



## WOOD VENDORS REQUEST FOR QUALIFICATIONS

Wood Cutters/Wood Vendors interested in becoming a vendor for the Low Income Home Energy Assistance Program (LIHEAP) administered by Olympic Community Action Programs in partnership with WA State Department of Commerce may complete this Request for Qualifications (RFQ) to be considered for placement on the agency's approved list of vendors.

Completed RFQ **Due October 19, 2018**. Submissions may be made in person, by mail, by email (scanned with signature), or by fax to:

OlyCAP

Attn: Marki Lockhart

228 W First St Ste J

Port Angeles, WA 98362

Fax: 360-457-4331

Phone: 360-452-4726

Email: mlockhart@olycap.org

### VENDOR REQUIREMENTS:

- Vendors/Cutters must be licensed to do business in Washington State.
- Vendors/Cutters must carry liability insurance of not less than \$1,000,000 (**please attach copy with completed RFQ**).
- Vendors/Cutters must be able to deliver wood to voucher recipient.
- Vendor/Cutters must be able to determine fractional cord amounts, as wood benefits do not always equal full cord amounts. May use Cubic Foot percentage to determine fraction of a full cord
- Vendor/Cutters must ensure that wood meets the guidelines of dry or seasoned wood as defined by the moisture content percentages below. Recipients may choose dry or seasoned and the type of wood (based on availability).
- Vendor/Cutters will provide standard 16" length cords.
- Vendor/Cutters will complete wood voucher with vendor/cutter and client signatures, and will return to OlyCAP by agreed upon delivery method for payment.
- Vendor/Cutters understand that payment will be made approximately 4-6 weeks after voucher is returned for payment to OlyCAP.
- Vendor/Cutter agrees to have approved third party periodically inspect wood for quality assurance. Quality Assurance will include using a moisture meter to measure cord moisture content.
- Vendor/Cutter certifies that neither the business nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this process by a Federal department or agency.

**Wood Vendor/Wood Cutter Information**

**Please print or type**

NAME \_\_\_\_\_

BUSINESS NAME (if different) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Will deliver to these areas: \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_ a cord for 16-inch length

Local Delivery Charge: \$ \_\_\_\_\_

Type(s) of wood \_\_\_\_\_

Seasoned (Dry) - Less than 23% moisture content

I agree that I can meet the vendor requirements outlined above and that I would like to be considered for OlyCAP's approved list of wood vendors.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date