

Uniform Bid Sheet

Customer: _____ Home Phone: _____

Site Address: _____ Work Phone: _____

Mailing Address: _____ Cell Phone: _____

In submitting a bid under this program, contractor acknowledges they must include all labor, materials, etc. to meet or exceed WEATHERWISE specifications.

CEILING INSULATION (Minimum R-49 as practical)

#1 Attic sq. ft. _____ Added R-value _____ \$ _____

Add _____ sq. in. high vents Add _____ sq. in. low vents \$ _____

#2 Attic sq. ft. _____ Added R-value _____ \$ _____

Add _____ sq. in. high vents Add _____ sq. in. low vents \$ _____

Install _____ baffles on eve vents \$ _____

Vent _____ fans \$ _____

Install _____ dams on heat producing fixtures \$ _____

\$ _____

Comments: _____

FLOOR INSULATION (Minimum R-30, or fill cavity)

Sq. ft. of floor _____ Added R-value _____ \$ _____

Sq. ft. of ground cover (6 mil black) _____ \$ _____

Net free area of ventilation added _____ \$ _____

Lineal feet of water pipes (hot & cold) _____ \$ _____

Screen existing access _____ sq. ft. \$ _____

\$ _____

Comments: _____

WALL INSULATION (Minimum R-13 Blown, R-15 Batt)

BLOWN-IN (Painting not included) ☐ Drill Exterior Siding ☐ Remove Siding

Exterior sq. ft. _____ Buffer sq. ft. _____ TOTAL SQ. FT. _____

OPEN FRAME WALL INSULATION

Total sq. ft. _____ Added R-value _____ \$ _____

DUCT INSULATION (Minimum R-11)

Lineal feet of duct work _____ Location: ☐ Attic ☐ Crawl Space ☐ Garage

Comments: _____ \$ _____

☐ **REPLACEMENT WINDOWS** (.30 U-Value or lower) ☐ **REPLACEMENT GLASS (Sealed Unit)**

Manufacturer _____ Model _____ U-Value _____

Manufacturer _____ Model _____ U-Value _____ \$ _____

NUMBER	SIZE W X H	NUMBER	SIZE WX H	NUMBER	SIZE WXH

Comments: _____

PATIO/FRENCH DOORS (.32 U-Value or lower)

Manufacturer _____ Model _____ Size _____ U-Value _____

Manufacturer _____ Model _____ Size _____ U-Value _____

Comments: _____ \$ _____

PTCS AIR SEALING (wiring and plumbing, penetrations, open wall cavities, etc.)

BLOWER DOOR DIAGNOSTIC (pre/post test, with results to Salem Electric) _____

_____ \$ _____

CONTROLS

ELECTRONIC THERMOSTAT(S) Make/Model _____ \$ _____

PTCS DUCT SEALING

- Mastic all hard-metal joints, seams, and connections ☐ Plenum ☐ Ducts ☐ Cold Air Return
- Duct Blaster (pre/post test, with results to Salem Electric)

\$ _____

Items Not Included in the Salem Electric WeatherWise Program

COMPANY _____

CCB# _____ PHONE _____ BID VALID _____ DAYS TOTAL \$ _____

Contractor Signature _____ Date _____