

COMFORT PARTNERS / WEATHERIZATION ASSISTANCE PROGRAM

JOINT SCOPE OF WORK AGREEMENT FORM

CUSTOMER INFORMATION

Name (Last, First):	
Address:	
City:	Phone:

AUDIT INFORMATION

Date:	Partnership Lead (program):
CP Contractor:	WAP Agency:
CP Auditor:	WAP Auditor:
Utility Representative:	WAP Monitor:
CP Job #:	WAP Job #:

*FIRST PARTNER IS THE PARTY THAT WILL NEED TO PERFORM HEALTH & SAFETY WORK FIRST.

JOINT SCOPE OF WORK

COMFORT PARTNERS - HEALTH & SAFETY SCOPE

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WAP - HEALTH & SAFETY SCOPE

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COMFORT PARTNERS – WEATHERIZATION SCOPE



WAP - WEATHERIZATION SCOPE



ALL PARTIES INVOLVED IN THIS PARTNERSHIP PROJECT WILL ADHERE TO THE OFFICIAL COMFORT PARTNERS / WAP PARTNERSHIP PROCESS. ALL PARTIES AGREE TO PERFORM WORK ACCORDING TO THE JOINT SCOPE OF WORK DETAILED ON THIS FORM. THIS SCOPE OF WORK IS SUBJECT TO CHANGE. ANY CHANGES MADE TO THIS JOINT SCOPE OF WORK MUST BE AGREED UPON BY ALL PARTIES INVOLVED AND A REVISED SCOPE OF WORK WILL BE SIGNED AND CIRCULATED TO EACH PARTY INVOLVED. BOTH INSTALLATION CONTRACTOR AND AGENCY WILL ADHERE TO THEIR RESPECTIVE PROGRAM GUIDELINES WHILE PERFORMING WORK.

SIGNATURES

CP Representative(s) Signature:	Date:
WAP Representative(s) Signature:	Date:
Customer Signature:	Date:

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