Clean Energy & Community Development
FY2024 Pilot Grant Program

Application Form

The Maryland Energy Administration (MEA) is offering the Clean Energy & Community Development (CECD) Pilot Grant Program for FY2024 to promote economic growth and community development while reducing carbon emissions and addressing climate change. The goal of the CECD program is to help Maryland businesses and communities transition to a low-carbon, climate-resilient economy through a variety of energy efficiency and renewable energy measures.

**Application Deadline:** Applications are accepted until **March 8th, 2024** at 5 P.M.

**Submit your complete application package via email to**

**MSEC.MEA****@Maryland.gov****.**

**A1. Applicant Information**

|  |
| --- |
| Type of Organization Making Submission(Individual, Business, Non-Profit, Academic, Other, specify) |
|   |
| Point of Contact (POC) Name\* | POC Title |
|   |   |
| POC Phone Number | POC Email |
|   |   |
| POC Address | City | State | Zip Code |
|   |   |   |   |
| MD County | Congressional District\*\* | MD Legislative District\*\* |
|   |   |   |
| \*The Primary Point of Contact will be responsible for coordinating all paperwork related to the Grant and will be the recipient of all MEA correspondence. If nothing is selected, MEA will assign the Installing Contractor as the Primary Point of Contact.\*\*Find MD Congressional and Legislative Districts at http://www.mdelect.net |
|  |  |  |  |  |  |  |  |  |  |  |
|  |
| **A2. Site Owner(s)’ Signature** |
| Print Site Owner's Name | Title |
|   |   |
| Site Owner's Signature | Date Signed |
|   |   |
| Email Address of Signer |  |
|   |  |

|  |  |
| --- | --- |
| Print Name | Title |
|   |   |
| Email Address of Signer |  |  |  |  |  |
|   |  |  |  |  |  |
| **B1. Proposal Information** |
| Proposal Title |
|   |
| Projected Project Start Date | Projected Project End Date |
|   |   |
| Requested Funding (estimate) ($) |   |
|   |   |
| Organization Performing Work |   |
|   |   |
| Organization's Mailing Address | City | State | Zip Code |
|   |   |   |   |
| MD County | Congressional District\* | MD Legislative District\* |
|   |   |   |

|  |
| --- |
| \*Find MD Congressional and Legislative Districts at http://www.mdelect.net |
| NABCEP - North American Board of Certified Energy Practitioners |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **B2. Type of Project** |
| \_\_\_ Energy Efficiency (EE) project\_\_\_ Renewable Energy (RE) project\_\_\_ Combination EE & RE projects |
| **C1. Communications** |
| Electronic communication provides the fastest and most efficient method of interacting with MEA; therefore, MEA encourages the use of electronic communication for all matters relating to this grant program. Unless the applicant opts out as indicated below, MEA will require the electronic submission and receipt of all documents (including but not limited to the application, the grant agreement, reports, and invoices. |
| The Applicant agrees to use electronic communication for all purposes relating to this grant program?  |  |  |  |  |  |  |  |  |  |  |
| State "Yes" or "No" |   |  |  |  |  |  |

**Section D: Applicant Certification and Signature**

**Instructions:** The Authorized Representative for the Applicant should carefully read the attestations and acknowledgements below before signing this Application form. If the Applicant has contracted with a project contractor at the time of submitting the Application package, the Authorized Representative for the project contractor should also carefully read the attestations and acknowledgements before signing the Application Form.

**Certification**

**By signing this Application, I certify that the information provided on this Application form and in each of its attachments, including the CECD Proposal, is complete, accurate, and true. I further certify that I am authorized to submit this Application on behalf of the Applicant.**

|  |
| --- |
| **AUTHORIZED APPLICANT SIGNATURE (REQUIRED)** |
| **Authorized Signature:** |  |
| **Name (First and Last):** |  |
| **Title:** |  |
| **Email & cell phone contacts:** |  |
| **Applicant Organization Name:** |  |
| **Date:** |  |

**SUBMIT THIS APPLICATION, ALONG WITH A COPY OF THE ORGANIZATION’S W-9 FORM AND ANY OTHER SUPPORTING DOCUMENTS (see FOA for details), VIA EMAIL TO:**

**>>> MSEC.MEA@Maryland.gov <<<**

Title email as: “CECD FY24 Application”, “date sent”

Any questions or concerns regarding Program requirements, Application instructions, or the CECD Program should be directed to **Briggs Cunningham, Program Manager**, at msec.mea@Maryland.gov or 410.537.4070.