Central Heating Improvement Program (CHIP)

**STATE MONITOR DESK REVIEW CHECKLIST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant:** |  | |  | **Billing Period:** |  | |
| **Property Owner:** |  | |  | **CAA:** |  | |
| **Property Address:** |  | |  | **HEAT Job #:** |  | |
|  |  | |  | **Project Costs:** | CHIP | $ |
|  |  |  |  |  | Leveraged | $ |

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| **COMPLIANCE/TECHNICAL APPROVAL** | | | | | | | | | |
| **Approved for Payment** | | Date |  |  | **HOLD** | | Date |  |  |
| Reviewer |  | | |  | Reviewer |  | | |  |
| Comments |  | | |  | Comments |  | | |  |
|  |  | | |  |  |  | | |  |

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| **COMPLIANCE/TECHNICAL REVIEW** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | |
| **Dwelling Type:** | | Single-Family | | | | Multi-Family | | | | | | **HEAT Dates:** | Eligible Cert Date |  |
|  | | Stick built | | | | Manufactured | | | | | |  | Assessment Date |  |
| **Ownership Type:** | | OWN | | RENT | | | | # Units | |  | |  | Work Order Date |  |
|  | |  |  | | | |  | | |  | |  | Installation Date |  |
| **Heating System Replacement:** | | | | | Yes | | | | No | | |  | Inspection Date |  |

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| **Documentation** | | **Pass** | **Fail** | **NA** | **Feedback/Open Item** |  |  |  | **CAA RESOLVED** | **Date** |
| Funding Assigned for all Measures | |  |  |  |  |  |  |  |  |  |
| Consent Form | |  |  |  |  |  |  |  |  |  |
| Statement of Completion | |  |  |  |  |  |  |  |  |  |
| Proof of Ownership | |  |  |  |  |  |  |  |  |  |
| Declaration of Assets | |  |  |  |  |  |  |  |  |  |
| Technical Evaluation Report | |  |  |  |  |  |  |  |  |  |
| Condemnation documentation (if applicable) | |  |  |  |  |  |  |  |  |  |
| Gas Evaluation Checklist (if applicable) | |  |  |  |  |  |  |  |  |  |
| Oil Evaluation Checklist (if applicable) | |  |  |  |  |  |  |  |  |  |
| Contractor Invoice | |  |  |  |  |  |  |  |  |  |
| Contractor Release of Liens | |  |  |  |  |  |  |  |  |  |
| Photos of heating system replacements | |  |  |  |  |  |  |  |  |  |
| Rental Agreement | |  |  |  |  |  |  |  |  |  |
| Approved Waiver(s) | |  |  |  |  |  |  |  |  |  |
| **$10,000 Projects** | Invitation to Bid (3 minimum) |  |  |  |  |  |  |  |  |  |
| Contractor Bids |  |  |  |  |  |  |  |  |  |
| Bid Tabulation Sheet |  |  |  |  |  |  |  |  |  |

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| **Comments** |  |

**Review Status:**

**Pass =** No Action required.

**Feedback** = Items with feedback will be reported as Pass. Feedback will be entered in the Feedback/Open Item column. If there are instructions to change a process “going forward”, that item will subsequently be marked as Fail if still recurring after 2 billing periods.

**Fail** = Indicates an open item. The item must be corrected according to the comments/directions entered in the Feedback/Open Item column or the Comments box.

**N/A** = Not applicable to the billing, no action required.