



# Woodsmoke Reduction Program Retailer Agreement

**Parties:** This Retailer Agreement (“Agreement”) is between Air Quality Management Districts and Air Pollution Control Districts as listed below (“DISTRICTS”), and

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(“Subrecipient”), effective as of the date of the District signature. below.

**Subject Matter:** The subject matter of this Agreement is the Woodsmoke Reduction Program. Detailed services to be provided by the Subrecipient pursuant to this Agreement are described in the Woodsmoke Reduction Program (“Program”) Retailer Provisions (“Retailer Provisions”), attached hereto and incorporated herein by this reference.

**Maximum Amount:** In consideration of the services to be performed, DISTRICTS agree to pay Subrecipient a sum not to exceed the amount specified in the Retailer Provisions.

**Agreement Term:** The period of Subrecipient’s performance begins upon date of execution, signified by the latest date of signature by DISTRICTS, and ends on June 30, 2030, or earlier if the parties agree that all project dollars have been spent, whichever occurs first.

**Amendment:** No changes, modifications, or amendments in the terms and conditions of this Agreement will be effective unless reduced to writing, numbered, and signed by the duly authorized representative of DISTRICTS and Subrecipient.

**Termination:** This Agreement may be terminated with at least 30 days advanced written notice to the other parties; provided however that individual DISTRICTS may separately terminate this Agreement within the jurisdiction of their District immediately for reasons stated in the Retailer Provisions.

**Contact persons:** \_\_\_\_\_

**Subrecipient (Retailer) Name:** \_\_\_\_\_

**Subrecipient Program Contact:**

**Subrecipient Fiscal Contact:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

**Attachments:**

This agreement also consists of the following attachment(s) that are incorporated herein:

- Woodsmoke Reduction Program Retailer Provisions
- Voucher Tracking Form
- Recycler Certification Form
- Acknowledgement of Training Form

\_\_\_\_\_  
Signature Northern Sierra Air Quality Management District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Feather River Air Quality Management District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Colusa County Air Pollution Control District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Glenn County Air Pollution Control District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Tehama County Air Pollution Control District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Butte County Air Quality Management District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Shasta County Air Quality Management District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Placer County Air Pollution Control District      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Yolo-Solano Air Quality Management District      Date: \_\_\_\_\_

I hereby certify that I understand the conditions and requirements for participation in the Woodsmoke Reduction Program and agree to fulfill the requirements and comply with the conditions in this Agreement that I am entering into with the DISTRICTS.

\_\_\_\_\_  
Signature Subrecipient      Date: \_\_\_\_\_

## District Contacts

<b>Northern Sierra Program Contact:</b>		<b>Northern Sierra Fiscal Contact:</b>	
Name: Tasha Coleman	Phone: (530) 274-9630 Ext 506	Email: tashac@myairdistrict.com	Fax: (530) 274-7546
Name: Tasha Coleman	Phone: (530) 274-9360 Ext 506	Email: tashac@myairdistrict.com	Fax: (530) 274-7546
<b>Feather River Program Contact:</b>		<b>Feather River Program Fiscal Contact:</b>	
Name: Peter Angelonides	Phone: (530) 634-7659 Ext 209	Email: pangelonides@fraqmd.org	Fax: (530) 274-7546
Name: Shelley Channel	Phone: (530) 634-7659 Ext 204	Email: tashac@myairdistrict.com	Fax: (530) 274-7546
<b>Colusa Program Contact:</b>		<b>Colusa Fiscal Contact:</b>	
Name: Casey Ryan	Phone: (530) 458-0590	Email: cryan@countyofcolusa.com	Fax: (530) 458-5000
Name: LEEAN PRICE	Phone: (530) 458-0590	Email: iprice@countyofcolusa.com	Fax: (530) 458-5000
<b>Glenn Program Contact:</b>		<b>Glenn Fiscal Contact:</b>	
Name: Pakou Cha	Phone: (530) 934-6500	Email: pcha@countyofglenn.net	Fax: (530) 934-9503
Name: Jennifer Brown	Phone: (530) 934-6500	Email: jbrown@countyofglenn.net	Fax: (530) 934-9503
<b>Tehama Program Contact:</b>		<b>Tehama Fiscal Contact:</b>	
Name: Devin Pike	Phone: (530) 527-3717 ext. 103	Email: dpike@tehcoapcd.net	Fax: (530) 527-0959
Name: Jamee Dawson	Phone: (530) 527-3717 ext. 100	Email: jdawson@tehcoapcd.net	Fax: (530) 527-0959
<b>Butte Program Contact:</b>		<b>Butte Fiscal Contact:</b>	
Name: Jason Mandly	Phone: (530) 332-9400 ext. 108	Email: jmandly@bcaqmd.org	Fax: (530) 332-9417
Name: Aleah Ing	Phone: (530) 332-9400	Email: aing@bcaqmd.org	Fax: (530) 332-9417
<b>Shasta Program Contact:</b>		<b>Shasta Fiscal Contact:</b>	
Name: Rob Stahl	Phone: (530) 225-5674	Email: airquality@co.shasta.ca.us	Fax: (530) 225-5237
Name: Michelle DiMarco	Phone: (530) 225-5674	Email: airquality@co.shasta.ca.us	Fax: (530) 225-5237
<b>Placer Program Contact:</b>		<b>Placer Fiscal Contact:</b>	
Name: Molly Johnson	Phone: (530) 745-2373	Email: mjjohnso@placer.ca.gov	Fax: (530) 745-3657
Name: Molly Johnson	Phone: (530) 745-2373	Email: mjjohnso@placer.ca.gov	Fax: (530) 745-3657
<b>Yolo-Solano Program Contact:</b>		<b>Yolo-Solano Fiscal Contact:</b>	
Name: Eden Winniford	Phone: (530) 757-3539	Email: ewinniford@ysaqmd.org	Fax: N/A
Name: Shawnte Bice	Phone: (530) 757-3650	Email: sbice@ysaqmd.org	Fax: N/A

## Woodsmoke Reduction Program - Retailer Provisions

1. Inform the Customer about Program requirements and timelines.
2. Verify the old device is eligible for the Program.
3. Conduct an in—home estimate for the installation of a basic model that will be safe, clean-burning, and efficient, note upgrades above base estimates on the estimate, and provide to the customer. Eligible costs include:
  - a. Cost of the new basic model device including sales tax.
  - b. Installation of the new device including any parts, materials, or labor required for the safe and legal installation of the new device.
  - c. Removal and disposal of the old stove or insert (if applicable). The old stove should still be operational prior to the in-home estimate (no retroactive projects allowed).
  - d. If residence does not have a functional smoke and carbon monoxide detectors, the purchase and installation of new detectors.
  - e. If the existing fireplace is structurally sound, the purchase and installation of a fireplace insert utilizing wood, pellets, natural gas, propane, or electricity. If fireplace lacks structural integrity, the purchase of a free-standing home heating device.
  - f. Designer upgrades and work not necessary for the safe operation of the new device will not be considered.
4. Accept the voucher from the customer and apply the voucher value as a discount towards the purchase price of the device.
  - a. Standard Vouchers are valued at \$2,500 for new pellet, wood-burning, and electric stove devices or \$5,000 for new electric heat pump installations .
  - b. Enhanced Vouchers are valued up to \$7,000 for new pellet, wood-burning, and electric stove devices or \$12,000 for new electric heat pump installations.
5. Notify the District no later than the expiration date on the voucher once the customer has signed a contract or entered into a binding agreement to purchase a new appliance. Do not take a voucher from a customer if the customer does not sign a contract or enter into a binding agreement to purchase a new appliance.
6. Ensure that all new wood-burning devices be EPA-certified. After May 15, 2020, new EPA certified wood and pellet stoves / inserts must meet Step 2 standards with a 2.0 grams per hour emission rate. New non-catalytic wood stoves must be listed in Table 1 of the most current State Woodsmoke Reduction Program Guidelines.
7. Consider providing an additional discount at the time of sale to the purchase price of the EPA-certified device.
8. Complete and sign the Woodsmoke Reduction Program voucher provided by the customer for each replaced device (i.e. uncertified wood stove/insert). Make sure to include the manufacturer, model and serial number for each wood stove/insert removed or replaced and also for the new replacement device.
9. Remove the uncertified wood stove/insert from the residence and properly dispose of it by delivering it to a recycling facility. If present, make sure to remove the refractory material from the wood device before delivering it to the recycler. If the replacement device is an electric heat pump, the household may be allowed to retain the old wood burning device to serve as emergency heat in case of a power outage.
10. Complete and submit to the District a Recycler Certification form for each uncertified stove/insert. The Recycler Certification form must be signed indicating that the stove will be destroyed and recycled.
11. Provide information to homeowner or tenant on new device operation and maintenance, and proper wood burning practices. Please have the homeowner or tenant sign an Acknowledgement of Training form.

12. For heat pump projects only, the homeowner or tenant may retain the existing wood-burning device for use only during power outages. The homeowner or tenant must complete a Retention of Wood-Burning Device Certification.
13. Submit to the District completed paperwork with an original invoice for reimbursement. Invoices submitted to the District without the required paperwork are not payable (No Exceptions). All paperwork must be submitted to the District within thirty (30) days of completing the installation of the device. The following paperwork must be submitted with invoice:
  - a. Original Voucher completely filled out and signed with all required information showing that the work has been completed. Copies of the voucher will not be accepted.
  - b. Copy of in-home estimate provided to homeowner.
  - c. Copy of purchase invoice – The purchase invoice shall show the voucher, retailer, and manufacturer’s discounts as line items. The purchase invoice must be signed by the customer and list the manufacturer and the type of device purchased.
  - d. Voucher Tracking Form & Acknowledgement of Training Form.
  - e. Building Permit and proof of final building permit inspection.
  - f. Recycler Certification form, if replacing or removing a wood stove/insert.
  - g. Two photos, one showing the replaced or removed device and one showing the installed device.
14. As a Participating Retailer, I understand that the District will not reimburse me for expired vouchers.
15. As a Participating Retailer, I understand that it is my responsibility to ensure that all installations are done in accordance with any applicable city, town or county codes and/ordinances including but not limited to, ensuring that all necessary building permits are obtained as required.
16. As a Participating Retailer, I understand that installers must be properly licensed with an active C-61 (D34 Prefabricated Equipment Contractor) license or C-20 license issued by the California Contractors State Licensing Board to install the new device. A B-license contractor is allowed to install listed heating equipment if the installation was part of a larger project that included at least two unrelated trades. Framing and carpentry does not count towards the count of unrelated trades. Without performing additional trades or holding additional license, a B-contractor would be required to subcontract with an individual holding a C-61/D34 or C-20 license. I also understand that Installers must have a minimum of three (3) years of experience installing home heating devices to manufacturer specifications.
17. As a Participating Retailer, I understand that the District assumes no responsibility or liability for the removal of appliances, the purchase and installation of replacement appliances or any other element of the replacement process. I agree to indemnify, defend, and hold harmless District and its employees, agents, and representatives against any and all liability, loss, and expense, including reasonable attorneys’ fees, from any and all claims for injury or damages arising out of my performance under this Agreement, the removal of appliances, the purchase and installation of replacement appliances, and any other element of the replacement process.
18. As a Participating Retailer, I understand the insurance requirements necessary to participate in the Program. The insurance requirements are incorporated herein as an attachment to this Retailer Provisions document.
19. Participating Merchant agrees to address and resolve unanticipated issues with the DISTRICTS within 10 business days.
20. As a Participating Retailer, I understand that all installations must be completed no later than ninety (90) days after a voucher has been redeemed. If work cannot be completed due to unforeseen circumstances such as construction delays, I must obtain a written authorization from the District for an extension to complete the installation. Any vouchers submitted after this date for refunds without prior authorization from the District will not be accepted by the District.
21. As a Participating Retailer, I agree to provide the District, the California Air Pollution Control Officer’s Association (CAPCOA), and the State of California access to my facility and records to inspect for compliance with program requirements, if requested. I understand that the District will provide not less than two (2) calendar days notice prior to this inspection.

22. As a Participating Retailer, I understand the following: This Program involves funding from the state and, as a consequence, retailers, installers, and any subcontractors shall comply with all applicable nondiscrimination statutes and regulations during the performance of this Program including but not limited to the following: Retailers and their employees, representatives, and Subcontractors shall not unlawfully discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status; Retailers and Installers shall, unless exempt, comply with the applicable provisions of the Fair Employment and Housing Act (Government Code, Sections 12900 et seq.) and applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Sections 7285.0 et seq.); and the applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations incorporated into this Program by reference and made a part hereof as if set forth in full. Retailers, by signing the Retailer Agreement, provide written notice of their obligations under this clause as required by law.
23. As a Participating Retailer, I fully understand that I will be removed from the program for not complying with the conditions and requirements of this Agreement.

# Woodsmoke Reduction Program – Insurance Requirements

## 1. General Provisions

- a. Coverage Term: Installer/contractor insurance coverage shall be in force for the complete term of the project agreement. If insurance expires during the term of the project agreement, a new certificate must be received by the State at least ten (10) days prior to the expiration of this insurance. Any new insurance must still comply with the original terms of the project agreement
- b. Policy Cancellation or Termination and Notice of Non-Renewal: Installer/contractor is responsible to notify the State within five (5) business days before the effective date of any cancellation, non-renewal, or material change that affects required insurance coverage. In the event installer/contractor fails to keep in effect at all times the specified insurance coverage, the State may, in addition to any other remedies it may have, terminate the project agreement upon the occurrence of such event, subject to the provisions of this Grant Agreement.
- c. Deductible: Installer/contractor is responsible for any deductible or self-insured retention contained within their insurance program.
- d. Primary Clause: Any required insurance contained in the project agreement shall be primary, and not excess or contributory to any other insurance carried by the State.
- e. Insurance Carrier Required Rating: All insurance companies must carry a rating acceptable to the Office of Risk and Insurance Management. If the installer/contractor is self insured for a portion or all of its insurance, review of financial information including a letter of credit may be required.
- f. Endorsements: Any required endorsement must be physically attached to all requested certificates of insurance and not substituted by referring to such coverage on the certificate of insurance.
- g. Inadequate Insurance: Inadequate or lack of insurance does not negate the installer/contractor's obligations under the Agreement.
- h. Satisfying an SIR: All insurance required by this Grant Agreement or the project agreements must allow the State to pay and/or act as the installer/contractor's agent in satisfying any self-insured retention (SIR). The choice to pay and/or act as the installer/contractor's agent in satisfying any SIR is at the State's discretion.
- i. Available Coverages/Limits: All coverage and limits available to the installer/contractor shall also be available and applicable to the State.
- j. Subcontractors/Manufacturers: In the case of installer/contractor's utilization of subcontractors/manufacturers to completed the contracted scope of work, installer/contractor shall include all subcontractors/manufacturers as insured under installer/contractor's insurance or supply evidence of insurance to the State equal to policies, coverages, and limits required of installer/contractor.

## 2. Commercial General Liability

Installer/contractor shall maintain general liability on an occurrence form with limits not less than \$1,000,000 per and \$2,000,000 aggregate for bodily injury and property damage liability. The policy shall include coverage for liabilities arising out of premises, operations, independent contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured project agreement. This insurance shall apply separately to each insured against which claim is made, or suit is brought subject to the installer/contractor's limit of liability. The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract. If requested by individual Air Districts, the policy shall also name the District, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract

### **3. Automobile Liability**

Installer/contractor shall maintain motor vehicle liability with limits not less than \$1,000,000 combined single limit per accident. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned motor vehicles. The policy must name the State of California, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract. If requested by individual Air Districts, the policy shall also name the District, its officers, agents, and employees as additional insured, but only with respect to work performed under the contract

In the event that the installer/contractor does not have any commercially owned motor vehicles, a no-owned autos waiver must be completed and retained in district files. A sample waiver form is available upon request.

### **4. Workers' Compensation and Employers' Liability**

Installer/contractor must furnish to the State a certificate of insurance to remain in effect at all times during the term of this Agreement. Installer/contractor shall maintain statutory workers' compensation and employers' liability for all its employees who will be engaged in the performance of the Agreement. Employers' liability limits of \$1,000,000 are required. A sample form is available upon request. The policy must include:

“When work is performed on State owned or controlled property the Workers' Compensation policy shall contain a waiver of subrogation in favor of the State. The waiver of subrogation endorsement shall be provided.”

In the event that the installer/contractor does not have any employees, a worker's compensation statement of exemption form must be completed and submitted to the District.