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| --- | --- |
|  | Subcontractor Evaluation FormYVEDDI Weatherization Assistance Program |
|  |
| **Company:** |       |
| **Street Address:** |       |
| **City/State/Zip:** |       |
| **Contact Name:** |       |
| **Office Phone:** |       |
| **Cell Phone:** |       |
| **Fax #:** |       |
| **Email:** |       |
|  |
| Type of Subcontractor: | [ ]  HVAC [ ]  Plumbing [ ]  Electrical |
| Certificate of Liability Insurance for current fiscal year? | [ ]  Yes [ ]  No |
| Subcontractor Agreement completed? | [ ]  Yes [ ]  No |
| Business License is current? | [ ]  Yes [ ]  No |
| Quality of inspected work: | (Poor) [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 (Excellent) |
| Feedback is obtained from customers when work is completed? | [ ]  Yes [ ]  No |
| Has this subcontractor been used in previous years? | [ ]  Yes [ ]  No |
|  |
|       |
| Reviewed By: (print name) |
|  |       |
| Signature | Date |