



CONTRACTOR APPLICATION

Please use this form to apply to become a contractor in a Fry Nonprofit residential program(s). If you have specific questions, email us at lawanda@frynp.org. All fields are required unless otherwise noted.

APPLICATION STATUS

Existing Participating Contractor: If you are already a participating contractor with Fry NP, please select the program(s) you currently participate in from the list below. These selections indicate your interest in continued participation under current program rules.

- ☐ Weatherization Assistance Program
- ☐ Emergency Mechanical System Program
- ☐ Lead Based Paint Reduction Program

New Applicant: If you are a new applicant, select the programs you would like to participate in. As a first step, please review and ensure that your organization can meet the requirements as outlined on the Application Checklist and relevant manuals for the programs you are applying for.

- ☐ Weatherization Assistance Program
- ☐ Emergency Mechanical System Program
- ☐ Lead Based Paint Reduction Program

COMPANY INFORMATION

Legal Business Name (company name must match the Employer Identification Number (EIN) or Social Security (SSN) (if using d/b/a, certificate must be attached):

Business Name – D/B/A: _____

Company Background: _____



Mailing Address:

Street Address (if different)

City:

State:

Zipcode:

Business Website (URL):

Employer Identification Number (EIN):

Company is a: (Check all that apply)

- ☐ Minority and Women Owned Business Enterprises (MWBE)
- ☐ Service-Disabled Veteran-Owned Business

CERTIFIED STAFF

I certify that services will be provided by staff holding appropriate certifications within the appropriate categories as outlined in the applicable Manuals for which the undersigned applicant is applying. I acknowledge that the Program may request a copy of certificates or identification cards for certifications.

Applicant Initials: _____



My company provides the following services:

- ☐ Audits
- ☐ Boilers/Furnaces
- ☐ Air Conditioning
- ☐ Heat Pumps
- ☐ Installation of EEMs
- ☐ Lead Abatement
- ☐ Lead Remediation
- ☐ Other

SUBMISSION

Has any principal or officer of your company been convicted of a felony within the past 5 years?

☐ Yes ☐ No

Has any principal or officer of your company been under disciplinary action (probation, suspension, and termination) within a DC, MD, or VA residential services program?

☐ Yes ☐ No

Has any principal or officer of your company been debarred by any government agency?

☐ Yes ☐ No

Has any governmental entity made a finding of non-responsibility regarding the individual or entity seeking to apply in the last five years?

☐ Yes ☐ No

Has any governmental entity or other governmental agency terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information?

☐ Yes ☐ No

Please disclose any staff affiliations with contractors who have been terminated from any Fry NP program in the past 5 years:

Staff Name:

Previous Company:



PRIMARY CONTACT INFORMATION

This should be the primary contact person for Fry NP to inquire about this application and contractor award. Please ensure that the email and phone number used is tied to a single person of contact and not general contact information for the company.

First Name	Last Name
Title	Email
Phone	Extension

PROGRAM MANUAL (S) AND PARTICIPATION AGREEMENT

Check the box to certify you have read and agree to the terms in the Program Manual(s) associated with the program(s) along with the terms and conditions outlined in the following federal regulations.

- ☐ DOEE SWS Field Guide
- ☐ Lead Policy and Procedures
- ☐ United States Department of Energy
- ☐ 10 CFR 440
- ☐ 10 CFR 745 Subpart D



CERTIFICATION STATEMENT

By signing below, I attest that I have the legal signatory rights to enter into a contractual agreement for the programs selected above on behalf of the organization on whose behalf I sign. I certify that all information provided in this form including any attachments, is true and correct to the best of my knowledge. I agree to provide any additional materials Fry NP may ask for during the review process. I have also reviewed and agree to the terms and conditions set forth in the relevant manuals and federal regulations. I certify that I have the legal authority to bind my organization and the above-listed staff to the terms of these manuals and federal regulations as well.

Signature

Date

SUPPORTING DOCUMENTATION/ATTACHMENTS & SUBMISSION INSTRUCTIONS

Submit this completed and signed application along with the following documents:

- One copy of your D/B/A certificate (if applicable)
- Employee roster certified employees, including employee name, certification name, and expiration dates.
- Organizational Chart and Associated staff resumes.
- Verification of active business insurance policy
- Verification of SAMS
- Verification of DC Business license to include Business Clean Hands Certification
- Quality Assurance and Work Plan for program applying for:
 - Identify how you will work to ensure Weatherization Assistance Program Work is completed within 21 days of approved SOW; Emergency Mechanical System Work is completed within 5 days of approved SOW; and Lead Based Paint Reduction Program actual remediation, abatement, or encapsulation work completed within 7 days after approved DOEE permit is issued.
- Documentation of at least two years relevant experience working in the residential energy efficiency, emergency mechanical system, or lead based paint activities (required for new applicants). Applicants with less than two years' experience may apply but may require additional documentation or reviews of their application.
- Proof of training credentials as outlined on the Application Document Checklist

EMAIL COMPLETED APPLICATION TO:

LaWanda@Frynp.org



-OR- MAIL COMPLETED APPLICATION TO:
Fry Nonprofit
327 L Street NE, Rear
Washington, DC. 20002

Applications missing any of the above required documentation will not be approved.

After you are approved, you will be asked to provide one copy of a current insurance certification (general liability, worker's compensation and errors and omissions if applicable) with Fry Nonprofit included.

If the information provided on this Contractor Application Form and any attachment changes it must be reported to Fry NP in writing or via email to LaWanda@Frynp.org.