



Department of Administration / Division of Purchases  
One Capitol Hill, Providence, Rhode Island 02908-5855  
Web Site: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**1 April 10**  
**Addendum # 1**

**RFP# 7323553**

**Title: ARRA Weatherization of Multi-Family Housing**

**Submission Deadline: 26 April 10 @ 11:30 AM (Eastern Time)**

This addendum contains the following document:

**Rhode Island Housing  
American Recovery and Reinvestment Act (ARRA)  
Affordable Multi-Family Weatherization Assistance Program  
for Developments with 5 or More Apartments  
Applicant Information**

A handwritten signature in black ink, appearing to read "Jerome D. Moynihan".

Jerome D. Moynihan, C.P.M., CPPO  
Administrator of Purchasing Systems

**Rhode Island Housing  
American Recovery and Reinvestment Act (ARRA)  
Affordable Multi-Family Weatherization Assistance Program  
for Developments with 5 or More Apartments**

**Applicant Information**

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

Owner(s) of Property (as it appears on deed): \_\_\_\_\_

Property Address/City or Town/Zip: \_\_\_\_\_  
(If scattered sites, attach a list of property addresses.)

Contact Person/Title/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total # of Units in Development: \_\_\_\_\_

Name of Property Management Firm if different than owner: \_\_\_\_\_

Do tenants pay their own utilities?       Yes       No

**Proposal Information**

Fill in all applicable information:

<u>Type</u>	<u># Buildings</u>	<u># Units * Per Building</u>	<u>Elevators</u>	<u>Total # Units Occupied</u>	<u>Total # Units Vacant</u>	<u>Current Occupancy %</u>
Flats/Garden						
Town House						
Low/Mid Rise < 5 stories						
High-rise ≥ 5 stories						
Totals						

Applicants who have properties with less than five apartments should contact their local Community Action Program agency: <http://www.energy.ri.gov/lowincome/cap.php>

Year Project Built: \_\_\_\_\_

Is this property owned by a PHA?       Yes       No

Is this an historic property?       Yes       No

Have building upgrades been made after September 30, 1994?       Yes       No

If Yes, list dates renovations were made and briefly describe renovations.

Heating/Air      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Plumbing      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Windows      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Insulation      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Electrical  
Appliances      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Air Sealing      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Other      Date: \_\_\_\_\_ Description of Work: \_\_\_\_\_

### Occupancy Summary

Occupancy Type: check all that apply

Elderly     

Family     

Handicapped/Disabled     

Other       Describe: \_\_\_\_\_

### Household Income

≤ 60% of Rhode Island area median income  # units \_\_\_\_  
 ≥ 61% of Rhode Island area median income  # units \_\_\_\_

Income Guidelines for year 2010 are as follows:

Size of Household	Year 2010 60% of Rhode Island AMI
1	\$25,971
2	\$33,962
3	\$41,953
4	\$49,945
5	\$57,936
6	\$65,927
7	\$67,426
8	\$68,924
9	\$70,422
10	\$71,920
11	\$73,419
12	\$74,916

Check off the type of weatherization work requested by this application:

- Heating/Air  Description of Work: \_\_\_\_\_
- Plumbing  Description of Work: \_\_\_\_\_
- Windows  Description of Work: \_\_\_\_\_
- Insulation  Description of Work: \_\_\_\_\_
- Electrical Appliances  Description of Work: \_\_\_\_\_
- Air Sealing  Description of Work: \_\_\_\_\_
- Other  Description of Work: \_\_\_\_\_

**Note: For approved projects, a scope of work will be developed based on energy audit findings as a result of the Department of Energy (DOE) approved energy audit.**

The minimum Affordability Period is fifteen (15) years.

Date of Expiration of Current Affordability Period: \_\_\_\_\_

**Priorities \***

Check all that apply:

Assistance to developments occupied by low-income elderly persons

Assistance to developments occupied by low-income persons with disabilities

Assistance to developments occupied by low-income families with children

Development in which tenants pay their own utilities

High residential energy users and/or households with a high energy burden

Development with high energy burden in which tenant does not pay their own energy costs, but where improvements are documented to benefit tenants economically

Development which will leverage additional resources that address energy efficiency and other critical capital improvements

Appropriate long-term improvements that will reduce energy-related costs for tenants and high residential energy users

**\*Consideration will be given to geographic distribution of projects.**

**Utility Information**  
**January 2009- December 2009**

Property Address/Building #: \_\_\_\_\_  
 (If more than one property, use separate sheet for each)

# Units in Building: \_\_\_\_\_

Electricity      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Kilowatts Used \_\_\_\_\_

Gas      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Cubic Feet Used \_\_\_\_\_

Fuel Oil      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Gallons Used \_\_\_\_\_

Propane      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Pounds Used \_\_\_\_\_

Water      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Gallons Used \_\_\_\_\_

Sewer      Provider Name: \_\_\_\_\_  
 Annual Cost Per Building: \$ \_\_\_\_\_      Annual Cost Per Unit: \$ \_\_\_\_\_  
 Gallons Used \_\_\_\_\_

**Utility Paid By Tenant**

Electricity    Yes       No   
 Gas            Yes       No

**Use**

Heat       Hot Water       Cooking   
 Heat       Hot Water       Cooking

Fuel Oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heat <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Cooking <input type="checkbox"/>
Propane	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heat <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Cooking <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heat <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Cooking <input type="checkbox"/>

Explain: \_\_\_\_\_

**Monthly Allowance for Tenant Paid Utilities**

SRO	\$ _____
Efficiency	\$ _____
One Bedroom	\$ _____
Two Bedroom	\$ _____
Three Bedroom	\$ _____
Four Bedroom	\$ _____

For developments in which tenants do not pay utilities what percentage of annual gross project revenue is spent on development utilities: \_\_\_\_\_

**2009 Gross development revenue: \$ \_\_\_\_\_**

**2009 Total utility cost: \$ \_\_\_\_\_**

**Building Systems**

**Heating System Currently in Use**

- Electric
- Gas
- Fuel Oil
- Propane
- Other:

**Type**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Age**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hot Water Systems Currently in Use**

- Electric
- Gas
- Fuel Oil
- Propane
- Other:

Explain: \_\_\_\_\_

**Appliances Currently in Use**

- Electric
- Gas
- Fuel Oil
- Propane
- Other:

**Type**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Age**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Replacement Reserve Balance: \$ \_\_\_\_\_

Funds available for leveraging energy efficiency and other critical capital improvements:

Program	Funding Amount	Description of Work

Estimated cost of proposed improvements \$ \_\_\_\_\_ Per unit cost\$ \_\_\_\_\_

Estimated number of permanent full time equivalent (FTE) jobs that will be retained or created as a result of the proposed improvements Retained # \_\_\_\_\_ Created # \_\_\_\_\_

Have rents increased in any of the previous three years? Yes  No

Year	Rent 0 Bed	Rent 1 Bed	Rent 2 Bed	Rent 3 Bed	Rent 4 Bed	Rent 5 Bed	Rent 6 Bed
2009							
2008							
2007							

**Work completed under the Rhode Island Housing Weatherization Assistance Program must conform to implementing regulations under the American Recovery and Reinvestment Act of 2009 including but not limited to:**

Wage Rate Requirements

OMB 1512 Reporting Requirements

I assure that the project will comply with applicable requirements and guidance of the Recovery Act, including; that the project will comply with municipal comprehensive plans, zoning ordinances, the Building Code, and state agency rules and regulations; that the project will comply with applicable requirements concerning the protection of historic resources as administered by the Rhode Island Historical Preservation and Heritage Commission pursuant to Section 106 of the National Historic Preservation Act; that there will be an independent inspection of the project after its completion to determine its consistency with the project application and design and its operational capability to meet energy production levels; and that the project will be completed, verified and inspected on or before March 31, 2012.

I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**Rhode Island Housing's  
American Recovery and Reinvestment Act (ARRA)  
Affordable Multi-Family Weatherization Assistance Program  
for Developments with 5 or More Apartments**

**Application Checklist**

**Remember to:**

- Sign and date your application   
(One application per Development, 1 original and 4 copies)
- Complete and sign three-page RIVIP generated bidder certification cover sheet (refer to page 8 of RFP)
- Complete and sign W-9 Form downloaded from the RI Division of Purchases Internet home page (refer to page 9 of RFP)
- A project schedule including all major activities from notice to proceed to project completion (refer to page 9 of RFP)
- Include Standard Form 330 (refer to page 2 of RFP)

**Attach:**

- Rent Roll for Project (including documentation of income and rent)
- Documentation of Utility Costs
- Identification of Weatherization Improvements since 9/30/1994
- Identification of Proposed Weatherization Improvements
- Copies of Financial Statements (most recently audited)
- Proof of Property Insurance
- Deed to the Property
- Letters of Funding Commitments

Formal Work Plan

Personnel, Experience and Qualifications Data

Minority Business Enterprise (MBE) and/or Women-Owned  
Business Enterprise (WBE Documentation (if applicable)