

Better Energy Homes: Quality Alert

Roof Insulation – DOW Sign Off



Declaration of Works (DOW) form Guidance

A significant number of Declaration of Works (DOW) forms submitted for processing of the Roof Insulation grant result in being returned to the Homeowner due to the form being filled out incorrectly or not to completion. On the roof insulation DOW, the most common reason for the returns of these documents is the absence of a signature from either the Homeowner or Contractor.

The return of these documentation to the Homeowner to amend results in a delay of processing of the grant which leads to a delay in the payment of the grant to Homeowner and possibly payment to the Contractor.

As an appointed Contractor, <u>it is your responsibility</u> as well as the Homeowners to ensure the submission of the completed DOW is to the standard required for it to be processed. This short Quality Alert notice is aimed to serve as a reminder and guidance on all areas of the DOW which must be signed for it to be deemed complete for processing.

Please review the below DOW example and ensure all forms are completed fully and correctly before returning to the Homeowner. Please note, only nominated personnel are permitted to sign DOWs. The Contractor shall inform the Homeowner of the section required for them to sign. The sections of the DOW to be completed by the Contractor are highlighted below in blue while the section to be completed and signed by the Homeowner is highlighted below in red.

SUSTAINABLE	Declarat	ion of Wo		orm			Pa	ige	1	
Seal SUSTAINABLE ENERGY AUTHOR OF IRELAND	aty Ru	of Insulat	tion					of	2	
Date of Offer:			lf v	inh to ca		- Energ		٦		
Date of Expiry:			Up	ou wish to ca grade, please um to SEALa	e tick th	ne box be	elow and	t		
1. Homeowner / Contracto	or Details		rec	urn to SEAI a quired docum questing your	entatio	n when				
(Please complete in BLOCK	(CAPITALS)		L					┙		
Application ID								\neg		
Unique DOW ID								\dashv		
MPRN (Meter Point Refe	rence Number)	1						\dashv		
Homeowner Name	,	1						\dashv		
Installation Address										
Registered Contractor ID	No.							\dashv		
Contractor Name (as per	application)							\neg		
If you have changed	your contractor, p	lease enter y	your ne	w contractor	details	below		_		
Registered Contractor ID	No.									
Contractor Name										
2. Sections to be completed	by CONTRACTO	R								
(a) Measure Cost									Ĺ	
Total Cost of Roof Insulation	ur and VAT			€						
(b) Measure Specification Please complete ALL of the		n particular:A	II mof to	rose found in th	n hame	must he	indicated	4	,	
with a tick. For each roof type between 0% and 100%. If less	found in the home to s than 100% work is	he Before and done on any o	After wool	orks <u>MUST</u> be type then the	indicate reason	ed as a pe for the pa	ercentage ırtial	•		
solution should be noted in the	comments box bel	ow, noting tha	t the gra	ant requires a v	vhole-h	ouse solu	tion.	_		
		Type of roof fou		Before Works		After Worl	ks			
% Flat Roof Area of Home Insulat		Home (please ti	ick)		%			%*		
% Sloping Rafters Area of Home I					%			%*		
% Ceiling Area of Home Insulated Is Spray Foam used for roof / ceil		Yes] No		%			%* %	-	
Name of the product				NSAI Agrément Certi number or equivaler	ficate					
Depth / Thickness of Insulation (a				mm			mm 2			
Calculated U-Value for Roof (average) W/m²K W/m²K Area of roof / ceiling insulated by you m²								m ² K m ²		
*If less than 100% places prov	ide evaluation in a	commante box	holow	or attach on a	conoral	o choot				
Comment:								\neg		
									-	
ппропансноге. п а эргау го	ann risulation proc	A IS USEU, UI	INCH!	Autement Cen	mcate C	= equivale	ent must			
be provided to the homeowner							T	$\overline{}$		
1889, 128, 180, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18							PTC)		
(c) Contractor Declarati	ons									
Registered Contractor ID N	umber									
Contractor (Company) Nam	ne (BLOCK CAP)	TALS)	2							
I declare that all works Projection Terms as	indicated overlea	r are fully co	mplian	with the Bett	ter Ene	rgy Hom	es Con	racto	1 the	
Registration Terms an Better Energy Homes	Contractors Code	of Practice.								î. L
I confirm that I have be for the works describe	en paid in full or a d and that I have	an agreed pa personally cr	syment omplete	schedule cor ed section 2 o	ntract is f this fo	in place orm to rel	by the flect the	home	owne	ır
undertaken. I confirm I have compl	eted Section 4 (Pr	e-Grant Eva	luation	Estimate dat	a) on the	he BER I	DOW Fo	orm as	\$	
required for all measur	es undertaken by	me and nav	e retun	hêd the torm	to the r	nomeowi	ier.			_
Signature of Nominated	ř.				Da	te:		П		П
Person*								Ш	Ш	Ц
Nominated Person Name (BLOCK CAPITALS) *										
DATE THE GRANT WORK	WAS COMPLET	ED			Da	te:	П	П	П	Ц
Section to be completed	by HOMEOWN	ED.	(Please	e note this deck	noitere	must be si	aned by	the Ho	meow	ner)
Homeowner Declaration		En.	P	France		linea.	9			
I declare that I am the owner		and that the	works o	detailed overle	eaf hav	ve been c	complete	ed to r	my	\neg
satisfaction. I confirm that I the works described. I unde lower amount will be the gra	have paid the con erstand that where	tractor in full	or ente	ered an agree	ed payr	ment sch	edule co	ontrac	t for	
I understand that all works may be inspected by SEAI or its agents. I undertake to facilitate any reasonable request to conduct the inspection / audit process.										

Signed

Name (BLOCK CAPITALS)

Enter the total cost of the grant related upgrade works.

Enter accurate details of upgrade works. Ensure calculated U-value of works is compliant with BEH minimum standards.

Add any supplementary information related to works, if deemed necessary

Insert your Registered Contractor ID number and Company Name.

Nominated person must sign and date. Date of grant works completed must also be completed.

Provide reminder to Homeowner they must sign and date to complete DOW and process for payment.

w: www.seai.ie e: info@seai.ie **t:** 01 8082100









