



# Office of Temporary and Disability Assistance

## Home Energy Assistance Program Vendor Agreement HEAP Vendor Information Form

**Company Name:** \_\_\_\_\_

(Hereinafter referred to as Vendor)

**Federal ID:** \_\_\_\_\_

**Doing Business As (DBA):**

Please Attach any additional pages if necessary, to list all your DBAs with their locations and contact information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**General Public Telephone Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**Please check all counties or New York City boroughs where your company is willing to provide services:**

- |                                      |                                     |                                     |  |                                      |
|--------------------------------------|-------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Albany      | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Madison    | <input type="checkbox"/> Putnam        | <input type="checkbox"/> Sullivan    |
| <input type="checkbox"/> Allegany    | <input type="checkbox"/> Dutchess   | <input type="checkbox"/> Manhattan  | <input type="checkbox"/> Queens        | <input type="checkbox"/> Tioga       |
| <input type="checkbox"/> Bronx       | <input type="checkbox"/> Erie       | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Rensselaer    | <input type="checkbox"/> Tompkins    |
| <input type="checkbox"/> Brooklyn    | <input type="checkbox"/> Essex      | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Rockland      | <input type="checkbox"/> Ulster      |
| <input type="checkbox"/> Broome      | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Nassau     | <input type="checkbox"/> St. Lawrence  | <input type="checkbox"/> Warren      |
| <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Fulton     | <input type="checkbox"/> Niagara    | <input type="checkbox"/> Saratoga      | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> Cayuga      | <input type="checkbox"/> Genesee    | <input type="checkbox"/> Oneida     | <input type="checkbox"/> Schenectady   | <input type="checkbox"/> Wayne       |
| <input type="checkbox"/> Chautauqua  | <input type="checkbox"/> Greene     | <input type="checkbox"/> Onondaga   | <input type="checkbox"/> Schoharie     | <input type="checkbox"/> Westchester |
| <input type="checkbox"/> Chemung     | <input type="checkbox"/> Hamilton   | <input type="checkbox"/> Ontario    | <input type="checkbox"/> Schuyler      | <input type="checkbox"/> Wyoming     |
| <input type="checkbox"/> Chenango    | <input type="checkbox"/> Herkimer   | <input type="checkbox"/> Orange     | <input type="checkbox"/> Seneca        | <input type="checkbox"/> Yates       |
| <input type="checkbox"/> Clinton     | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Orleans    | <input type="checkbox"/> Staten Island |                                      |
| <input type="checkbox"/> Columbia    | <input type="checkbox"/> Lewis      | <input type="checkbox"/> Oswego     | <input type="checkbox"/> Steuben       |                                      |
| <input type="checkbox"/> Cortland    | <input type="checkbox"/> Livingston | <input type="checkbox"/> Otsego     | <input type="checkbox"/> Suffolk       |                                      |

- |   |     |    |
|---|-----|----|
| 1. Is your company a woman or minority owned business enterprise? | YES | NO |
| 2. Will your company accept new customers?                        | YES | NO |
| 3. Are there conditions to accepting new customers?               | YES | NO |

If yes, what are the conditions? \_\_\_\_\_

4. Do you have any of the following certifications or affiliations?
- NYSERDA EMPOWER
  - BPI
  - NORA
  - NATE



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5. Other services your company provides:

- Heating Equipment Repair
- Heating Equipment Replacement
- Annual Service Contracts
- Chimney Cleaning Services
- Clean & Tune Services
- Other \_\_\_\_\_

**These questions are for Information purposes only.  
They do not alter the terms of the Vendor Agreement.**