners Concrete Work Drywall Contractor Excavation (minor) Fence Installation Fire Extinguisher Testing Fork Lift Repair Electrical Repair Elevator Maintenance HVAC Janitorial Landscaping (minor excavation) Painting Paving Contractors Parks & Recreation renovation Pest Control Plumbing Pool Cleaning Purchase of Goods or Service Refrigeration Roofing (1 story small project) Tree Maintenance Trade Contractors Welding (small project) Wrecker Services	Charters Excavation (large) Fireworks Displays Hi Tech equipment installation. Landscaping (major excavation, large equipment) Large Construction Painting above 1 story Road Contractor Roofing (large project) Power Lines Sewer Contractor Welding (large project)	Asbestos Removal Crane Service Demolition Environmental Hazard Heavy Construction Sensitive Equipment

<b>Personal &amp; Professional Service includes but is not necessarily limited to service shown.</b>	Appraiser (Comm Dev) Disc Jockey Discussion Leader Proofreader Landscape Design (small project) Title Search Firm (Comm Dev)	Accountant Advertising Agencies Other Appraisers Architect (small project) Attorney Consultants (most projects) Designer (most projects) EAP Insurance Brokers Instructor (physical activity) Landscape Design (other) Lobbyists Programmers Researcher Temporary Services	Architect (large project) Consultants (large project) Medical Services	Project or contract determined to require higher limits
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**Certificates of Insurance should include the following:**

1. Cabarrus County
2. Contract must represent Cabarrus County which includes its officers, officials, agents and employees. If not then the Certificate must reflect its officers, officials, agents and employees as an additional insured
3. Disclose any self-insured retention (allowed only if pre-approved by County).
4. Designate Cabarrus County Risk Management Department, PO Box 707, Concord, NC 28026 as certificate holder.
5. Provide that the City shall be notified at least 30 days in advance of cancellation or material change in coverage.
6. Certificate should be forwarded directly from the insurance agent or insurance carrier

Contract insurance requirements must be met. Receipt of a non-compliant certificate, other documentation of insurance or policies by the County or any of its representatives does **NOT** constitute a waiver of the vendor/contractor's obligation to fulfill the insurance requirements of the County.

It is recognized that a purchase order for the routine procurement of goods may not explicitly state insurance requirements. However, departments should review each acquisition to identify potential risks that may require the imposition of insurance requirements. The County's failure to request or demand evidence of insurance shall not constitute a waiver of any insurance requirement.

Those parties who do not meet the minimum requirements for insurance coverage may ask for an exception through the User department. A certificate of insurance for the maximum limits of coverage that are carried by the vendor must be submitted to the Cabarrus County, Risk Manager along with a detailed explanation of services and/or products to be provided to the County by the vendor. The User Department should be prepared to answer the following questions when requesting an exception:

1. What activities will take place?
2. Who could be harmed?

\* A combination of Umbrella/Excess and primary limit may be used to provide coverage for the amount shown.

\*\* **Workers Compensation is required if the contractor/vendor has employees.** Owner Waiver is acceptable for a Sole Proprietor, Partners or LLC that has no employees. Corporation owner/officers are employees under NC Workers' Compensation Act

3. What property could be damaged and how severely?
4. What is the maximum exposure (worst case scenario) for the activity?
5. What is the maximum likely loss for the activity?
6. Is there a possible pollution exposure?
7. Are crowds or bystanders/passersby likely to be involved?
8. Will inherently dangerous activities be involved?
9. How likely is the County to be a defendant in the event of a loss?
10. Are other contractors/vendors available to do the work that have the County minimum limits?
11. What are the cost of the work (bid, contract or PO price) and the duration of the work?
12. What is the cost to the vendor to increase coverage to the County's requirement?

The request will be reviewed by the County's Risk Manager for a determination as to whether an exception will be made. Failure to obtain an exception will eliminate the requesting party as a vendor.

Insurance requirements subject to change without notice.

# North Carolina Weatherization Assistance Program

## Heating, Ventilation, and Air Conditioning System Evaluation Report

Every Weatherized dwelling in NC shall have all HVAC systems evaluated by a licensed HVAC technician (limitations apply). HVAC evaluations and related services provided under the NCWAP, shall comply with the American National Standards Institute/Air Conditioning Contractors of America (ACCA) Standard-4 (2008) and the NC Weatherization Installation Standards. An NCWAP HVAC Evaluation Report shall be completed by a technician in conjunction with every evaluation performed and shall accompany any request for payment. NCWAP shall define an Evaluation as incorporating all Inspection, Maintenance, and Testing procedures mandated by ACCA Standard-4, as applicable per system type.



**North Carolina  
Weatherization  
Assistance Program**

### I. Job Information: All fields required. Shaded fields to be completed by the Weatherization Service Provider (WSP).

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date Assigned: \_\_\_\_\_  
 City, ST Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Assigned By: \_\_\_\_\_ Target Completion Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_

Technician Name: \_\_\_\_\_ Actual Completion Date: \_\_\_\_\_  
 Returned Completed Report To: \_\_\_\_\_ via fax/email Actual Time of Service Appt: \_\_\_\_\_ am/pm

### II. System Identification: All fields required. Use additional sheets as needed where five or more systems are present.

No. of Primary Systems Present<sup>▲</sup> \_\_\_\_\_ No. of Unvented Space Heaters Present \_\_\_\_\_  
 No. of Supplemental Systems Present<sup>+</sup> \_\_\_\_\_ Are Unvented Space Heaters the Primary Heat Source?<sup>●</sup> ☐ Yes ☐ No

System 1 (Check all that apply)	System 2 (Check all that apply)
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Electric  <input type="checkbox"/> Natural Gas  <input type="checkbox"/> Propane  <input type="checkbox"/> Oil (No. _____)  <input type="checkbox"/> Kerosene                      Solid Fuel (Wood, Coal, Pellet)                 </div> <div> <input type="checkbox"/> Forced Air  <input type="checkbox"/> Gravity  <input type="checkbox"/> Boiler  <input type="checkbox"/> Space Heater  <input type="checkbox"/> Unvented Space Heater                      Water Heater                 </div> </div> Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Electric  <input type="checkbox"/> Natural Gas  <input type="checkbox"/> Propane  <input type="checkbox"/> Oil (No. _____)  <input type="checkbox"/> Kerosene                      Solid Fuel (Wood, Coal, Pellet)                 </div> <div> <input type="checkbox"/> Forced Air  <input type="checkbox"/> Gravity  <input type="checkbox"/> Boiler  <input type="checkbox"/> Space Heater  <input type="checkbox"/> Unvented Space Heater                      Water Heater                 </div> </div> Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____
System 3 (Check all that apply)	System 4 (Check all that apply)
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Electric  <input type="checkbox"/> Natural Gas  <input type="checkbox"/> Propane  <input type="checkbox"/> Oil (No. _____)                      Kerosene  <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet)                 </div> <div> <input type="checkbox"/> Forced Air  <input type="checkbox"/> Gravity  <input type="checkbox"/> Boiler  <input type="checkbox"/> Space Heater  <input type="checkbox"/> Unvented Space Heater                      Water Heater                 </div> </div> Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Electric  <input type="checkbox"/> Natural Gas  <input type="checkbox"/> Propane  <input type="checkbox"/> Oil (No. _____)                      Kerosene  <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet)                 </div> <div> <input type="checkbox"/> Forced Air  <input type="checkbox"/> Gravity  <input type="checkbox"/> Boiler  <input type="checkbox"/> Space Heater  <input type="checkbox"/> Unvented Space Heater                      Water Heater                 </div> </div> Brand/Trade Name _____ Model No. _____ Serial No. _____ Date Manufactured _____ System Size _____ btu/ton/other Location _____

<sup>▲</sup> Refer to the North Carolina Weatherization Installation Standards (NCWIS) for guidance on allowable system types that may contribute to a Primary Heat Source.

<sup>+</sup> Refer to the NCWIS for guidance on allowable system types that may contribute to a compliant Supplemental Heat Source.

<sup>●</sup> Presence of an Unvented Space Heater(s) as the Primary Heat Source in a Weatherized dwelling shall be strictly prohibited. Refer to the NCWIS for guidance on allowable Unvented Space Heater usage. Evaluations that identify prohibited usage shall cease immediately, and the Weatherization Service Provider shall be immediately notified.



### III. System Evaluation: Record results of Inspection, Maintenance, and Testing completed on each system type/component.

FP = Functioning Properly

NR = Needs Repair

RR = Replacement Recommended

CP = Cleaning Performed

#### COMPLETE FOR ALL SYSTEMS AS APPLICABLE

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Controls and thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zone controls and dampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main trunk line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet/fasteners/panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan belt tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature rise _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contacts/relays/capacitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registers and duct boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan on/off temperatures _____ °F   _____ °F				

#### COMPLETE FOR CENTRAL ELECTRIC SYSTEMS

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Variable frequency drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow across element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### COMPLETE FOR HEAT PUMPS / CENTRAL AIR CONDITIONING SYSTEMS

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Condenser unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerant line insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condenser fan motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airflow across coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condenser coil & fins*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporator coils & fins*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reversing valve operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Superheat/subcool results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate ports—indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan speed _____ RPM				
Defrost cycle settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure drop across coils _____ psi				
Refrigerant lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature drop across coils _____ °F				

\* Straighten fins as needed.

#### COMPLETE FOR NATURAL GAS AND PROPANE FURNACES

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Gas leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner (corrosion, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condensate piping/drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustion air intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner blow wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main burner ignition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90+ unit pipe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hot surface igniter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Combustion chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance from combustibles	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Burner gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent system code compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Inlet gas pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel usage (clock meter) _____ therms/h				
Manifold pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is usage within 10% of nameplate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

#### COMPLETE FOR SOLID FUEL FURNACES (WOOD/COAL/PELLET)

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Condition of chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel type	<input type="checkbox"/> Wood	<input type="checkbox"/> Coal	<input type="checkbox"/> Pellet	
Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat exchanger cracked*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat resistant shielding	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Correct vent type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Gaskets	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Vent meets code (1/4" rise per foot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Circulating fan	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		

### III. System Evaluation Continued:

FP = Functioning Properly

NR = Needs Repair

RR = Replacement Recommended

CP = Cleaning Performed

#### COMPLETE FOR OIL FURNACES

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Combustion chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustion air intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retention head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photocell resistance _____ $\Omega$	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Ceramic insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace oil burner nozzle*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Electrode positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace fuel filter*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Clean combustion air inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Burner head/nozzle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil residue in chamber?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleed oil line*	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Test inducer fan motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ignition transformer voltage __ V	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Test blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance from combustibles	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Oil pressure (measure/adjust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Oil pump pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent meets code (1/4" rise per foot)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Fuel pump pressure cutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Primary burner safety control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

\* Required maintenance items

#### COMPLETE FOR ALL VENTED SPACE HEATERS

System 1					System 2				
Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas leak(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Gas leak(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Evidence of flame rollout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Clearance from combustibles?	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			Clearance from combustibles?	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Vent type correct for furnace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vent meets code (1/4" rise per foot)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Vent meets code (1/4" rise per foot)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Chimney lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Number of elbows in vent system? _____					Number of elbows in vent system? _____				

#### COMPLETE FOR HYDRONIC LOOP BOILERS

Description	Condition/Action Taken				Description	Condition/Action Taken			
	FP	NR	RR	CP		FP	NR	RR	CP
Reducing valve screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure reducing valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water temperature change _____ °F				
Bladder expansion tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water loop pressure change _____ psi				
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

#### COMPLETE FOR ALL VENTED FUEL-FIRED SYSTEMS\*

Ambient CO _____ ppm	Ambient temperature _____ °F
Spillage test <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not applicable	CAZ volume (if applicable) _____ ft <sup>3</sup>
Worst case CAZ _____ Pa	Additional venting needed _____ n <sup>2</sup>
Draft (at worst case) _____ Pa	Pressure switch <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not applicable

PORT 1	PORT 2	PORT 3	PORT 4
Steady state efficiency _____ %	Steady state efficiency _____ %	Steady state efficiency _____ %	Steady state efficiency _____ %
CO _____ ppm	CO _____ ppm	CO _____ ppm	CO _____ ppm
O <sub>2</sub> _____ %	O <sub>2</sub> _____ %	O <sub>2</sub> _____ %	O <sub>2</sub> _____ %
CO <sub>2</sub> _____ %	CO <sub>2</sub> _____ %	CO <sub>2</sub> _____ %	CO <sub>2</sub> _____ %
Stack temperature _____ °F	Stack temperature _____ °F	Stack temperature _____ °F	Stack temperature _____ °F

◆ Refer to the NCWIS for guidance on compliant combustion testing standards and methods.

#### IV. Declaration of System Compliance: Official summary of conditions post-Evaluation (Inspection, Maintenance, and Testing).

System No. 1		System No. 2		System No. 3		System No. 4	
Passes	Fails	Passes	Fails	Passes	Fails	Passes	Fails
Provide a detailed description of deficiencies identified in each failed system <i>(continue on back if additional space is needed)</i> :							

**VIII. MINOR Repairs Completed: *Authorized repairs completed at time of Evaluation, beyond the mandated scope of services.*<sup>†</sup>**

Detailed Description of Minor Repairs Completed:		Materials Installed			
		Material Description	QTY	Unit	Total Cost
		Actual Labor Hours			
Comments:			Total Materials:		
			Total Labor:		
			Total Actual Cost:		
Refer to NCWAP guidance for limitations on allowable Minor Repairs that may be performed in conjunction with standard HVAC Evaluations.					

**V. MAJOR Repair/Replacement Recommended: *Must be fully justified by the description of the failure written above.***

Detailed Description of Major Repair/Replacement Recommended:		Estimated Material Costs			
		Material Description	QTY	Unit	Total Cost
		Estimated Labor Hours			
Comments:		Total Estimated Materials:			
		Total Estimated Labor:			
		Total Estimated Cost:			

■ Refer to NCWAP guidance for limitations on allowable Major Repairs or Replacements performed, which are subject to competitive bidding requirements.

## VI. Certification of Compliant Evaluation:

### Technician Certification:

As an HVAC technician licensed by the State of North Carolina, and as an employee/proprietor of \_\_\_\_\_, I certify that I have personally evaluated all HVAC systems present in the subject dwelling, including all inspection, maintenance, and testing mandated under ACCA Standard-4. I understand that any subsequent services, for which the property owner/client may be eligible, shall be determined at the sole discretion of the WSP, and neither I nor any representative of my firm, shall be at liberty to state or imply that additional services can, should, or will be provided. I further attest that the evaluation, report, and repairs performed (if any) are complete, accurate, and of good quality, in accordance with NCWAP guidelines.

Technician Printed Name: \_\_\_\_\_

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

Technician Signature: \_\_\_\_\_

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

Property Owner Certification:

As owner of the property referenced herein, I understand and agree that I previously authorized the local Weatherization Service Provider to enlist the services of a licensed HVAC technician to evaluate and service the HVAC systems present in my dwelling on my behalf, as a requirement of the Weatherization Assistance Program services for which I may be eligible. I understand that no warranty either expressed or implied shall accompany this evaluation, nor any repairs made hereunder, and that any subsequent services for which I may be eligible shall be determined at the sole discretion of the WSP, in compliance with NCWAP standards and guidelines. I further certify that to the best of my knowledge, the evaluation as recorded in this report is now complete, and I agree and attest that the nature and quality of all work performed is acceptable to me.

Property Owner Printed Name: \_\_\_\_\_

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

Property Owner Signature: \_\_\_\_\_

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