

LIHEAP Heating and Cooling Repair or Replacement Bid Form

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

Existing Heating/Cooling Equipment Information

Building Type: Frame Mobile
 Fuel Type: Nat. Gas Propane Electric Fuel Oil Other
 Heating System Type: Forced Air Gravity Boiler Vented Un-vented Wall Floor Heat Pump
 Cooling System Type: Central Air Window Heat Pump None A-Coil Sloped Coil
 Manufacturer: _____ Model Number: _____ Serial Number: _____

Heating/Cooling System Repairs/Replacement

| Equipment Repair or Replace Description | Quantity | Material | Labor |
|---|----------|----------|----------|
| Heating System Replacement Unit..... | _____ | \$ _____ | \$ _____ |
| Flue Liner..... | _____ | \$ _____ | \$ _____ |
| Repairs Required (List in Detail)..... | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| Cooling System Replacement Unit..... | _____ | \$ _____ | \$ _____ |
| Repairs Required (List in Detail)..... | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| Subtotal Materials and Labor..... | _____ | \$ _____ | \$ _____ |
| Tax..... | _____ | \$ _____ | \$ _____ |
| Total Materials and Labor..... | _____ | \$ _____ | \$ _____ |

Replacement Heating Equipment (Must be Completed for Payment)

Fuel Type: Non-Weatherized Propane
 BTU/Hr: _____ Input: _____ Output: _____
 How Sized: _____ AFUE: _____
 Manufacturer: _____ Model Number: _____ Serial Number: _____


Replacement Cooling Equipment (Must be Completed for Payment)

Manufacturer: _____ Outdoor Unit Model Number: _____ Indoor Unit Model Number: _____ SEER/HSPF Rating: _____

Installation Completion Information

I certify that the equipment provided and the work performed meets the requirements of the Nebraska Weatherization Assistance Program.

Company Name _____

Sign Here  _____
 Heating Technician Signature _____ Date _____

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program.

Sign Here  _____
 Weatherization Representative Signature _____ Date _____