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.