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|  | | Subcontractor Evaluation Form YVEDDI 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 | |