



**Indiana Weatherization Assistance Program  
Contractor Information Form – Attachment 4**

*A Contractor Information Form must be provided for each contractor that will work on the project.*

Project name: \_\_\_\_\_

Project address: \_\_\_\_\_

Name of contractor: \_\_\_\_\_ DUNS # \_\_\_\_\_

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

Phone number: \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person: \_\_\_\_\_

Date Contractor was checked against the federal contractor disbarment list: \_\_\_\_\_

LEAD Firm certificate expiration date: \_\_\_\_\_

Date of agreement between Agency and Contractor: \_\_\_\_\_

Does the agreement contain the mandatory flow down language?                      Yes                      No

Insurance information expiration date: \_\_\_\_\_ Amount of liability insurance: \_\_\_\_\_

List all workers who will perform work on the project:

Full Name	RRP Expiration Date	Certification Held	Expiration Date	Background/Note	OSHA 10

*Please note all workers will need to meet the standards listed in IHCD's Weatherization Policy and Procedure Manual. If the workers listed are new, please include proof of requirements met.*

Describe the payment schedule: \_\_\_\_\_

Contractor has signed off on the above payment schedule:      Yes      No

Contractor can procure materials to meet schedules:      Yes      No

I acknowledge the Contractor can guarantee to provide labor and materials with the above payment schedule and estimated time frame listed in the Multi-family Project Development Form, Attachment 1.

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

Title: \_\_\_\_\_ Sub-grantee: \_\_\_\_\_