

**ODOE Community Heat Pump Deployment Program**  
**Contractor Project Form, Greater Eastern Oregon, 2024-2025, Burns Paiute Tribe**

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**Client's Name:**

Client's Physical Address:

**Contractor Name:**

CCB #:

Contact Name:

Address:

Email Address:

Phone Number:

Date Job Completed:

**Equipment Specifications -**

Type (i.e. split system, single package, 1:1 or 2:1):

Ducted or Ductless:

Make:

Model #:

AHRI #:

HSPF2 Rating:

&

SEER2 Rating:

Cost of Heat Pump & Installation: \$

Cost of Construction Upgrades: \$

**Total Project Costs: \$**

**Please Attach:**

- A detailed invoice of the project
- Images of the indoor units installed and the exterior unit installed (including Stickers on the unit)

*By signing below, CONTRACTOR verifies the above information is true and accurate.*

**PRINTED NAME OF CONTACT RESPONSIBLE FOR PROJECT INSTALLATION:**

**CONTRACTOR SIGNATURE:**