**DATA COLLECTION FORM**



Comfort Home

Revised: June 2025

# APPOINTMENT INFORMATION

Assessment Analyst: Assessment Date: Assessment Time: Contractor:

# HOMEOWNER INFORMATION

First Name: Last Name: Phone: Email: Address: City: State: ZIP Code:

# FUEL INFORMATION

**UTILITY INFORMATION\***

Electric Utility: Natural Gas Utility:

Primary Fuel Type: Secondary Fuel Type:

\*See Utility Release Form for more fields

**ELECTRICAL SYSTEM INFORMATION**

Existing Electrical Panel Type: Electrical Panel Box Size (amps):

Existing Electrical Panel Details- Amps/Open Slots:

New Electrical Panel Details- Amps/Open Slots: (if applicable)

# ASSESSMENT QUESTIONNAIRE: EXISTING CONDITIONS

**DWELLING INFORMATION**

**Dwelling Type:**  Single Family (1 Unit)  2-4 Family  Manufactured/Mobile Home



**Number of Units in Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Construction Era:**

 Pre-1920  1920s  1930s  1940s  1950s  1960s  1970s  1980s  1990s  2000s  2010s

**Building Style :**  Ranch **** Cape Cod  Colonial

**Which walls are attached to other units or spaces?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stories Above Grade:**  1  2  3 **Average Story Height (ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Number of Bedrooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Conditioned Space (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Basement/Crawlspace Square Footage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Existing Basement Type:** | * Conditioned Basement * Unvented Crawlspace * Vented Crawlspace | * Cold Unconditioned Basement * Warm Unconditioned Space * Slab on Grade |

**Attached Garage:** True  False **Orientation Front of Home:**  North  South  East  West

|  |  |
| --- | --- |
| **Wind Exposure:** | * Normal: Very heavy shielding, many large obstructions within one house height * Exposed: Light local shielding with few obstructions within two house heights * Well Shielded: Complete shielding, with large buildings immediately adjacent |

**Mold or moisture signs inside or outside the home?** Yes  No

**What is the Drainage System Condition?** Good  Potential Issues

**SHELL – AIR FILTRATION**

**Pre Work Blower Door Test Complete?** Yes  No

|  |  |
| --- | --- |
| **If Yes:** | **If No:** |
| **Pre Work Blower Door Test In**  **CFM50 Actual: \_\_\_\_\_\_\_\_\_\_** | **Pre Work Estimated Air Leakage:**  Leaky  Average Tight |

**Pre Work Blower Door Test Complete?** Yes  No

|  |  |
| --- | --- |
| **If Yes:** | **If No:** |
| **Pre Work Blower Door Test In**  **CFM50 Actual: \_\_\_\_\_\_\_\_\_\_** | **Pre Work Estimated Air Leakage:**  Leaky  Average Tight |

**CAZ TESTING**

**Does the Venting Test pass?** Yes  No **Does the Spillage Test(s) pass?** Yes  No

**Does the Gas Leak Detection Test pass?** Yes  No **Does the Ambient CO Test pass?** Yes  No

**Does the Undiluted CO Test pass?** Yes  No

**SHELL – INSULATION**

**Existing Attic Type:** Conditioned Attic  Unvented AtticVented Attic

**Attic Hatch or Stair Air Sealed?** Yes  NoNo Hatch/Stairs **Attic hatch Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Existing Attic Insulation:** Attic Roof  Attic Floor

**ATTIC ROOF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Roof Deck Area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Existing Roof Deck R Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Knee Wall Area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Existing Attic Knee Wall R Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTIC FLOOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Floor Area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Existing Attic Floor R Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Gable Walls Area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Existing Attic Gable Walls R Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Floor over outside/unheated space:** Yes  No

**If Yes – Cantilever Surface Area (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Existing R-Value of Cantilever Floors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Of Existing Foundation Insulation:** None  Ceiling WallFoundation Wall

**Total Area Foundation/Crawlspace Ceilings (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing R-Value Foundation/Crawlspace Ceiling Ins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Area of Foundation/Crawlspace Walls (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing R-Value - Fnd/Crawlspace Walls Insulation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Slab Edge R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Rim Band Insulation Level:** Partial  FullNone

**Exterior Above Grade Walls (sq ft w/o windows): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exterior Walls – Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wall Cavity Depth:**  2x62x4 **Type of Wall Insulation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Continuous Rigid Exterior Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHELL – WINDOWS**

**Existing Window Type:** Double-Pane  Single-Pane StormSingle-Pane

**Area Front Facing ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Back Facing ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Left Facing ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Right Facing ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Front Facing Non-ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Back Facing Non-ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Left Facing Non-ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Right Facing Non-ENERGY STAR Windows (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Existing Skylights - Enter 0 if none (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Area of Exterior Doors (sq ft): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Count of Windows & Skylights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Predominant Type of Existing Skylight:  Single-Pane  Double-Pane  Triple-Pane**

**Window has Exterior Solar Screen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dominant Type of Exterior Door:**

|  |  |
| --- | --- |
| * Metal Door w/ Fiberglass Core – No Storm * Metal Door w/ Paper Core – No Storm * Metal Door w/ Polyurethane Core – No Storm | * Metal Door w/ Polystyrene Core – No Storm * Wood or Metal Door With Storm * Wood Door – No Storm |

**HVAC – PRIMARY HEATING & COOLING**

**Heating System Primary:**

|  |  |
| --- | --- |
| * Central Furnace * Non-Condensing Boiler w/ Radiators * Non-Condensing Boiler w/ Baseboards * Condensing Boiler w/ Baseboard * Electric Baseboard | * Wall Furnace * MiniSplit Heat Pump * Single-Pane Storm * Air Source Heat Pump |

**Primary Heating System Install Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Cooling System:**

|  |  |
| --- | --- |
| * Room Air Conditioner * Central Air Conditioner * MiniSplit Heat Pump | * Air Source Heat Pump * Ground Source Heat Pump * None |

**Primary Cooling System Install Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Predominant Location of Duct Systems: ** Crawlspace  Basement  Conditioned Space  Attic

**Insulation State of Duct Systems: ** N/A  Full Duct Insulation  Partial Duct Insulation  No Duct Insulation

**Estimated Duct Leakage: ** Partially Sealed  Average Sealed  Notably Sealed  Extremely Sealed

**Thermostat Schedule: ** Htg Setbacks each evening only  Htg Setbacks each evening and mid-day  No Htg Setbacks

**VENTILATION**

**Is there a Whole-House Ventilation System? ** Yes  No

**Ventilation System Type: ** Supply  Exhaust **** Balanced  CFIS **** ERV  HRV

**Ventilation System Rated Flow (CFM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WH – WATER HEATING**

**Hot Water Fuel Type: ** Electric  Natural Gas **** Oil  Propane

**Water Heating System (existing): ** Heat Pump Water Heater  Tankless **** Storage  Indirect Boiler

**Water Heater Location: ** Unconditioned Space  Conditioned Space

**DWH System Installation Year: ** Older than 2010  2010 or Newer

**Low Flow Hot Water Fixtures: ** True  False

**Water Heater Storage Capacity (Gallons): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Heater Efficiency (UEF): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLIANCES – BULBS**

**% of Incandescent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of CFL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ % of LED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLIANCES – APPLIANCE**

**Primary Refrigerator – Approximate Model Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Refrigerator – Configuration:**

**** Top Freezer  Bottom Freezer  Side by Side **** French Door  Four Door

**Primary Refrigerator - Existing Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the Primary Refrigerator ENERGY STAR/CEE Rated? ** Yes **** No

**Dehumidifier Type:**  Stand Alone **** Whole House  None **Dehumidifier Size:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the Dehumidifier ENERGY STAR/CEE Rated? ** Yes **** No

**Clothes Washer Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Front Load or Top Load)

**Clothes Dryer Type:**  Natural gas  Propane  Electric Resistance  Electric Heat Pump (Ventless)

**Stovetop/Oven/Range Type:**  Drop-in cooktop with standalone wall oven(s)  Slide-in range/stove  Other

**Stovetop/Oven/Range Fuel Type:**  Natural Gas **** Propane  Electricity

# MEASURES

**PACKAGE A – ATTIC & AIR SEALING**

**Package A Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mechanical Ventilation Installed: ** Yes **** No

**Ventilation Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Improved Attic Insulation: ** Attic Roof  **** Attic Floor **Insulation ENERGY STAR Certified: ** Yes **** No

**Attic Thermal Boundary Change? ** Yes **** No

**Net Area of Attic Roof Decks Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Area of Roof Decks Meets Requirements (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Area of Attic Gable Walls Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Gable Walls Meets Requirements (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Gable Walls Will Not Meet Requirements (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Area of Attic Knee Walls (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Area of Attic Knee Walls Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Knee Walls Meets Requirements (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Knee Wall Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Knee Walls Will Not Meet Requirements (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rim Joist Improved R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Floors Meets Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attic Floor Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Attic Floors Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**R-Value of Attic Floors Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Net Area of Attic Roof Decks Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COSTS**

**Insulation Labor Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insulation Material Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Air Sealing Labor Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Air Sealing Material Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Funding:**  Utility **** WAP  3rd Party

**Will the Customer Contribution be overridden? ** Yes **** No

**Customer Contribution Override: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PACKAGE B – WALLS & FLOORS**

**Package A Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Package B Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mechanical Ventilation Installed: ** Yes **** No

**Ventilation Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Cantilever Floors Meets Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cantilever Surface Area Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cantilever Floors Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area Cantilever Floors Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**R-Value of Cantilever Floors Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Improved Foundation Insulation: ** Foundation Ceiling  **** Foundation Wall

**Basement/Crawlspace Ins Improvement Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Insulate Ceiling of Cold Basement  Insulate Ceiling of Vented Crawlspace  Not Upgraded

**Area of Foundation Ceiling Meets Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foundation Ceiling Total Net Area (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foundation Ceiling Area Improved (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foundation Ceiling Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Foundation Ceiling Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**R-Value of Foundation Ceiling Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Exterior Above Grade Walls Meets Requirements (sq ft excluding windows): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exterior Above Grade Walls Improved (sq ft excluding windows): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exterior Above Grade Walls Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exterior Above Grade Walls Improved Insulation R-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**R-Value of Exterior Above Grade Walls Will Not Meet Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COSTS**

**Labor Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Material Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Funding: ** Utility  WAP  3rd Party

**Will the Customer Contribution be overridden? ** Yes  No

**Customer Contribution Override: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PACKAGE C – WINDOWS**

**Package A Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Package B Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Package C Install Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mechanical Ventilation Installed: ** Yes **** No

**Ventilation Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Window type that will be improved: ** Double-Pane  Single-Pane  Single-Pane Plus Storm

**Window Improvement Type:**  Storm Windows **** Replacement Windows

**STORM WINDOWS**

**Front Window Area (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Front Window Storm Window Glass Type:** **** Low-E Interior  Low-E Exterior  None

**Total Window Improved Area - Front (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Back Window Storm Window Glass Type:** **** Low-E Interior  Low-E Exterior  None

**Total Window Improved Area - Back (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Left Window Storm Window Glass Type:** **** Low-E Interior  Low-E Exterior  None

**Total Window Improved Area - Left (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Right Window Storm Window Glass Type: ** Low-E Interior  Low-E Exterior  None

**Total Window Improved Area - East (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REPLACEMENT WINDOWS**

**Front Window Area (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Front Window New SHGC (Predominant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Front Window New U-Value (Predominant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Front Windows Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Window Improved Area - Front (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Back Window New SHGC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Back Window New U-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Back Windows Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Window Improved Area - Back (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Left Window New SHGC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Left Window New U-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Left Windows Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Window Improved Area - Left (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Right Window New SHGC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Right Window New U-Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Right Windows Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Window Improved Area - East (sq. ft.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COSTS**

**Labor Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Material Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Funding: ** Utility  WAP  3rd Party

**Will the Customer Contribution be overridden? ** Yes  No

**Customer Contribution Override: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**



