



**Illinois
Department of Commerce
& Economic Opportunity**

Pat Quinn, Governor



WEATHERIZATION SPECIALIST TRAINING PROGRAM

**FISCAL YEAR 2014
REQUEST FOR APPLICATION**

DUE: THURSDAY, JUNE 26, 2014

1:30 P.M. C.S.T.

**JAMES R. THOMPSON CENTER
100 W RANDOLPH
SUITE 3-400
CHICAGO, IL 60601**

A Bidders Conference will be held on **05/15/14** from 2:15 0pm to 3:15 pm at the Illinois Department of Commerce and Economic Opportunity, located at the James R. Thompson Center - 100 W. Randolph, 3rd floor (Illinois Room), Chicago, Illinois 60601. The Bidders conference will allow participants an opportunity to pose questions regarding the Qualifying Application Requirements (QAR) and Request for Application (RFA). The Bidder's conference is not mandatory, but is recommended.

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**URBAN WEATHERIZATION INITIATIVE (UWI)
WEATHERIZATION SPECIALIST TRAINING (WST)
REQUEST FOR APPLICATION (RFA) – FY 2014
PROGRAM GUIDELINES**

SECTION I. GENERAL INFORMATION

- 1.1 **Purpose.** The Illinois Department of Commerce and Economic Opportunity (“DCEO” or “the Department”) administers the Urban Weatherization Initiative (“UWI”) in order to increase energy efficiency in targeted populations in eligible grant areas within Illinois communities and to increase employment opportunities in the "green jobs" sector. The goals of this program shall be to decrease energy costs, provide new career paths for under/unemployed individuals and stimulate local economies.
- 1.2 **Primary Intent.** The primary intent of this Request for Application (RFA) is to solicit grant applications from any public, private and/or non-profit entity that provides or demonstrates the ability to: 1) provide high caliber weatherization specialist training that will lead to Building Performance Institute (BPI) Residential Building Envelope Whole House Air Leakage Control Installer and/or BPI Envelope Professional Certifications and 2) utilize effective local employment strategies to identify, support and retain program participants. Priority will be given to Applicants that demonstrate collaboration among local weatherization agencies, educational institutions, workforce stakeholders and/or community-based organizations which seek to serve the targeted populations.
- 1.3 **Authority.** The Department is authorized by 30 ILCS 738/40-10 to administer the Urban Weatherization Initiative in consultation with the Weatherization Initiative Board. The Build Illinois Bond Fund is the funding source for the Urban Weatherization Initiative.
- 1.4 **Communications.** During the course of this solicitation process, any updates, modifications or general information will be posted on the DCEO website www.ildceo.net or under Urban Weatherization or www.ildceo.net/urbanweatherization. Information may not be available in any other form or location. Applicants are responsible for monitoring the site for any changes. The Department cannot be held responsible for an Applicant's failure to monitor the site.

SECTION II. ELIGIBILITY CRITERIA

- 2.1 **Eligible Applicants.** Any public, private or non-profit entity that demonstrates the ability to provide quality weatherization specialist training that will lead to BPI Residential Building Envelope Whole House Air Leakage Control Installer and/or BPI Building Envelope Professional Certification, while providing workforce development and supportive services to trainees as detailed in subsequent section of this RFA is eligible to apply for funding.
- 2.2 **Target Population.** The ideal Weatherization Specialist Training candidate possesses a high school diploma or GED, scores a minimum of a 8.0 on the T.A.B.E. test (a 10.0 is recommended), has strong math skills, and is physically fit. Experience in building trades is not a requirement. Grantees must demonstrate effective collaborations and implementation of local employment strategies targeted within areas with high rates of unemployment (20%+) and underemployment. The collaborations must be designed to identify and recruit individuals who are likely to successfully complete the Weatherization Specialist Training Program and receive BPI Residential Building Envelope Whole House Air Leakage Control Installer Certification and/or BPI Envelope Professional Certification.

2.3 **Eligible Activities.** Grants are available to perform and/or direct the activities and services as described below. The Director has the authority to waive any eligible activity and any other provision of this RFA deemed to be in the best interest of the State of Illinois. The Department reserves the right to approve the activities and services for pilot projects under this RFA.

Eligible activities include:

- Employment of program and/or contracted staff to coordinate project activities
- Outreach, recruitment, and assessment activities
- Career awareness and exploration activities to ensure participants are appropriately matched to employment in this sector
- Reading and Math preparation
- Workplace readiness training/business skills training
- Technical skills training (in addition to the specific energy assessment training, may also include general construction and related training)
- Hands-on skills training, including real-world work done in collaboration with partnering employers
- Mentoring, including partnerships with employers and ongoing support following completion of the training program
- Case Management
- Database development
- Direct provision of certification exams for BPI certification and/or cost reimbursement of fees for both the provision of exams and first certification period
- Drug/Alcohol Testing: All participants must be tested by an independent qualified drug tester at entry and exit from the program. Random drug testing may also be included.
- Support services may be provided, where necessary, and include: childcare, transportation, motivational activities, tools, work clothes, and stipends. “Other” support services may be permitted provided prior written approval is requested and written approval granted by the Department. All trainees MUST receive stipends during the training period; the schedule of distribution must be developed by the Applicant and submitted with the application, to be used as a participant motivator. The amount of the stipend may be based upon a combination of test scores received on learning assessments as well as class attendance. Up to 25% of the stipend issued after the participant takes and/or passes both the oral and field exams.

2.4 **Authority/Approvals.** The Applicant’s signature affixed to the Representations & Certification page (Section 9) represents its certification that it has the authority to enter into grants/contracts and agreements; and that the Applicant is compliant with all applicable representations and certifications; and to the best of their knowledge all information provided is true and correct.

SECTION III. GENERAL PROGRAM INFORMATION

- 3.1 **Partnerships.** Funded projects will be required to demonstrate: high caliber training that will lead to BPI Residential Building Envelope Whole House Air Leakage Control Installer Certification and/or BPI Envelope Professional Certification; effective collaborations with program partners and a comprehensive plan for local community engagement.
- 3.2 **Funding Opportunity.** Funding is subject to availability and approval by the Urban Weatherization Initiative Board in consultation with the Department for the **FY 2014 Weatherization Specialist Training Program** component of the Urban Weatherization Initiative. Grants shall be awarded for a period not to exceed 24 months (2 years). No single grant award shall exceed \$500,000 per fiscal year. For multi-year grants, the Department will take into consideration current and/or previous years' performance.
- 3.3 **Certification Standards.** Grantees must offer (at a minimum) training consistent with the US Department of Energy and Building Performance Institute standards. The training must include hands-on exercises conducted in a laboratory setting and field environment that will aide in each participant internalizing learning modules and demonstrating competencies required to pass the written, oral and field exams. Additional training in the installation and maintenance of solar panels and/or wind turbines is permissible. Successful trainees will receive a certificate of completion from the Grantee once they complete the training program, **in addition** to the BPI Residential Building Envelope Whole House Air Leakage Control Installer and/or BPI Envelope Professional Certification. Entities will be scored higher if additional certifications from national certifying bodies are offered. Copies of all certificates or information from the Accrediting Institution with names and test results of all test takers must be submitted to the grant manager with the quarterly reports.
- 3.4 **Eligible Expenditures.** Grant funds may be used for costs incurred for reasonable personnel salaries, mandatory fringes (e.g. FICA, SSI, etc.), liability insurance, contractual services, training and development, testing and assessments, recruitment and outreach, supplies and materials (purchases under \$500), equipment (purchases \$500 or more), support services for the trainee (costs for stipends, case management, childcare, transportation, tools, work clothes, etc for program participants), and other costs consistent with eligible activities enumerated in Section II (2.3) above. Travel expenses directly related to the project will be reimbursed according to the State Travel Board regulations and the administrative rules found at 80 Ill Adm. Code 3000.100 et seq. Participants must receive stipends while participating in the technical training portion of the UWI. The eligibility of expenditures will be determined on a project specific basis.
- 3.5 **Matching Costs.** Funds available to the DCEO for this program are limited and should not be viewed by the applicants as an ongoing source of funding. Rather, successful applicants should consider grants to be "one time" awards. While not a requirement of the UWI Act, grantees that propose matching expenditures will be viewed as more likely to continue project activities after the grant period. Applicants proposing matching expenditures will be viewed favorably during the competitive review of applications. Matching expenditures may be either cash or in-kind. However, matching expenditures must meet the same tests of allowability as grant expenditures including the following requirements:
- Costs must be incurred during the authorized period of the grant agreement.
 - Costs must be directly related to the conduct of the project activities authorized by the grant.
 - Costs must be directly related to an allowable cost item as cited above (e.g. personnel cost, fringes, contractual services, training and development, testing and assessments, recruitment and outreach, supplies and materials, (purchases under \$500) equipment (purchases \$500 or more), support services, administrative and indirect costs).

- The monetary value assigned to the costs must be reasonable given the function or activity being performed that generates the matching expense.

3.6 **Ineligible Expenditures.** Grant funds may not be used for the following types of expenditures:

- Expenditures not directly related to the UWI – Weatherization Specialist Training Program and not properly supported.
- Food/Drinks
- Gift Cards
- Normal operating/administrative expenses, not directly related to the project, including:
 - Equipment/Machinery lease payments
 - Purchase of consumable/Disposable items
 - Personnel expenses, including travel (Travel expenses will be reimbursed according to the State Travel Board regulations and the administrative rules can be found at 80 Ill Adm. Code 3000.100 et seq)
- Purchase of real property (land or buildings);
- Rental of real property (land or buildings) not directly related to the project;

3.7 **Payment Schedule.** The grant agreement will specify the conditions of payment and the payment schedule. The Department reserves the right to determine the appropriate payment structure on a project-specific basis. An initial payment representing 50% of the grant award will be made at the time of grant agreement execution. The remaining balance will be awarded in two (2) 25% disbursements after review and approval of required quarterly reports that identifies and sets forth the grantee's progress toward attaining identified performance measures; certification of approved eligible costs incurred; submission of any documentation as required by the Department; and a written request from the grantee to the assigned grant manager requesting the release of remaining funds not exceeding 25%.

3.8 **Grant Duration/Performance Period.** The grant term/performance period will be determined on a project-specific basis. The Department will provide funding to qualified Applicants for a period not to exceed 24 months (2 years) to expand the employment opportunities for individuals in targeted populations who enter and successfully progress through the auditor training program. The grant agreement will specify the beginning and end date of the project.

3.9 **Reporting Requirements/Project Monitoring.** Grantees will be required to submit quarterly fiscal and narrative reports in accordance with the requirements of the grant agreement. Grantees shall submit a fully executed data release form, as prescribed by the Department, for each program participant identifying his or her demographic data.. The Department's assigned grant manager will monitor the grantee's compliance with the terms of the grant agreement for the duration of the agreement

3.10 **Performance Outcomes.** Applicants must specify performance outcomes, including, but not limited to: projected number of participants accepted into the weatherization specialist training program from the targeted community; projected number of individuals from targeted populations that will successfully complete the training; projected number of individuals who will receive the BPI Residential Building Envelope Whole House Air Leakage Control Installer Certification and/or BPI Envelope Professional Certification; projected number of participants employed in the weatherization field; projected number of participants employed in weatherization related fields; and projected number of participants who have retained employment

for at least 6 months. All performance outcomes will be reported on the DCEO Grantee Report that will be submitted on a quarterly basis to your grant manager via **both** an electronic and hard copy. All electronic copies should be emailed to CEO.UrbanWeath@illinois.gov. Agreed upon performance outcomes will become part of the grant agreement.

- 3.11 **Grant Audits/Financial Review.** The Department will require an audit of each qualified Applicant who receives grant funds and the scope of audit requirements will be outlined in the grant agreement. A maximum of one percent (1%) of the grant funds requested is allowable to governmental entities to assist with documented audit costs; a maximum of \$2,000 is allowable to assist non-governmental entities with documented audit costs. The Department reserves the right to conduct at least one pre-funding financial review to determine the financial soundness of an organization. The Department may also conduct one or more site visits pre-funding to aid in determining Applicant capacity and ability to successfully complete the stated performance objectives.
- 3.12 **Grant Funds Recovery.** Applicants awarded funding will be subject to return of all grant funds, or a pro rata share of grant funds, to the Department for failure to meet the agreed upon performance measures as identified in the grant agreement.
- 3.13 **Freedom of Information Act/Confidential Information.** Funded proposals are subject to disclosure, in response to requests received under provisions of the Freedom of Information Act (5 ILCS 140/1 et seq.) Information that could reasonably be considered to be proprietary, privileged, or confidential commercial or financial information should be identified as such in the proposal. The Department will maintain the confidentiality of that information only to the extent permitted by law. If the Applicant has a special need to maintain the confidentiality of proprietary or privileged information, a supplemental letter of explanation must be attached. The Applicant must identify specific grounds either in the FOIA or other law or rule that support the withholding of this information. If the Applicant requests such an exemption, the Applicant must submit an additional redacted copy with the confidential information deleted. This copy must state the general nature of the material removed and shall retain as much of the requested qualifications as possible. The Applicant agrees that the Department may copy the RFQ submittal to facilitate evaluation or to respond to requests for public records. The Applicant warrants that such copying will not violate the rights of any third party.
- 3.14 **Ownership/Use of Equipment.** The grant agreement will specifically prohibit the sale, lease, transfer, assignment, or encumbrance, other than original financing of any equipment or material, exceeding \$500, purchased with grant funds, without the express written approval of the Department, for the duration of the grant term. In the event of a grantee's failure to comply with this requirement, the grant agreement will provide that the Department may, at its discretion, require the grantee to return all grant funds provided by the Department, require the grantee to transfer ownership to the State of equipment and material purchased with grant funds and/or bar the grantee from consideration for future funding.
- 3.15 **Dissemination of Information/Technology Transfer.** Grantees will be contractually required to allow the Department access to the project location and the ability to obtain, publish, disseminate or distribute any and all information obtained from the project (except any data or information that has been negotiated as being confidential or proprietary), without restriction and without payment or compensation by the Department.

SECTION IV. REQUEST FOR APPLICATION PROCESS

4.1 Request for Application. Request for Application submissions must be received no later than **1:30 p.m. on Thursday, June 26, 2014.** ALL qualifications must be submitted in the format set forth on **Pages 8 - 10.** ALL submissions must be prepared in the format as set forth on Pages 20 -21.

NOTE: Conditions for submittal of applications, including deadline, will not be waived or extended regardless of weather conditions or other circumstances that may delay delivery of your proposal. Allow sufficient time for the delivery.

4.2 Submittal Instructions. Five (5) signed **HARD COPIES** and one (1) complete **ELECTRONIC** copy (e-mail, CD or flash drive) of the application must be submitted via USPS, Fed-X, UPS or hand-delivered (fax submissions will not be accepted) to the Illinois Department of Commerce and Economic Opportunity in care of:

Carmen Colvin, UWI Deputy Director
Office of Urban Assistance
Department of Commerce and Economic Opportunity
James R. Thompson Center
100 W. Randolph Street, Ste 3-400
Chicago, Illinois 60601
312.814.2346
ceo.urbanweath@illinois.gov

4.3 Proposal Evaluation. Proposals will be competitively evaluated based on the criteria specified in Section V. The Department will evaluate all RFA responses; a site visit may be conducted and qualified applicants may be interviewed for final evaluation. The Department will base its final determination on extensive reviews of the RFAs and the qualifications of each applicant.

4.4 Notice of Award. All applicants will be notified via mail or e-mail as to their award status. Unsuccessful applicants who wish to discuss the evaluation of their application should submit a written request to this effect to DCEO's grant manager listed in Section IV (4.2).

4.5 Disclaimers. All RFA responses submitted to the Department are public documents and will become and remain the property of the Department. The Department retains all rights in the selection process and will decide, in its sole discretion, which applicants and services are best able, whether unilaterally or in partnership with other entities, to support the goals of the UWI – Weatherization Specialist Training Program.

The submission of a RFA confers no rights upon any applicant whether such applicant is deemed eligible or qualified. The Department is not obligated to award a grant or to pay any prior incurred cost in the preparation and submission of a response to an UWI – Weatherization Specialist Training Program RFA by an applicant any applicant whether such applicant is deemed eligible or qualified..

SECTION V. PROPOSAL EVALUATIONS

Grant proposals will be reviewed on a competitive basis. Each proposal will be scored on a 225 point scale. In addition to meeting the eligibility criteria already described in the Program Guidelines, Section I, the Department shall consider the following criteria in evaluating the Request for Proposal:

- 5.1 Quality, depth and significance of previous auditor training experience with targeted population and success in certifying program graduates; extent to which training has been established to meet the needs of area employers, allows the trainees to be readily hireable, and includes certifications (including BPI Analyst & Envelope Professional) sought in the marketplace **(45 points)**
- 5.2 Statement of Qualifications **(75 points)**
 - Experience – Eligible entities will document their success and significant experience in recruiting, training and serving the targeted population; providing comprehensive weatherization specialist training and BPI Residential Building Envelope Whole House Air Leakage Control Installer Certification and/or BPI Envelope Professional certification; and providing support services, when and if necessary. Qualifications will also detail the entity’s sound fiscal management and experience in successfully managing grants.
 - Program Services, Capacity, and Cost – Eligible entities will document their ability to provide necessary services to meet the program goals. These entities will possess qualified BPI certified instructors and resources to provide high quality services at a reasonable cost.
 - Program Partnerships – Eligible entities will document their extensive and strong partnerships with educational institutions, workforce stakeholders & employers, community-based organizations and/or local weatherization agencies.
 - Participant Results – Eligible entities will document their achieved results in getting participants to successfully complete training programs, secure weatherization certification and retain employment for at least 6 months
 - **Past Performance of Prior Year UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM programs, if applicable** – Prior year grant recipients will be evaluated on their success regarding the number of individuals who receive the BPI Residential Building Envelope Whole House Air Leakage Control Installer Certification and/or BPI Envelope Professional Certification; number of participants employed in the weatherization field; number of participants employed in weatherization related fields; and number of participants retained employment for at least 6 months.
- 5.3 Qualifications and experience of personnel assigned to the proposed project; plan for supervision and quality control of training delivered **(20 points)**;
- 5.4 Cost effectiveness of project (including, but not limited to, cost per participant served, given the needs of the trainees targeted) **(20 points)**;
- 5.5 Quality of partnerships and local employment strategy **(35 points)**;
- 5.6 Demonstrated success in grants management, overall fiscal management of organization **(15 points)**;
- 5.7 Thoroughness of Applicant in providing the required information **(15 points)**.

The final decision in awarding grants and the level of grant funding will be made by the Urban Weatherization Initiative Board in consultation with the Department. **ALL DECISIONS ARE FINAL.**



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

GRANT APPLICATION COVER PAGE

UWI – Weatherization Specialist Training Program

DCEO Use Only:
 Application #: _____
 Grant #: _____

SECTION 1: APPLICANT INFORMATION

1.1	Legal Name of Applicant: <i>(Attach copy of W-9)</i>		
1.2	Address of Applicant: <i>(Include your extended 9-digit zip code):</i>		
1.3	Chief Officer: <i>(If more than one, attach a list with all Officers)</i>	Name:	
		Title:	
		Address:	
		Phone:	
		Fax:	
		E-Mail:	
1.4	Description of Applicant: <i>(200 Character maximum)</i>		
1.5	NAICS Code:	<i>(6-digit Industry Classification Code)</i>	
1.6	Applicant Website:		
1.7	Applicant FEIN:		
1.8	Applicant SSN: <i>(Enter only if applicant is individual and does not have a FEIN)</i>		
1.9	Applicant's DUNS Number:		
1.10	Applicant Fiscal Year:	From:	To:
1.11	If applicable, indicate the following.	<input type="checkbox"/> Female-Owned <input type="checkbox"/> Minority-Owned	
	If minority-owned, then check the appropriate race/ethnic group box.	Black / African Americans	<input type="checkbox"/>
		Hispanic Americans	<input type="checkbox"/>
		Native Americans	<input type="checkbox"/>
		Asian-Pacific Americans	<input type="checkbox"/>
		Asian-Indian Americans	<input type="checkbox"/>
1.12	Indicate the number of people expected to be served by the grant in the appropriate race/ethnic group box below.		
	Race/Ethnic Group	# People Served by Grant	
	Black / African Americans		
	Hispanic Americans		
	Native Americans		
	Asian-Pacific Americans		
	Asian-Indian Americans		
	Other:		

SECTION 2: APPLICANT HISTORY

2.1	Have you received a grant from the State of Illinois within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide total number of grants received from the State of Illinois within the last 3 years.	
	If yes, provide the following for each grant received in last 3 years:	Agency: Grant #: Grant Amount: Grant Term: General Description: Issues:
2.2	If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.	
	Name	FEIN
2.3	In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including name of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.	
	<input type="checkbox"/> CEO/Executive Director/Chief Elected Official <input type="checkbox"/> CFO/Controller <input type="checkbox"/> Grant Administrator <input type="checkbox"/> Grant Administrative Support Staff (<i>i.e. Reporting, correspondence, document control</i>) <input type="checkbox"/> Bookkeeper/Accountant for Grant <input type="checkbox"/> No Changes	
	Provide detail for any checked boxes:	
2.4	If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant.	
	<input type="checkbox"/> Time sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time spent <input type="checkbox"/> Other, please describe: <input type="checkbox"/> None	
2.5	Has the applicant or any principal formed a business that existed for less than two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide name(s) of the business and reason(s) that it existed for less than two years.	
2.6	Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.	
2.7	Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide requested information.	
2.8	Does the applicant or any principal owe any debt to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list reason and amount:	

SECTION 3: PROPOSAL INFORMATION

3.1	Submittal Date:		
3.2	Project Title:		
3.3	Brief Project Description: <i>(Complete attached Scope of Work) (550 Character maximum)</i>		
3.4	Project Location:	Street Address: City:	County:
3.5	Areas Served:		
3.6	Project Contact:	Name: Title: Address: Phone: Fax: E-Mail:	
3.7	Project Period:	Start Date:	End Date:
3.8	Project Costs: <i>(Complete attached Budget)</i>	Funding provided by the applicant: Secured funding from other sources: Funding requested from DCEO:	
		Total Project Cost	\$0.00

SECTION 4: SCOPE OF WORK

Project Title

Description of project:

Grantee will complete the following tasks:

DESCRIPTION OF TASKS	ESTIMATED COMPLETION DATE
Task 1.	
Task 2.	
Task 3.	
Task 4.	
Task 5.	
Task 6.	
Task 7.	
Task 8.	

SECTION 5: PERFORMANCE MEASURES

Performance Measures	Target
1. # of trainees recruited	
2. # of trainees assessed	
3. # of trainees TABE tested	
4. # of trainees enrolled	
5. # of classroom completers (this does not indicate the trainees have obtained BPI certification, it just indicates the number who have successfully completed the classroom training/instruction)	
6. # of trainees passed BPI Oral Exam	
7. # of trainees passed BPI Field Exam	
8. # of trainees who received other certificates offered by your program	
9. # of BPI Certified trainees	
10. # of trainees employed	

SECTION 6A: CURRENT EMPLOYMENT LEVEL

Number of permanent full-time individuals currently employed by applicant	
Number of permanent part-time individuals currently employed by applicant	

Section 6B: Projected Employment Impact (FTE Value Table)

		Created Positions in FTE Categories:				Retained Positions in FTE Categories:			
		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
		Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time	Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time
Row 1 (To be completed by applicant)	# of positions in each FTE category (A - H)								
Row 2	Auto calculation of FTE subtotals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Row 3	Auto Calculation: Created FTEs:				0.00				
Row 4	Auto Calculation: Retained FTEs:				0.00				
Row 5	Auto Calculation: Permanent Full Time Jobs Created:				0.00				
Row 6	Auto Calculation: Permanent Full Time Jobs Retained:				0.00				
Row 7 (cell to be completed by applicant)	Manual Calculation: Average of Annualized Salaries for Permanent Full Time Jobs Created:				\$				
Row 8 (cell to be completed by applicant)	Manual Calculation: Average of Annualized Salaries for Permanent Full Time Jobs Retained:				\$				
Row 9 (cell to be completed by applicant)	Other anticipated employment impacts of DCEO grant:	Occupation	Minorities	Women	Hard to Serve(*)	Avg Wage At Placement (Hourly)	# Placed in Job		

SECTION 6C: PROJECTED CONSTRUCTION JOBS IMPACT

Projected number of construction labor hours for project	
Projected number of construction FTE's for project (FTE's = total hours in row above divided by 2,080 hours)	

SECTION 7: BUDGET

Line Item or Cost Category Description	Requested Grant Budget Amount	Proposed Match Budget Amount
PERSONNEL		
CONTRACTUAL SERVICES		
RECRUITMENT/OUTREACH		
TESTING/ASSESSMENTS		
TRAINING/DEVELOPMENT		
EQUIPMENT		
SUPPLIES/MATERIALS		
SUPPORT SERVICES		
ADMINISTRATION/AUDIT		
Total Cost	\$0.00	\$0.00

*Budget Narrative required. See Instructions Section 7 (page 18).

Budget Line Item Definitions

1. **Personnel**: Includes salaries and fringe benefits for staff directly providing services to the UWI – Weatherization Specialist Training Program participants.
2. **Contractual Services**: Includes the costs for contractual services related to the primary purpose(s) of the project.
3. **Recruitment/Outreach**: Includes costs related to recruitment and outreach services.
4. **Testing/Assessments**: Includes costs to provide mandatory drug testing, as well as assess the skills of program participants.
5. **Training & Development**: Includes costs for training and developmental services for UWI – Weatherization Specialist Training Program participants.
6. **Equipment**: Includes costs for non-expendable property defined as all tangible property of a non-consumable nature having a useful life of more than one year and an acquisition cost of \$500 or more per unit.
7. **Supplies/Materials**: Includes expendable materials and items with a value of less than \$500, necessary to the successful performance and completion of the training project.
8. **Support Services**: Includes costs for services to provide case management, stipends, childcare, transportation, tools, work clothes, etc., for program participants
9. **Administration/Audit**: Includes costs associated with the administration and management of the grant, such as supervision, reporting, accounting, close out, audits, and related indirect charges. This line item may not exceed 10 percent of the sum of the non-administrative portion of the grant (i.e., 10 percent of the sum of lines 1 through 8) .

SECTION 8: PROGRAM SPECIFIC INFORMATION

Statement of Qualifications (SOQs)

ALL SUBMITTALS MUST BE TYPEWRITTEN

NO HANDWRITTEN SUBMITTALS WILL BE ACCEPTED.

A Statement of Qualification must be submitted in the following format and content. All statements must be typewritten in Times New Roman 12pt font and each page must be numbered. The statements must be concise and contain only relevant information. Qualification Statements will be evaluated on responsiveness. Elaborate submissions are discouraged. Page limits are specified for each component. Team resumes, Executive Reports of related projects, and other materials may be submitted as Attachments. Submissions which fail to adhere to the prescribed format and content may not be evaluated.

Qualification submittals must contain the following **3** components:

I. **Letter of Intent (1 page) Must be submitted on entity's official letterhead.**

Submit a letter of interest in which your organization provides the following:

- Contact information for the responsible individual (i.e. phone, fax, email, etc.);
- Documentation stating its status as a public, private or non-profit entity;
- A brief description of the history in successfully accomplishing the scope of work outlined in this RFA, and;
- Information pertaining to experience with, and willingness to partner with local community-based organizations, employers, and other key entities.

II. **Qualifications (10 page maximum)** double-sided is permitted

Provide specific data from previous programs within the past five years (July 2009 – June 2014) for items B, D and E below:

- A. Program Characteristics: Describe the skills to be obtained, length and nature of training, certification(s) to be obtained, and support services offered. (Curriculum **MUST** be attached, but will not be included in page count as described below). Detail how the curriculum and especially the hands-on training is relevant to actual employment in the industry and how/if it has been vetted by actual employers.(Applicants are encouraged to partner with employers to deliver hands-on training in real-world settings when possible.) Explain why the applicant is offering the BPI Residential Building Envelope Whole House Air Leakage Control Installer OR BPI Envelope Professional OR why it intends to offer both. Include details on the estimated number of participants entering the program, completing the training, earning BPI certification(s), and employed through direct partnerships with employers. Applicants must specify the process of obtaining housing structures that will be used for field training. Finally, Applicants must also describe their history of providing workforce development services and support.

While not included in the page maximums, the Applicant must provide a copy of the curriculum that will

SECTION 8: PROGRAM SPECIFIC INFORMATION

be utilized and ensure that all standards identified by BPI for the Residential Building Envelope Whole House Air Leakage Control Installer and/or BPI Envelope Professional are incorporated into the curriculum and training (standards available at <http://www.bpi.org/standards.aspx>). In addition, a training outline is to be provided that must identify the topics covered during each class session, as well as the duration of in-class instruction for each topic covered. Learning Assessments must be incorporated as assistive tools in passing the BPI written, oral and field exams. These learning assessments are to include daily post-exams geared at reinforcing lessons taught during the class session, as well as end of module exams. The Applicant must also incorporate detailed lab/field activities and identify the selection process of securing the housing structures for all field activities. Applicant is also to incorporate Job Readiness Training (inclusive of resume writing, internet based job search, interview practices, and understanding and complying with the culture of a work environment); Basic Math Concepts and Calculations used in Home Performance; Public Speaking, geared at preparing the participants for the oral and field exams, as well as communicating with home owners regarding the repairs being completed; and Health and Safety Training. Applicants are encouraged to consider the addition of general construction skills training as necessary to help prepare weatherization workers for the range of building situations they will encounter.

It is expected that the oral and field exams be administered to participants within 14 days after the class has concluded. It is expected that the Applicant hold a minimum of 6 cohorts within a 12 month time period, which can be inclusive of both full and part-time classes;

- B. Participant Characteristics: Describe characteristics of previous trainees, detailing, at a minimum, race/ethnicity and income/employment status of the participants served by your program. Eligible entities will be scored higher on their qualifications if they can show past success in recruiting, serving, and certifying the targeted populations.
- C. Staff Qualifications: Describe the education, work experience and certification of all staff to be used on the project, including names, titles, job descriptions and whether the position is full or part-time. Resumes **MUST** be included in the Attachments. Resumes must identify the title/role to which it pertains. If you anticipate the creation of new positions as a result of UWI funds, provide detailed job descriptions including whether the position is full or part-time status. Technical skills training staff **MUST** provide copies of all certificates or licenses in the Attachments. Also include an organization chart detailing the reporting structure of the Weatherization Training Program. Describe how your agency will monitor the quality of the training and ensure trainings are both accurate and meeting the learning needs of the trainees. If you are contracting for services that are essential to the program, describe in detail your plans to monitor contractors and ensure their high quality and compliance with the program requirements.
- D. Program Services, Capacity, Cost and Sustainability Plan: Provide a brief overview of existing program resources (e.g., equipment, workshop, hands-on training site) that will be used to deliver the contemplated services. Eligible entities will be scored higher if they provide multiple services within their organization or through partnerships. It is expected that all Applicants have qualified staff and certified instructors. Applicants will be scored higher if they have sufficient BPI program resources to deliver the services outlined in this RFA. Provide detailed total cost-per-participant data (including all direct and indirect costs) for all program years in which you report participant outcome data. Identify all costs included in this calculation. Please describe how the program will continue in the event that UWI funding is no longer available.
- E. Program Partnerships: Describe the partnerships you have established among local weatherization agencies,

SECTION 8: PROGRAM SPECIFIC INFORMATION

educational institutions, workforce stakeholders & employers, and community-based organizations (particularly those located in communities with high rates of unemployment, underemployment and poverty). Entities will be scored higher based on the number and strength of existing partnerships. Partnerships are especially sought with employers who can provide direct hands-on learning opportunities, vet the utility of the curriculum, or hire individuals completing the training program. Submittals must include letters of support from all listed partners along with contact information. Letters of support and Memoranda of Understanding (MOU) must use the templates provided in Appendix D. Executed MOUs from all program partners must be submitted as an attachment.

- F. Overall Participant Outcomes: Describe the success of your program by providing data on the following: number of participants recruited, number of participants who you anticipate completing the training, number of participants who received their BPI Residential Building Envelope Whole House Air Leakage Control Installer and/or Envelope Professional Certificate(s), and number of completers retained in weatherization employment and related weatherization employment for at least 6 months.

Note: The Department recognizes that some entities may not be able to report progress in overall workforce development or employment placement/retention because programs have not been in place long enough for completers to have achieved these outcomes. In these and all other such cases, provide an explanation if you do not have data on participant outcomes for one or more of the measures listed above and detail your plans to achieve and measure outcomes.

III. Attachments (15 page maximum).

- Staff Resumes/Job Descriptions/Organization Chart
- Annual Organization Budgets
- Executive Reports of similar previous projects
- Memorandum of Understanding with program partners
- Other related materials
- Curriculum to be utilized (NOT INCLUDED IN 15 PAGE MAXIMUM)

SECTION 9: APPLICANT CERTIFICATION

PLEASE READ THE FOLLOWING BEFORE SIGNING:

The Applicant understands that submission of an application for grant funding to the Illinois Department of Commerce and Economic Opportunity (Department) in response to a RFA is not a guarantee or commitment by the Department for funding.

The Applicant understands that it is the real party in interest to this RFA and is not acting for, or on behalf of, an undisclosed party;

The applicant understands that it has no public or private interest, direct or indirect, and shall not acquire, directly or indirectly any such interest which does or may conflict in any manner with the performance of the Applicant's services and obligations under this RFA;

The Applicant understands that no member of any governing body or any officer, agent or employee of the State, is employed by the Applicant's or has a financial or economic interest directly in this RFA or any future compensation to be paid hereunder except as may be permitted applicable statute, regulation or ordinance;

The Applicant understands that there is no action, suit or proceeding at law or in equity pending, nor to the best of Applicant's knowledge, threatened, against or affecting the Applicant, before any court or before any governmental or administrative agency, which will have a material adverse effect on the performance contemplated by this RFA; and

The Applicant certifies that it is not currently operating under or subject to any cease and desist order, or subject to any informal or formal regulatory action, and, to the best of Grantee's knowledge, that it is not currently the subject of any investigation by any state or federal regulatory, law enforcement or legal authority. Should the Applicant become the subject of an investigation by any state or federal regulatory, law enforcement or legal authority, Applicant shall promptly notify the Department of any such investigation. Applicant acknowledges that should it later be subject to any cease and desist order, Memorandum of Understanding, or found in violation pursuant to any regulatory action or any court action or proceeding before any administrative agency, that the Department is authorized to declare Applicant in default and suspend or terminate the Applicant's participation in RFA activities.

The Applicant certifies that it has not reviewed, received (electronically or otherwise) nor had any access to this RFA prior to its public issuance. The Applicant certifies that it has neither sought nor received assistance from anyone employed by the Department or otherwise affiliated with the Urban Weatherization Initiative Board in reviewing, drafting, editing or otherwise providing input on the Applicant's proposal for funding. Applicant acknowledges that should the Department find that Applicant unlawfully obtained the RFA prior to its public dissemination, or received inappropriate assistance, the Applicant may be subject to termination or suspension from the UWI; and any and all other remedies available at law.

The Applicant agrees to submit to the Department on a quarterly basis, information regarding project activity as required for payment under the Urban Weatherization Initiative guidelines (UWI).

The Applicant authorizes the Department to verify, in any manner deemed appropriate, any and all items indicated in this proposal, which includes information obtained through the Illinois Department of Employment Security, the Illinois Secretary of State, the Illinois Attorney General's Office, the Illinois Department of Revenue, the Internal Revenue Service, Consumer Credit Bureau Services and business reporting services such as Dun and Bradstreet.

The applicant agrees that, upon request by the Department, it will conduct an audit of grant funds in accordance with generally accepted auditing standards and any special audit conditions which the Department deems necessary to ensure the accountability of public funds.

SECTION 9: APPLICANT CERTIFICATION

The Applicant acknowledges that if its proposal is funded, the Applicant will be required to comply with the Illinois Drug Free Workplace Act, the Illinois Human Rights Act, the Americans with Disabilities Act, the Genetics Information Nondiscrimination Act and any future laws enacted which may be applicable to the grant.

The Applicant certifies that all information contained in this RFA, including the documentation attached thereto, is accurate, complete and true to the best of the Applicant's knowledge.

The Applicant acknowledges that the individual identified below is the person authorized to execute a legal and binding agreement as the authorized signatory for a grant agreement if this RFA is awarded and funded by the Illinois Department of Commerce and Economic Opportunity

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO, its Director, officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

Signature

Name & Title

Date

INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

SECTION 1: APPLICANT INFORMATION - INSTRUCTIONS

- Question #1.1:** Provide the applicant's legal name which is reflected on its Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.
- Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.
- Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.
- Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.
- Question #1.5:** Provide the applicant's North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>.
- Question #1.6:** If applicable, provide the applicant's website address.
- Question #1.7:** Provide the applicant's Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.
- Question #1.8:** If the applicant is an individual with no FEIN, provide the applicant's Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.
- Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant's DUNS number. If your business does not have a DUNS number, you may request one at: http://www.dnb.com/us/duns_update/.
- Question #1.10** Indicate the start date and end date of the applicant's fiscal year (accounting year) with month and day.
- Question #1.11:** Check the appropriate box if the applicant's business is a female or minority-owned business. A female or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are female or minority-owned. Minority is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.
- Question #1.12:** Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

SECTION 2: APPLICANT HISTORY - INSTRUCTIONS

- Question #2.1:** Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants that have or had programmatic and/or financial issues.

Agency:	List the name of the agency from which the grant was received.
Grant #:	List the number related to the grant.
Grant Amount:	List the total amount of the grant.
Grant Term:	List the term to include the beginning and end date of the grant.
General description of grant:	Provide a brief description of the grant project.

Issues: Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status.

Question #2.2: If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

Question #2.3: Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

Question #2.4: Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.

Question #2.5: Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, provide name(s) of each business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

Question #2.6: Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

Question #2.7: Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

Question #2.8: Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

SECTION 3: PROPOSAL INFORMATION - INSTRUCTIONS

Question #3.1: Indicate the date on which the applicant is submitting this proposal.

Question #3.2: Provide a short title that accurately describes the proposal. The title should be limited to approximately 40 characters.

Question #3.3: Provide a brief description of the proposed project that summarizes the use of the grant award. The description should not exceed 550 characters. The brief project description should be consistent with the information provided in the attached Scope of Work. The description provided here may be used on DCEO's website.

Question #3.4: Complete this section with the address of the proposed project location.

Question #3.5: Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by cities, towns, villages, counties or other defined programmatic or geographical regions.

Question #3.6: Complete this section by providing the name, business address and other required business contact information of the individual that will serve as the primary project contact. This person will serve as DCEO's primary contact from application intake through closure of the grant, if awarded by DCEO. Please note that DCEO may publish copies of applications on its public website so it is preferable that you submit your business contact information. If the applicant does not have a business to use for contact information, then please provide personal information (home address, personal cell phone number, personal email address) as an attachment to the application.

Question #3.7: Indicate the projected project time period with a start and end date.

Question #3.8: Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from DCEO. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget.

SECTION 4: SCOPE OF WORK - INSTRUCTIONS

- Provide the Project Title; it must be the same as or consistent with the title provided in the Proposal Information above.
- Provide a detailed description of the proposed project and the intended use of grant funds. Unlike Line 3 of the Proposal Information Section, the applicant is not restricted in their description of the proposed project. The information provided in this description will assist DCEO in developing the Scope of Work for the grant agreement if the grant is awarded. It will also facilitate the periodic reporting that will be required to update DCEO on the status of the project's major milestones if the grant is awarded.
- Briefly describe each task in the Description of Tasks column. These tasks will be used to develop the grant agreement. The applicant should assign an estimated completion date for each task. If a grant is awarded, the applicant will have the opportunity to modify these dates prior to the execution of the grant.

SECTION 5: PERFORMANCE MEASURES - INSTRUCTIONS

- If the applicant is aware of any performance measures required by the program, the measure(s) should be listed in this section. If known, the applicant should provide the target numbers for each measure.

SECTION 6A: CURRENT EMPLOYMENT LEVEL - INSTRUCTIONS

- Provide the number of full time and part time individuals, respectively, employed by the applicant. Please see definitions of Employee, Permanent, Full-Time, and Part-time in the Key Definitions in Section 6B below.

SECTION 6B: PROJECTED EMPLOYMENT IMPACT - INSTRUCTIONS

1. Purpose of the FTE Value Table

DCEO uses Section 6. Projected Employment Impact of the standard grant application form to document the estimated economic benefits of a proposed grant project based on the projected employment impact. The FTE (Full Time Equivalent) Value Table in Section 6 standardizes the DCEO process for collecting and reporting job count data for projected (estimated) jobs at the grant level. This promotes consistency and integrity in the reporting of DCEO job count statistics.

Section 6 of the application form requires applicant organizations to provide projected jobs data that estimates a grant's impact on employment levels, in the following manner:

- a) identify the estimated number of projected positions to be created and/or retained,
- b) assign each projected position to one of four Full Time Equivalent (FTE) categories, and
- c) complete an average annualized wage calculation for permanent full time positions for both jobs created and jobs retained.

For DCEO purposes, an FTE is a measurement unit for assigning a numerical value to an individual employment position (both projected and/or certified jobs; both created and/or retained jobs). For example, while DCEO assigns an FTE value of 1.0 to a permanent full time position, other categories of positions that are estimated to involve a fewer number of hours to be worked over the course of a year will be assigned a lower FTE value of either .5 or .25. DCEO uses this approach so that a job count that includes various categories of jobs is more accurate and is not inflated or overstated.

Applicants should be realistic when estimating the number of projected FTEs that may result directly from a grant. For example, when projecting FTEs, the applicant must consider that if approved for funding the grantee will be required at a later date to certify FTE data for all created and

retained positions, using the DCEO Job Count FTE Certification Form. Please remember that the FTE count includes only positions that are a direct result of a DCEO grant, meaning the positions would not be created or retained **but for** the DCEO grant provided.

2. Forms and/or Data Needed to Complete this Table

The applicant must identify the total estimated number of projected positions that will be a direct result of the DCEO grant during the term of the grant. Within this total number, the applicant must identify the estimated number of *created* positions. Within the number of created positions, the applicant must identify the FTE category (ies) that the positions most closely match. Also, within the total number of projected positions, the applicant must identify the estimated number of *retained* positions. Within the number of retained positions, the applicant must identify the FTE category (ies) that the positions most closely match. These estimated position numbers for projected positions must be then entered into the FTE Value Table, per the specific instructions, below.

3. Specific Instructions for Entering Data into the FTE Value Table

The FTE Value Table produces job count data for projected positions that includes: created FTEs, retained FTEs, number of permanent full time FTEs for jobs created, number of permanent full time FTEs for jobs retained, an average of the annualized salaries of permanent full time FTEs for jobs created, an average of the annualized salaries of permanent full time FTEs for jobs retained, and other related employment impacts.

The FTE Value Table was designed in Word format. An applicant is required to enter data in the cells in Row 1, Row 7 and Row 8, only (note that Row 8 is optional). However, the Table will perform automatic calculations for Rows 2 through 6. Therefore, **do not attempt to enter or edit data in Rows 2 through 6.**

To enter data into the form, place the cursor in the blue box within the cell and enter the relevant number key(s) -- **do not use the Enter key.** To move from one cell to another in the Table, use the keyboard's Tab key or the right or left arrow keys.

Row 1: Number of positions in defined FTE category: The applicant must assign the estimated number of projected positions to each of the optional FTE categories. For example, applicants must assign the estimated number of projected positions to be *created* into the proper FTE category (Columns A, B, C or D) in the Created Position Box. Likewise, the applicant must assign the estimated number of projected positions to be *retained* into the proper FTE category (Columns E, F, G, or H) in the Retained Position Box. Note that a count of an individual projected position must be placed into either the Created Position box, or the Retained Position box -- an individual FTE position count cannot be placed in *both* boxes. If no jobs are projected in an FTE category, the applicant should place a zero (0) in that cell.

For each projected position, select the FTE category closest to the expectations for the position:

- **Permanent Full Time Position:** approximately 52 weeks/year X 40 hrs. per week = 2,080 hrs.
- **Permanent Part Time Position:** approximately 52 weeks/year X 20 hrs. per week = 1,040 hrs.
- **Temporary Full Time Position:** approximately 26 weeks/year X 40 hrs. per week = 1,040 hrs.
- **Temporary Part Time Position*:** approximately 26 weeks/year X 20 hrs. per week = 520 hrs.

*Only include Temporary Part Time Positions that have a minimum of 200 hours of work expected for the position.

Key Definitions

Employee: An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage. Contingency workers, or workers on contract status with the grantee, may also be included in a grantee's FTE count, if the grantee can certify the FTE data for these positions, as required on the Job Count FTE Certification Form. The site of employment must be located in the State of Illinois.

Projected Job: A planned or forecasted position to be filled at a future point in time, during the term of the grant agreement, as a direct result of a DCEO grant.

Certified Job: A position that was proven to be created or retained and was a direct result of a DCEO grant; the position must be confirmed by the employer and certified by the DCEO grantee on the Job Count FTE Certification Form by identifying: the name of the employer, the position title, either the name of the employee or a payroll identification number, the start date of the position, the annualized salary or wage rate, and the FTE category designation.

Created Job: A new position, not in existence prior to the DCEO grant, to be developed and filled, or an existing unfilled

position to be filled; the position could not be filled **but for** the DCEO grant provided.

Retained job: An existing position projected to be maintained that otherwise would be eliminated by the grantee **but for** the DCEO grant provided. **Note: a job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous DCEO grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be reported as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 24 months prior to the date of the current DCEO application.**

FTE Category Definitions for Reported Positions: Applicants must use the definitions below to understand the typical differences in positions, including: a) the level of anticipated permanency -- an estimated *time duration* for the position category, and b) the degree of full time status -- the estimated average amount of *work hours* expected in a standard work week for the position category, in the respective organization or industry.

Permanent: A position that is typically intended to last indefinitely in duration and does not have a finite ending date; for DCEO purposes, a position with an estimated duration of at least 12 months.

Temporary: A position that is typically short-term in duration and will last only for a specified period of time; for DCEO purposes, a position with an estimated average duration of significantly less than 12 months (example: a seasonal job).

Full time: A position typically expected to work the full number of hours in a standard work week, as defined by the employer or industry; for DCEO purposes, a full time position typically involves approximately 40 hours per week.

Part time: A position typically expected to work significantly fewer hours per week than the hours required in a full time position; for example, 20 hours per week could be a typical part time work schedule.

Row 2: Automatic Calculation of FTE Subtotals: The Table automatically calculates these values based on the numbers entered above, **so do not attempt to edit the cells in this row.** The Table will automatically convert projected position counts into an FTE count according to the type of position. For example, the Table assigns a value of 1.0 to each permanent full time position that is expected to offer approximately 2,080 hours of work per year. However, for the other three categories that typically do not involve permanent work hours of a standard 2,080 hour work year, the table will assign a value for each projected position that is a lesser pro-rated portion, or fraction, of an FTE (example: the Table assigns a .5 value for each Permanent Part time, and Temporary Full time position; while assigning a value of .25 for each Temporary Part time position).

Rows 3 - 6: Automatic calculations for FTEs created, FTEs retained, permanent full time jobs created, and permanent full time jobs retained: The Table automatically calculates these values based on the numbers entered above, **so do not attempt to edit the cells in these rows.**

Row 7-8: Average Annualized Salaries for Permanent Full Time Jobs Created and Permanent Full Time Jobs Retained: The applicant must complete a manual calculation for rows 7 and 8, and place the calculated value(s) into the Table. The average annualized wage or salary amount must be calculated by adding the estimated annualized wages for all positions reported to yield a total salary amount, and then dividing the total salary amount by the number of estimated positions (not the number of FTEs). Average wages for created jobs and retained jobs should be calculated separately. Wages for part time or temporary jobs should be disregarded for purposes of this calculation. For this calculation, all hourly wage values for full time jobs must be converted to an annualized value (for example, multiply the hourly wage by the estimated number of hours per week, multiplied by 52 weeks in a year).

Example: The applicant plans to create 10 new positions as a direct result of the DCEO grant. Five positions will be paid salaries of \$20,000 annually, while the other five will be paid salaries of \$40,000 annually. The total salary amount is \$300,000 (5 X \$20,000 + 5 X \$40,000). The number of positions is 10. Thus, to calculate the average salary, divide \$300,000 by 10, yielding the average salary amount of \$30,000.

Row 9: Other Employment Impacts. The count may include other impacts with the applicant organization, such as temporary jobs or independent contractors needed by the applicant; and/or other employment impacts elsewhere in the economy.

NOTE: A job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be projected again as retained in the DCEO application, if the end date of the previous DCEO grant occurred more than 24 months prior to the date of the current DCEO application.

SECTION 6C: PROJECTED CONSTRUCTION JOBS IMPACT- INSTRUCTIONS

- Provide the number of projected hours of construction labor that will result if the project is funded by the DCEO grant. Include all construction jobs for the entire project even if the DCEO grant leverages or is combined with other funding needed for the project.
- Provide the number of projected construction FTE's for the project. This number is calculated by taking the total number of construction labor hours divided by 2,080.

SECTION 7: BUDGET - INSTRUCTIONS

- This section is used to establish the cost categories of the grant agreement and includes each budget line item for which the grant funds are proposed to be expended.
- Indicate the requested grant amount for each budget line item.
- Provide the proposed match amount for each budget line item.
- Provide the total of each column.

Detailed Budget Narrative

Attach a detailed budget narrative for all project costs. The narrative should provide a detailed explanation by line item of how each cost figure was calculated and provide detailed information regarding the nature and reasonableness of proposed expenditures.

1. Personnel

Please provide the following information for each individual or position for which a salary subsidy is being requested:

- Individual's name and/or position title;
- Individual's role in UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM funded project,
- Individual's total annual salary,
- The proportion of time that will be dedicated to the UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM funded project, and
- The amount of grant funds requested for the individual.

In addition, please provide the fringe benefits (cost and percentage rate) for each individual. List fringe benefits or provide a copy of the fringe rate schedule or rate agreement. Fringes may include employer share of social security (FICA), retirement, group insurance, unemployment insurance and worker's compensation.

2. Contractual Services

Describe and list all costs for contractual services directly related to the UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM.

- *Office/Facility Rental, Equipment rental, etc*

Include specific line items detailing the expenses of office/facility costs, equipment rental, and data processing costs. The type of services, square footage for space or number of hours and hourly rate for contract services should be described. Any other significant subcontracting (especially those over \$2,500) must be further identified and justified.

Please note: Office/facility rental costs - the Grantee must obtain the Department's prior written approval for any office or facility rental costs. The rental amount will be prorated between UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM and non-UWI -

WEATHERIZATION SPECIALIST TRAINING PROGRAM activities and rental costs will **only** be paid for space designated exclusively for UWI - WEATHERIZATION SPECIALIST TRAINING PROGRAM activities. The Grantee **must** give the Department a copy of the lease agreement between the Grantee and the landlord.

Equipment and Machinery rental - the Grantee may **only** be reimbursed for rental costs for equipment machinery used during training.

Proposed satellite office(s) should be identified as a contractual service. Include a separate detailed budget and summary for each satellite facility.

- *Contractual Staff*

Identify expenditures for the procurement of professional and technical services related to the facilitation and monitoring of UWI – Weatherization Specialist Training Program program participants. Please provide the name of the individual and/or company. Describe the services being provided, including the number of hours and rate of pay.

3. Recruitment and Outreach

Detail all costs for services that will be used to provider recruitment and outreach services for UWI – Weatherization Specialist Training Program participants.

4. Testing and Assessments

Detail costs for services that will be used to assess the skills and attitudinal/motivational levels of program participants and costs to provide mandatory drug and alcohol screening.

5. Training and Development

Detail all costs for training and developmental services. If an external vendor is used, detail all financial arrangements (e.g., contracts, tuition, or fee-for-service arrangements) that will result in a cost to the grant. Specify the nature of the service(s) being purchased, the basis for the cost to the program and the amount being requested for each vendor.

6. Equipment Purchases

Identify all non-expendable property to be purchased for the program. Each item of non-expendable property costing over \$500 must be identified and explained in the budget detail. (Items costing less than \$500 should be listed under supplies.)

A written approval request must be submitted to the Department for any equipment purchase(s) not included in the application budget.

7. Supplies and Materials

Provide a list of all items to be purchased. Separate the types of items such as general office, operational, computer supplies/materials and training and instructional supplies/materials. Provide a description, a unit price, the number of items to be purchased, and the total price for each item. Also explain how the item will be used. Requests to purchase items in excess of \$500 must be fully justified in the narrative.

Consumable items are supplies/materials, i.e., copy paper, pens, pencils, paperclips, manuals, items used for training sessions, etc.

8. Support Services

Detail all costs for services, by line item, to provide case management, stipends, childcare, transportation, tools, work clothes, etc., for program participants.

9. Administration/Auditing

Specify the administrative and audit costs that will account for the amount requested. A maximum of one percent (1%) of the grant funds requested is allowable to governmental entities to assist with audit costs; a maximum of \$2,000 is allowable to assist non-governmental entities with audit costs.

SECTION 8: PROGRAM SPECIFIC INFORMATION - INSTRUCTIONS

Statement of Qualifications (SOQs) **must** contain the following three (3) components, be submitted in the following format and include the content specified below:

- I. **Submittal Letter**- (1 page) must be submitted on organization's official letterhead and signed by the authorized signator..
- II. **Qualifications**-Do not exceed (10 page maximum)
- III. **Attachments** - Do not exceed (15 page maximum).

SOQs must be concise and show only relevant qualifications. Qualification statements will be evaluated on focused responsiveness. Page limits are specified for each component. Letters of Support should follow the template set forth in Appendix A, pg 21. Memorandums of Understanding submittals should follow the template set forth in Appendix B, page 22-25. Team Resumes, Executive Reports of related projects and other materials may be submitted as Attachments.

NOTE: Applicants who do not conform to page limit requirements may be disqualified.

SECTION 9: APPLICANT CERTIFICATION - INSTRUCTIONS

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name, print their name and title and date of certification. Please note the certification authorizes DCEO to publish a copy of the completed application on DCEO's website.

SUBMISSION OF APPLICATION

Request for Application submissions must be received on or before:

Thursday, June 26, 2014 at 1:30 p.m

James R. Thompson Center

DCEO –Office of Urban Assistance

100 W. Randolph St, Ste 3-400

Chicago, IL 60601

Attention: **Carmen Colvin, Deputy Director**

Applicant must submit an original, three (5) hard copies AND an electronic version of the application. Electronic copies should be e-mailed to ceo.urbanweath@illinois.gov or submitted with the application (CD or flash-drive).

APPLICATIONS SUBMITTED AFTER THE ABOVE DUE DATE AND TIME WILL BE DISQUALIFIED.

ALL SUBMISSIONS MUST BE ASSEMBLED IN THE FOLLOWING ORDER:

GRANT APPLICATION COVER PAGE, INCLUDING

SECTION 1 – SECTION 7

BUDGET NARRATIVE

SECTION 8 PROGRAM SPECIFIC INFORMATION:

SUBMITTAL LETTER

QUALIFICATIONS

ATTACHMENTS

SECTION 9 APPLICANT CERTIFICATION

APPENDIX C - CERTIFICATIONS

- Applicants must use the updated application and forms contained in this document; proposals that do not utilize the updated application will be disqualified.

- The application must be typewritten-**NO EXCEPTIONS**.
- Do not "spiral bind" the application or put it in a ringed binder. Do not use tabbed cardboard, heavy paper stock, or plastic separators. Applicants may use binder clips to fasten the application together.
- The maximum application length **FORTY (40)** pages, including attachments. **NO ADDITIONAL DOCUMENTATION WILL BE ACCEPTED.**

IDENTITY PROTECTION ACT (5 ILCS/179)

PERSONAL INFORMATION PROTECTION ACT (815 ILCS 530)

The Department of Commerce and Economic Opportunity (DCEO) is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services. At times, DCEO will request social security numbers (SSNs) or other personal identifying information. Federal and state laws, rules and regulations require the collection of this information for certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants. DCEO also collects confidential information for oversight and monitoring purposes.

Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by DCEO as a result of state or federal laws, rules and regulations.

APPENDIX A
LETTER OF SUPPORT TEMPLATE

Note: Letter of Support **must** be printed on organization's letterhead and submitted with proposal. The letter need not follow this format, this is simply a guide. Letters of support should detail the writer's in-depth knowledge of the Applicant's program, the goals applicant has attained and the nature of their past partnerships, if any.

Date

Carmen Colvin
Office of Urban Assistance Deputy Director
James R. Thompson Center
100 W Randolph, Suite 3-400
Chicago, IL 60601

Dear Ms. Colvin:

Please accept this letter as confirmation that this organization has worked for the past (#) year/s with (name of Applicant).

During this time, (name of Applicant) has:

- Partnered with our organization to provide the following services:
- Delivered the appropriate training and/or support services to prepare their candidates to be successful as demonstrated by the fact that (#) have retained employment for more than one year (or other detailed information).
- Delivered the appropriate technical skills training to prepare (#) for entry into the workforce in the following fields: , , and/or . (or other detailed information)

I understand that I may be contacted by the Illinois Department of Commerce and Economic Opportunity to confirm that the above information is complete and correct.

Sincerely,

Name
Title

MUST BE SUBMITTED WITH APPLICATION

APPENDIX B

MEMORANDUM OF UNDERSTANDING (MOU)

Between

[Insert name of Party A- grantee]

and

[Insert name of Party B- collaborator]

This is an agreement between “*Party A*”, hereinafter called _____ and “*Party B*”, hereinafter called _____.

I. PURPOSE & SCOPE

The purpose of this MOU is to clearly identify the roles and responsibilities of each party as they relate to the collaboration and partnership in technical or workforce skills training in the area of weatherization specialist training.

In particular, this MOU is intended to:

Examples:

- *Enhance*
- *Increase*
- *Reduce costs*
- *Establish*

II. BACKGROUND

Brief description of agencies involved in the MOU with mention of any current/historical ties to auditor or home weatherization skills training and/or the provision of supportive services to targeted populations.

III. [PARTY A] RESPONSIBILITIES UNDER THIS MOU

[Party A] shall undertake the following activities during the duration of the MOU term:

Examples:

- *Develop*
- *Deliver*
- *Share*
- *Support*
- *Provide*
- *Promote*
- *Refer*

- Review
- Comply
- Train
- Maintain records
- Sponsor
- Evaluate

[PARTY A] shall follow all relevant and applicable regulations as specified in the Department of Commerce and Economic Opportunity's Urban Weatherization Initiative's program guidelines, administrative rules and grant agreement.

These may include, but are not limited to:

- 1.
- 2.

IV. [PARTY B] RESPONSIBILITIES UNDER THIS MOU

[Party B] shall undertake the following activities during the duration of the MOU term:

Examples:

- Develop
- Deliver
- Share
- Support
- Provide
- Promote
- Refer
- Review
- Comply
- Train
- Maintain records
- Sponsor
- Evaluate

[PARTY B] shall follow all relevant and applicable regulations as specified in the Department of Commerce and Economic Opportunity's Urban Weatherization Initiative's program guidelines, administrative rules and grant agreement..

These may include, but are not limited to:

- 1.
- 2.

V. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

Include information about the terms and conditions by which the MOU may be modified and/or terminated, including number of notification days needed to modify/terminate MOU, requirement of any final performance requirements, and/or payment/invoicing instructions or requirements.

1. *Modification*

2. *Termination*

VI. REPORTING REQUIREMENTS

This MOU *does (does not)* include the reimbursement of funds between the two parties.

Reporting requirements: [PROVIDE DETAIL]

No portion of the proposed Urban Weatherization Initiative funds are being counted more than once for participant activity during the term of the contract.

The collaborating/partnering organization will provide Auditor Training Budget documentation as requested by [PARTY A].

None of the activities funded through UWI – Weatherization Specialist Training Program budget shall be outside the scope of work as outlined in the grant agreement.

Any modifications or terminations will be documented and reported to Illinois Department of Commerce by [PARTY A] in written form.

VII. RECORD RETENTION

[PARTY A] and [PARTY B] must maintain all records supporting the MOU and related activities for four years after the end of the contract term. Additionally, [PARTY B] agrees to make all records relating to the contract available upon request by

[PARTY A].

VIII. EFFECTIVE DATE AND SIGNATURE

This MOU shall be effective upon the signature of Parties A and B authorized officials. It shall be in force from *[Date]*, _____ to *[Date]*, _____.

Parties A and B indicate agreement with this MOU by their signatures.

Signatures and dates:

[Authorized signature from PARTY A]

[Authorized signature from PARTY B]

[Insert name of PARTY A signatory]

[Insert name of PARTY B signatory]

Date

Date

APPENDIX C

RFA SUBMISSION CHECKLIST

1. Submittal Letter

- Submittal Letter

2. Qualifications

- Program Characteristics
- Participant Characteristics
- Staff Qualifications
- Program Services, Capacity, Cost and Sustainability Plan
- Program Partnerships
- Participant Outcomes

3. Attachments

- Staff Resumes/Job Descriptions/Organization Chart
- Annual Organization Budgets
- Executive Reports of similar previous projects
- Memorandum of Understanding with Program Partners
- Other related materials
- Copy of curriculum

4. Proof of Status

- A completed IRS W-9 Request for Taxpayer Identification Number & Certification. This form can be emailed upon request or downloaded at www.irs.gov
- Most recent Financial Audit (if applicable)

Not-For-Profit Organizations Must Attach:

Indicate the year the organization was legally established: _____

- Attach list of current Board Member names, addresses, occupation/affiliation, and phone numbers.
- Submit a "current" letter from the IRS verifying the organization is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, issued within the last three months, IRS Department of the Treasury, (877) 829-5500.
- Copy of most recent filed IRS Form 990
- Attach documentation of Good Standing Status (check one):**
 - Entities that are incorporated as a not-for-profit under the General Not For Profit Corporation Act of 1986 (805 ILCS 105/101.01 *et seq.*) are required to submit a certificate of good standing from the Illinois Secretary of State's Office, Department of Business Services, (217) 782-7880 or (217) 782-6961 (TDD: (800) 252-2904).
 - Entities that are organized as a Charitable/Not-For-Profit entity, which includes any person, individual, group of individuals, association, not-for-profit corporation, or other legal entity under the Charitable Trust Act (760 ILCS 55/1 *et seq.*) are required to submit a letter of good standing from the Charitable Trust Bureau, Office of the Illinois Attorney General, 100 W. Randolph St, 11th floor, Chicago, IL 60601, (312) 814-2595 (TTY: (312) 814-3374).

- Entities that are neither of the above, but are exempt from paying sales/use tax under the Use Tax Act (35 ILCS 105/1 *et seq.*) are required to submit a copy of the tax exemption certificate issued by the Illinois Department of Revenue, Central Registration, PO Box 19030, Springfield, IL 62794-9030, (217) 785-3707 (TDD: (800) 544-5304).

- Current 990 or 2013 Audited Tax Return

For-Profit Organization Must Attach:

- Private legal entities including corporations, Limited Liability Corporations or other business enterprises must submit a **certificate of good standing** from the Illinois Secretary of State's Office, Department of Business Services, (217) 782-7880 or (217) 782-6961 (TDD: (800) 252-2904).
- Private legal entities including corporations, Limited Liability Corporations or other business enterprises must submit financial statements for the preceding three years, certified by the organization's accountant or Chief Financial Officer.

5. Letter of Support

- Letter of Support

6. Memorandum of Understanding, if applicable

- Memorandum of Understanding

7. Certification

- General Certification

APPENDIX D

LIST OF TARGETED COUNTIES

Eligible geographic areas are “census tracts in urban metropolitan areas where 20% or more of the population is living in poverty and that suffer from disproportionately high rates of unemployment, underemployment, and poverty as defined by the 2010 Census...and areas with high concentrations of families with income equal to or less than 60% of the Area Median Income.

- Alexander County
- *Cook County (including southland suburban area)
Kane County
- *Kankakee County
- Lake County
- LaSalle County
- Macon County
- Madison County
- *Peoria County
- Rock Island County
- *St. Clair County
- Stephenson County
- Will County
- *Winnebago County

***Original County served**

APPENDIX E

BPI Residential Building Envelope Whole House Air Leakage Control Installer Certifications Knowledge, Skills, and Abilities Requirements

Oral and Field Exam

Outline of the RBE-WHALCI Certification

This certification scheme handbook outlines the knowledge, skills and abilities requirements for residential building envelope whole house air leakage control installers.

The scope of this certification scheme includes the installation of specific air leakage control measures in accessible and inaccessible unconditioned and semi-conditioned spaces of existing residential homes. These specific measures represent typical air leakage control applications and incorporate the principals of air leakage control, which then can be applied to most air leakage control locations.

Installers will demonstrate their abilities to reduce uncontrolled air movement by creating continuous durable air pressure boundaries in attics, side attics, crawl spaces and other accessible buffer zones by installing and connecting appropriate materials in a durable fashion.

This work includes:

preparation of attic spaces and crawlspaces including confirmation of air sealing completeness before the installation of loose fill, blanket, or rigid board insulation

Oral (Verbal) Exams

For this certification, a verbal test instrument will be administered in order to ensure competency in the critical tasks defined by BPI. Candidates' responses to the verbal questions will be recorded to provide documented evidence that they have the appropriate knowledge and skills for certification when the minimum requirements have been met.

The BPI test instrument, covering both knowledge and skills, will be provided orally for this certification by a BPI Test Center proctor. This oral exam will be administered during the time candidates are undergoing the abilities examination. This means that candidates will be asked questions during the time they are demonstrating their abilities.

The verbal exam focuses on the key areas of knowledge and skills for this certification and is weighted appropriately in regards to the critical functions required.

The oral exam is comprised of forty (40) questions to cover knowledge and skills.

The questions have been developed at a grade 8 English language level.

The passing mark for the oral examination is ninety percent (90%).

The only items that the examinee may review during the exam are any materials provided by BPI. Use of any notes, other manuals or materials during the exam is strictly prohibited.

Future discussion or disclosure of the content of the exam, orally or in writing, or by any other means, is prohibited.

Theft or attempted theft of exam items is punishable to the fullest extent of the law.

Candidates will be observed at all times while taking the exam. This includes direct observation by the examiner as well as audio and video recording of your examination. Their participation in irregular behavior during the exam may result in the invalidation of the results of their examination, termination of their status, civil liability, criminal prosecution, or other appropriate sanctions.

Practicum (Field) Evaluation (Abilities)

A practical evaluation to determine the candidates' abilities has been developed by BPI in order to ensure competency in the critical tasks defined by BPI. This will provide documented evidence that the candidates have the appropriate abilities.

The practicum evaluation exam is constructed where candidates are requested to perform a task. The candidates are provided direction and given the proper tools and equipment to undertake completing the task. Their abilities are then evaluated based on a predetermined set of criteria.

There are eighteen (18) performance line items covering fifty one (51) abilities to be shown. Three (3) of the 18 props are gated items and must be completed successfully in order to pass the exam regardless of any other overall score (Large hole with heat source, non-IC recessed light, and full height metal clearance).

The passing mark for the practicum evaluation is. Of the remaining 15 props the passing mark is 14/15 props (93%). The candidates will follow the instructions outlined in the abilities section of the functions and tasks outlined in this document. The candidates will complete the tasks on a single air leakage point and then confirm that the point is air tight by depressurizing the chamber behind the mock-up. If chemical smoke is drawn into the mockup, this indicates that the air leakage control has not been performed adequately.

If the proctor sees evidence of air leakage by the smoke being drawn into the mock-up, the candidate will have the opportunity to make any corrections they see fit. Upon completion, the mock-up will be retested. If there is any evidence that the chemical smoke is being drawn into the mock-up on the second test, then this is considered a failure for that specific air leakage point.

Upon examination failure, the candidates will retest only on the specific air leakage points where the appropriate abilities were not confirmed. When retesting, there is no requirement to show abilities on the air leakage points where they were able to seal the mock up in two tries or less, only the ones that showed air leakage after the second try.

The time length for the oral examination and practicum evaluation for abilities will not be greater than seven (7) hours in length.

The only items that examinees may review during the practicum evaluation are materials provided by BPI. Use of any notes, other manuals or materials during the practicum evaluation is strictly prohibited.

The practicum evaluation will have the candidates demonstrate the ability to properly and completely seal all air leakage and exterior duct leakage in attics, side attics, crawlspaces, attached garages and other areas between conditioned space and outside or attached units as confirmed by visual inspection and smoke test during blower door operation. All materials will be used within their listing for temperature and exposure and installed in conformance to all applicable codes and to manufacturer's recommendations. Seals will be continuous, durable, able to support all expected loads, and impermeable to airflow as indicated by chemical smoke at a pressure difference of 75 Pascals.

APPENDIX F

BPI Residential Building Envelope Whole House Air Leakage Control Installer

Functions and Tasks

The Knowledge, Skills, and Abilities required for this examination are below.

K = Knowledge, shown on written or verbal test

S = Skill, shown on written test, diagram, or interactive tool

A = Ability, demonstrated on prop or in house

#		Description of Task or Function	Reason	K	S	A
1		Before work				
	a	Choose basic personal protective equipment needed for air sealing work in attics and crawlspaces (N95 dust mask or better, safety glasses, gloves, coveralls, kneepads).	Reduce injury and irritation.			X
	b	Demonstrate knowledge that fires can start when a burnable material such as a wood product, paper facing, rubber caulk or plastic foam contacts a heat source like a chimney or metal flue; or insulation traps heat over a non-IC recessed light or improper wiring.	Prevent fires.	X		
	c	List an example of a non-combustible airtight material suitable for contact with a chimney heat	Recognize safe material.	X		
	d	List an acceptable sealant for contact with the heat source.	Recognize safe material.	X		
	e	Demonstrate knowledge that combustion products can hurt the occupants and damage the building unless all fumes go up the chimney before and after air sealing work, whether fans are on or off.	Carbon Monoxide buildup, other fumes and extra moisture.	X		
	f	Demonstrate knowledge that solid materials like gypsum board ceilings, plywood subfloors and wall sheathing stop air and only allow air leakage between sections at open joints, gaps, penetrations, framing edges, chases, ducts, and transitions between materials and assemblies.	What to attach to, where to look for air leaks.	X		
	g	Demonstrate knowledge that that foam with gaps, loose fill and batt insulation can't work properly when air moves through it or circulates between insulation and the interior.	Air can carry heat and cooling away.	X		
	h	Inspect and don proper personal protective equipment (PPE).	Confirm that the installer has basic safety and construction skills to Conduit work.			X

#		Description of Task or Function	Reason	K	S	A
	i	Demonstrate safe and proper use of hand tool and power tools including utility knife, sheet metal snip, hammer, pry bar, screw gun, caulk gun, ½ inch electric drill with side handle and 2 9/16 self-feed bits, reciprocating saw.	Installer needs to be able to use proper tools for the work.			X
	j	Demonstrate knowledge of basic construction materials and proper materials-handling techniques.	Installer needs to know what materials need to be used and when they can be used.	X		
	k	Demonstrate knowledge that floor or wall cavities used as ducts must be blocked from the exterior with material rated for use in ducts: i.e. duct board or metal plus mastic sealant. Show on diagram where to block between floor return and open exterior wall.	Ducts open to exterior walls are duct leaks just like attic or crawlspace ducts and require similar materials.	X		

#		Description of Task or Function	Reason	K	S	A
2		Uncover bypasses (interactive tool, prop or house)				
	a	Locate and uncover bypasses from crew leader's diagram or instructions. In a selected area, move insulation and other obstructions aside to expose all sides of bypass openings across any framing to intact surface of solid finish material.	Prepare to seal solid to solid material. Find all fire and other hazards.		X	
	b	Demonstrate ability to distribute body and equipment weight while in the attic to avoid damage to interior finish materials	No damage to building or workers.	X		

#		Description of Task or Function	Reason	K	S	A
3		On each of the following specific tasks 3.1-3.8 (in house: first find and uncover): <input type="checkbox"/> Select the appropriate materials <input type="checkbox"/> Cut to fit <input type="checkbox"/> Seal continuous airtight <input type="checkbox"/> Confirm seal with chemical smoke ¹ (with the blower door or fan on prop running)	Learn the steps and repeat at each detail.			

3.1		Close and seal large opening (no heat source).			
	a	Select rigid air-impermeable barrier material that matches use and exposure: - air impermeable - strong enough to support expected weight or pressure - listed for use uncovered in attic and crawlspaces, gypsum board or equal if open to interior	Reduce opening to what sealant can bridge. Material must allow a permanent, stable repair.		X
	b	Infill framing to match existing where opening is wider than 24" or required for support of air barrier material.			X
	c	Cut material to fit opening: friction fit if inset or lap >1" on edges if folded for inset stapling or lapped across opening.		X	
	d	Fasten edges where needed to stabilize until sealant is set or to prevent movement or sag.		X	
	e	Seal edges with foam, caulk, or mastic; include all secondary gaps, openings, offsets and penetrations between barrier and surrounding substrate.		X	
	f	Check with chemical smoke to confirm the seal is complete and continuous all around and adheres to both substrate and barrier material.			X
3.2		Large opening with heat source (chimney): provide barrier and sealant materials that won't burn or melt.	Code requires clearance to combustibles. Surface of wood or oil chimney pipe can reach ignition temperatures.		

¹ Checking with smoke is an ability that is repeated with each specific air sealing skill because air sealing is not complete until it is confirmed complete. Hidden gaps and incomplete contacts are common and if any are present this technician needs to know and finish the job before he moves to the next task.

#	Description of Task or Function	Reason	K	S	A
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	a	Select air-impermeable noncombustible barrier: sheet metal, flashing or cement board. Select non-combustible sealant.	Must stop air. Plastic foam melts and burns-not allowed. Duct board not listed above 150° F.			X
	b	Cut metal with shears, utility scissors or knife to fit. Make circle cut from both sides at chimney allowing 3-4" extra length for overlap and 2" extra width for edge folding/fastening to framing.	Cutting and folding sheet metal needs different skills than cutting other materials.			X
	c	Fold edges of metal barrier to fit between framing members and to provide inset stapling flange.	Improves stiffness and strength of attachment.			X
	d	Fasten perimeter with staples or screws and seal to substrate with normal sealant foam or caulk.	If you foam before stapling it is a mess. Perimeter will leak air if not sealed. Okay to set bead of caulk first.			X
	e	For heat sources in large chases: maintain non-combustible material to beyond 2" clearance space and make transition to standard rigid barrier on remainder. Provide fold or framing at transition for stiffness. Use non-combustible sealant within clearance space.	Some chases are too large for rolled metal flashing.			X
	f	Select noncombustible caulk to seal gap between barrier material and chimney including any laps in barrier, with sealant that meets ASTM 136; alternate for propane/natural gas-only vents 600 degree F Silicone RTV sealant listed for use on gas vents. Demonstrate ability to select sealant appropriate to the temperature requirement of the chimney to seal gap between barrier material and chimney including any laps in barrier	Match material to temperature requirements of chimney or vent.	X		
	g	Apply noncombustible caulk to seal gap between barrier material and chimney including any laps in barrier. Sealant must extend onto facing.	Complete the seal and maintain fire safety.			X
	h	Confirm with smoke and touch up as needed.				X
3.3		Foam at gaps and over backer	Sealant of choice in attics, crawlspaces, etc.			

#		Description of Task or Function	Reason	K	S	A
	a	Option: demonstrate ability to apply 1 part foam for gaps up to 1-5/16" wide annular space at penetrations and 1-1/2" depth - full thickness of plate for fire stop.	Make continuous airtight seal. Follow conditions for use in International Code Council (ICC) Evaluation Service (ES) report, UL listing. Range of temp.			X
	b	Demonstrate knowledge that 2-part sealant foam may be used for gaps up to 2" wide without backing.	Make continuous airtight seal. Fastest and most flexible. Flows into gaps best.	X		
	c	Provide fiber glass or mineral wool backing material under foam for gaps up to 4" wide (wall tops) and where ignition barrier is required between foam and interior.	Provides support during cure time; ignition barrier to interior.			X
	d	Demonstrate need for rigid backer for foam for openings > 4" wide; gypsum board or equal where a thermal barrier is required (variation on 3.1 barriers above with up to 2" gap allowed for foam).	Rigid backing recommended for large openings.	X		
	e	Inject foam into adjacent smaller gaps and penetrations.	Airtight seal at all leaks in specified area, no omissions.			X
	f	Foam at least 1" onto substrate and barrier material in a continuous seal.	Bond to adjacent materials.			X
	g	Confirm with smoke and touch up if needed.	1-part foam gaps >1" can leak at dimples and spots where it lifts away from surfaces.			X

3.4		Sealed airtight box over non-IC recessed light that conforms to NFPA 70 (national electric code) and fixture requirements. Demonstrate knowledge that: no insulation above or within 3" of sides including any wiring box and ballast.	Fire hazard. Elec. Code requires clearance. Many recessed lights will not be changed to sealed IC or flush mount. Air sealers should know what to do			
	a	Demonstrate ability to measure barrier and cut	Non-IC lights are			X

#		Description of Task or Function	Reason	K	S	A
		enough to maintain side clearance from insulation of 3 inches or more around fixture and any attached wiring boxes for full height of insulation.	proven fire hazards in contact with or under insulation.			
	b	Demonstrate ability to provide air-impermeable non-insulating top panel of ½" gypsum board or equal that extends to meet all sides	Gypsum board allows drying both ways and works in many climates. Avoid cold side vapor retarders like metal or covers that could melt.			X
	c	Demonstrate ability to cut or notch sides to fit over irregularities and reach to ceiling.	For air tightness, box must seal to ceiling and all edges.			X
	d	Demonstrate ability to seal all joints and seams in box and between box and ceiling with foam, mastic, sealant, compatible tape, or joint compound with joint tape.	To make air barrier continuous over fixture.			X
	e	Check with smoke and touch up as needed.	Check your work is complete before moving on.			X

3.5		(Exterior) duct sealing with mastic and mesh tape.	Ducts are still air leaks when they are off. Air sealers will be the only ones to see them and should know what to do. Different sealing skills are needed.			
	a	Demonstrate ability to open duct insulation to seal connections at joints, takeoffs, boots, trunks and gaps to interior (duct chases and register boots).	Duct wrap does not stop leakage.			X
	b	Demonstrate ability to fasten loose metal duct sections with zip-in screws	Reconnect and keep from falling apart in attic or crawlspace.			X
	c	Demonstrate ability to provide mesh tape on moveable joints and gaps >1/4". Provide infill metal as required and duct tape on wide gaps >3/4" and lap mesh tape 1" beyond duct tape.	Stronger joint, supports mastic and prevents fallout.			X

#		Description of Task or Function	Reason	K	S	A
	d	Demonstrate ability to provide mastic over mesh tape and just mastic on all joints < 1/4".	Makes ducts continuous.			X
	e	Demonstrate ability to join flex duct liner to start collar with mastic, hold with tie strap and zip-in screw.	Attach airtight and keep flex liner on start collar.			X
	f	Demonstrate ability to seal between duct boot and substrate with mastic, acrylic sealant or joint compound plus tape.	Opening to interior finish, sealant must match if visible.			X
	g	Demonstrate ability to seal duct chase from metal to ceiling or other substrate as above at 3.1 or 3.3 with sealed barrier or foam over backer.	Connect air barrier across opening – airflows in chase can now benefit interior.			X
	h	Demonstrate ability to check all joints visually, confirmed with smoke.				X

3.6		Extend air barrier: Box around pipes in attic, box over drop down stairs, box behind built-ins open to attic. Thin membranes, like house wrap	Protect pipes from freezing. Bring operable/critical details inside. Move air/thermal barrier to where it is practical and reduces risk			
	a	Demonstrate ability to select barrier material: rigid foam, ductboard or supported air impermeable membrane to enclose pipes, built-ins, open drawers, provide sealed box with lid over drop down stairs.	Pipe insulation only works for a short time if pipes are isolated.	X		
	b	Demonstrate ability to open any flooring or cavity to expose finish on all sides where box will be placed (uncover).	Open cavities allow air to short circuit the cover.			X
	c	Demonstrate ability to remove any insulation or other debris between pipes and interior.	Don't isolate pipes.			X
	d	Demonstrate ability to notch barrier to fit around all framing at perimeter of enclosure box back to interior finish material. Alternate: seal perimeter below flooring to interior finish all around in separate step and seal barrier to flooring.	Leave no escape for air or any short circuits around barrier.			X
	e	Demonstrate knowledge that some air barrier materials need a spacer to protect them from heat	Don't melt or tear air barrier.	X		

#		Description of Task or Function	Reason	K	S	A
		and sharp edges at steam or hot water pipes.				
	f	Demonstrate ability to install air barrier box or supported membrane in a continuous fashion, with adequate fasteners to maintain attachment. Alt: fasten frame and attach weatherstrip seal at operable cover over drop down stairs or whole house fan.	Keep barrier in place and allow sealant to cure without movement.			X
	g	Demonstrate ability to seal seams and perimeter of barrier material.				X
	h	Check with smoke and touch up as needed.				X

3.7		Unducted fan in attic, Extend new insulated duct from exhaust fan to exterior, seal assembly.	Exhaust fan gap to finish, housing, and dampers all leak.			
	a	Select insulated flex duct for bath fan and metal duct for kitchen fan. Match duct diameter to meet or exceed cross sectional area of fan exhaust.	Minimize back pressure and prevent condensation.		X	
	b	Match duct length and elbows for smooth turns and no excess length. Cut and fit, fasten sections	Quietest fan operation and best flow with least resistance.			X
	c	Show on diagram where to install termination at exterior wall, roof or soffit. Select termination size to meet or exceed cross sectional area of duct.	Find the shortest route to the location with the least risk of water entry.		X	
	d	Show where connections and seals are needed to make duct airtight to the exterior. Show termination with attachment or add connector for airtight exhaust duct attachment through sheathing or soffit.	Prevent new condensation from fan exhaust. . Deliver 100% of fan exhaust to exterior.		X	
	e	Demonstrate ability to seal and fasten duct to fan housing and termination, use tie straps and retaining screws.	Complete the connection.			X
	f	Demonstrate ability to seal fan cabinet and gap to substrate Provide tape or backing to keep sealant in place.	Seal all gaps from interior finish to termination.			X

#		Description of Task or Function	Reason	K	S	A
	g	Check with smoke and touch up (negative pressure).	Confirm seal complete.			X
	h	Check with smoke and correct (positive pressure).	Confirm airflow out of fan – dampers operate okay.			X
3.8		Weatherstrip door Install on prop ALC mockup 8; or side attic door, drop-down stair, access hatch, basement, or exterior door.	Different abilities than other sealing. Operable part of attic air barrier or ext operable door			

	a	Select stop-type weatherstrip with flexible gasket and carrier adequate to close gap between operable door and frame.	Door weatherstrip often leaks air when new or with “normal” retrofit.	X		
	b	Demonstrate ability to cut to fit, miter corners tight, and set in bead of sealant.	See gaps are closed at all irregularities.			X
	c	Demonstrate ability to install weatherstrip fitted tight to door in closed position. Fasten in place (prop, if used, must provide access to all sides for fitting and visual inspection).	See that compression seal contacts all surfaces.			X
	d	Demonstrate ability to check door operation and closure so function is okay.	Door must still operate.			X
	e	Check with smoke, adjust as needed, and improve seal to stop smoke movement				X

#		Description of Task or Function	Reason	K	S	A
4		Check for completeness of air sealing in specified area. Uncover all gaps openings and penetrations in specified area.	So far only 1 example of each type has been done. Connect all parts to assemble a pressure boundary			
	a	Demonstrate ability to seal airtight any remaining gaps and openings between individual details inside specified section to complete specified attic/crawlspace section.	Candidate can complete a specified area.			X
	b	Demonstrate knowledge that all includes connecting to adjacent section. Show seal at perimeter of specified section to connect to other	Connect sections, connect attic to wall, leave no escape		X	

#		Description of Task or Function	Reason	K	S	A
		sections.	route for air.			
	c	Candidate Visual check: confirmed seals complete with chemical smoke during application.				X

	d	Confirm material Confirm cut and fit Confirm seal 100% Confirm no smoke movement at 75 pa				X
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#		Description of Task or Function	Reason	K	S	A
5		General				
	a	demonstrate knowledge that fires can start when a burnable material such as a wood product, paper facing, rubber caulk or plastic foam contacts a heat source like a chimney; or any insulation traps heat over a non-IC recessed light or improper wiring.	Recognize a heat source-chimney vent or fireplace in wall. Don't cause a fire.	X		
	b	Recognize recessed lights from above, knob and tube wiring, other wiring hazards to avoid. Open junction boxes and unsupported connections outside of boxes.			X	
5.1		Set up				
	a	Confirm Crew leader has issued OK to proceed with job and no stop work conditions are present.	Prep and install requirements may change.	X		
5.2		Attic air seal and prep				
	a	Demonstrate ability to uncover wall tops and potential openings in specified area. Confirm all major details air sealed, ducts and duct insulation sealed, recessed lights and heat sources sealed, clearance maintained and fans vented out. See the <i>Residential Building Envelope Whole House Air Leakage Control Installer Certification Scheme Handbook</i> .	Confirm all bypasses sealed. Check air seal basics.			X
	b.	Select metal for clearance dam at chimney with width that will end up full height of insulation or taller; i.e. Add 1" bottom flange and 2" top fold to height of insulation.	Choose non-combustible dam material in width that will maintain clearance full height after folds.			X

#		Description of Task or Function	Reason	K	S	A
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	c	Demonstrate ability to fold metal in Z shape with top 2" in toward chimney and bottom 1" out for fastening, full height of insulation or taller.	Prevent filling clearance space with insulation.			X
	d	Demonstrate ability to install metal clearance dam. Fasten down, fold in, and fasten lap.	Keep combustibles away from heat source. Maintain clearance required by code and listing of combustion vent.			X
	e	Demonstrate ability to provide soffit vent chute and wind block or pack under chute over outside top plate. Maintain 1" open between chute and roof deck (set prop to high slope 8:12 or greater for access).	Direct airflow from vent up along roof. Prevent wind wash at edges.			X
	f	Demonstrate ability to pack tight or stuff edge over top plate to roof in an area without soffit vents.	Stop wind and get most R-value at edge			X
	g	Demonstrate ability to apply R8 faced duct wrap with joints taped over un-insulated duct section that has been confirmed sealed.	Stop sweating on AC ducts in summer with vapor barrier (vb) facing and drips inside in winter with insulation. Half of attic duct losses are conduction.			X
	h	Show sample of clearance dam at attic access and border between floored and loose fill attic insulation to full depth of insulation and with wood, plywood or OSB.	Allow full insulation depth to dam. Prevent spills.		X	
	i	Show insulation on access door or hatch, fastened; show R value as close to adjacent building section as practical.	No voids in insulation; Keep R value even.		X	
5.3		Dense pack wall insulation skills				
	a	Demonstrate knowledge that that crew leader directs setup of equipment to manufacturer's instructions and contractor's policies, checks power supply and machine operating pressure and all house preparations are complete, including blower door for cavity smoke test.	Follow regulations and firm's standard work process.		X	

#		Description of Task or Function	Reason	K	S	A
	b	Demonstrate knowledge of siding removal and replacement, lead safe protection for interior drilling or other wall access method is performed with minimum damage following all regulations, contractor's policies and scope of work, with access holes plugged after filling, including a basecoat patch at any gypsum openings and water resistive barrier repaired to restore original function where opened.	Protect property, workers and occupants.	X		
	c	In specified section of house wall or on prop, drill holes for insertion tube to access all cavities. Create step-by-step grid that creates access to 100% of surface with drill, probe and tube.	Dense pack air leakage reduction requires 100% of hidden cavities packed. Leave no hidden escape paths for air and no voids. Irregular and open framing is common.			X
	d	Choose location for first hole; likely to be away from corner framing at a height convenient for inserting tube. Test back and forward with probe, both ways side-to-side and open a hole just past the next stud and repeat to access all stud cavities over 1" wide, even if framing isn't irregular. Recheck with probe to confirm no missing spaces.	Check so no vertical cavities are missed. Existing wall framing is often irregular and each cavity must be confirmed. This tube is for basics; thin cavities and other methods are for later.			X
	e	Insert sidewall tube into first hole. Check that tube reaches full height up and down, repeat on each stud space and make openings needed to access the other side of each horizontal blocker. Drill an additional hole beyond each horizontal blocker if insert tube won't go all the way to the end of each cavity, until you are sure the whole section is open.	Check so fill is full height with no voids. Check length of tube inserted against distance to end of cavity.			X

#		Description of Task or Function	Reason	K	S	A
	f	Blow density test box and measure weight change Readjust blower settings and repeat until required density is met or exceeded in test box.	Confirm blower adjustment.			X
	g	Insert tube and completely pack one cavity.	Demonstrate proper installation.			X
	h	Stop and check first cavity with smoke before proceeding to remainder, house at 75 Pa. Turn fan or blower door to 75 Pa house pressure. Smoke check in undisturbed material away from installation hole.	Smoke test shows cavity airflow until it is stopped. Confirm installation before proceeding.			X
	i	Demonstrate airflow through adjacent empty cavity with smoke to show walls leak. Confirm conditions for the test are in place.	So candidate recognizes air movement through cavities before their work. Show target airflow.			X
	j	Pack three or more wall cavities full, with insertion tube to provide consistent pack in whole cavity (test fan off). Check all three cavities with smoke at 75 Pa at undisturbed holes.	Confirm complete fill.			X
	k	Compare selected area completed with first bag blown to confirm installed density.	Confirm material use matches coverage requirement. Alerts you to blowout or incomplete fill.			X
5.4		Dense pack floor insulation skills				
	a	Floored attic option: select small section of floor 3-4 cavities approximately 6 feet long and provide an additional bag for the test. Open floor cavities for dense pack demonstration under floor.	Open floor cavities to test to same density as wall			X
	b	Adjust machine to pack density test box to target weight with wall tube or 2" diameter hose. Blow	Confirm blower adjustment meets nominal density			X

#		Description of Task or Function	Reason	K	S	A
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		density test box & measure weight change Readjust blower settings and repeat until required density is met or exceeded in test box	before installation			
	c	Dense pack first cavity specified floor area with wall tube, alt: 1.5-1.75" diam. tube, or 2" diam hose.	Get feel for installation, get complete pack, and avoid clogs			X
	d	Check first packed floor cavity opening with chemical smoke at 75 Pa. before blowing remainder. (adjust to get no visible smoke movement)	Confirm installation meets required density before proceeding			X
	e	Pack remaining 2-3 cavities in test section and check with smoke				X
	f	Compare selected area completed with first bag blown to confirm installed density.	Confirm density installed as you go and at end of job. Alerts you to blowout or incomplete fill		X	
5.5		Crawlspace				
	a	For crawlspace prep: confirm crew leader looked to confirm bypasses sealed or directs crew to seal remaining openings; drainage acceptable and no hazards or contaminants will stop work.	Okay to go. No "stop work" conditions.	X		
	b	Uncover and seal any remaining bypasses and duct leaks as per the <i>Residential Building Envelope Whole House Air Leakage Control Installer Certification Scheme Handbook</i> .	Priority before insulation.	X		
	c	Lay 6-mil or thicker poly sheet over bare earth extending to all edges and fastening to wall where possible. Lap seams 12" and seal where accessible.	Ground cover first, before all sealing or insulation.		X	
	d	Reduce wall ventilation to 1/1500 with operable vents.	Extra outdoor air increases summer crawlspace moisture in most areas.		X	

#		Description of Task or Function	Reason	K	S	A
5.6		Crawlspace wall seal and insulation combined				
	a	Ground cover in place, vents blocked.	Reduce surface area and leakage.		X	
	b	Provide 2" rigid fiber glass board with Flame Spread 25 facer or 2" foam board rated for uncovered use over 4x4 section of crawlspace wall surface, notched to fit up to subfloor with joints taped and perimeter sealed with foam.	Sealed barrier and insulation in one step.			X

APPENDIX G
BPI ILLINOIS TESTING CENTERS

1. Building Performance Workshop – a Division of Green Dream Group, LLC – BPI Test Center

Type: Contractor/Affiliate

Location: 5756 N. Ridge Avenue Suite #11, Chicago, Illinois 60660

Phone: (773) 271-5310

Fax: (773) 271-5311

Contact Person: Corbett Lunsford

2. Coalition for United Community Action – ORTC, Inc.

Type: Affiliate

Location: 2925 S. Wabash Avenue Suite #102, Chicago, Illinois 60616

Phone: (312) 225-2085

Fax: (312) 225-6742

Contact Person: Rena Livingston

3. Fuller Park Community Development Corporation – BPI Test Center

Type: Affiliate

Location: 4417 S. Stewart Avenue, Chicago, Illinois 60609

Phone: (773) 624-8686

Fax: (773) 624-9603

Contact Person: Michael Howard

4. Priority Energy, LLC – BPI Test Center

Type: Affiliate

Location: 3501 N. Southport, Chicago, Illinois 60657

Phone: (800) 737-2299

Fax: (800) 737-2299

Contact Person: Robert Schildgen

5. Utilivate Technologies, LLC – BPI Test Center
Type: Affiliate
Location: 203 N. LaSalle Street Suite # 2100, Chicago, Illinois 60601
Phone: (312) 558-1685
Fax: (312) 346-9603
Contact Person: Marlon McClinton

6. Insight Property Services, Inc. – BPI Test Center
Type: Affiliate
Location: 115 E. Ogden Avenue Suite # 117-118, Naperville, Illinois 60563
Phone: (630) 878-4192
Fax: (630) 929-3818
Contact Person: Joseph Konopacki

7. Illinois Central College – BPI Test Center
Type: Affiliate/Training Facility
Location: 5407 N. University Hickory Hall, Peoria, Illinois 61635
Phone: (309) 690-6909
Fax: (309) 690-6901
Contact Person: Ellen George

8. Sheet Metal Workers' Local 1 Apprenticeship Training Program – BPI Test Center
Type: Affiliate
Location: 4220 N. Boulevard Avenue, Peoria Heights, Illinois 61616
Phone: (309) 682-3141
Fax: (309) 682-3141
Contact Person: Vicki Terry

9. The Professional Training Institute, Inc.
Type: Affiliate/Training Facility
Location: 16148 Kedzie Avenue, Markham, Illinois 60428
Phone: (800) 475-2180
Fax: (800) 783-9331
Contact Person: Faye Kelly

10. Thermal Imaging Services, Inc.

Type: Affiliate

Location: 198 N. Robinson Street, Lewistown, Illinois 61542

Phone: (309) 547-5000

Fax: (309) 547-5005

Contact Person: Brian Kumer

11. Metropolitan Training Alliance – BPI Test Center

Type: Affiliate

Location: 6565 Wells Avenue, St. Louis, Missouri 63133

Phone: (314) 977-0850

Fax: (314) 977-0949

Contact Person: Jacob Johnson

12. Missouri Botanical Garden’s EarthWays Center – BPI Test Center

Type: Affiliate/Training Facility

Location: 4651 Shaw Boulevard, St. Louis, Missouri 63110-2221

Phone: (314) 577-0228

Fax: (314) 577-0847

Contact Person: Richard Reilly