**Fiscal Year 2021 Commercial, Industrial & Agricultural Grant Program
Application Form**

The Maryland Energy Administration (“MEA”) is pleased to announce the Fiscal Year 2021 Commercial, Industrial& Agricultural Grant Program (“FY21 CI&A Program”). This Grant Program is available to Maryland commercial, industrial, and agricultural entities for the implementation of energy efficiency improvement projects to their existing or to-be-constructed facilities.

**BE SURE YOU HAVE READ AND REVIEWED THE NOTICE OF GRANT AVAILABILITY AVAILABLE ON THE FY21** [**CI&A PROGRAM WEBPAGE**](https://energy.maryland.gov/business/Pages/incentives/empowermdcigp.aspx)

The FY21 CI&A Program is split into three consecutive competitive Application Periods. Open and close dates are as follows:

**Application Period 1:
July 10 – September 10, 2020. A complete application must be submitted electronically by 11:59 P.M. on September 10, 2020, to be eligible for Application Period 1 funding consideration.**

**Application Period 2:
September 11 – November 11, 2020. A complete application must be submitted electronically by 11:59 P.M. on November 11, 2020, to be eligible for Application Period 2 funding consideration

Application Period 3:
November 12– January 12, 2021. A complete application must be submitted electronically by 11:59 P.M. on January 12, 2021, to be eligible for Application Period 3 funding consideration.**

 **Application Submission Instructions**

Save the completed Application Form with the following filename format: APPLICANT\_ORGANIZATION\_NAME\_FY21\_CIA\_APPLICATION\_FORM.

*For example, an Application for “Caitlin’s Coffee Mug Company” would be saved as “CAITLIN\_KAYAK COMPANY\_FY21CIA APPLICATION FORM”*

Next, send the completed Application Form and necessary supporting documentation to ci.mea@maryland.gov with the name of the Applicant Organization and “FY21 CI&A Application.” *For example: “Caitlin’s Kayak Company FY21 CI&A Application.”* If you need to send multiple emails to accommodate file sizes, please label emails “1 of 3”, etc.

**If you have any questions, concerns, or need assistance with filling out the Application Form, please contact Caitlin Madera, CI&A Program Manager, at** **caitlin.madera@Maryland.gov** **or via phone at (410) 913-7537.**

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| **How did you hear about this incentive program?**  |
|  |

**Section 1**Applicant Organization Information

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| **Application Period & Date of Submittal** |
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| **Applicant Organization Name***This name should match the name that appears on your organization’s IRS Form W-9.* |
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| **Applicant Organization Type** |
| ☐ | Maryland Business (Corporation, LLC, LLP, GP, etc.) |
| ☐ | Nonprofit Organization |
| ☐ | Manufacturer/Industrial Entity |
| ☐ | Private School (Pre-K, K-12) |
| ☐ | Private College/University |
| ☐ | Agricultural Entity/Farm (Please specify type of operation): |
|  | Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Applicant Organization Correspondence Address** |
| **Street Address** | **Suite/Unit No.** |
|  |  |
| **City** | **State** | **Zip Code** |
|  |  |  |

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| **Applicant Organization Point of Contact** |
| **First Name** | **Last Name** | **Title** |
|  |  |  |
| **Phone Number** | **Email Address** |
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| **Applicant Organization Authorized Representative***The Authorized Representative is the individual with the authority to enter the Applicant Organization into legally binding agreements. This individual will be responsible for signing this Application, and, if the Applicant Organization is awarded, the Grant Agreement* |
| **First Name** | **Last Name** | **Title** |
|  |  |  |
| **Phone Number** | **Email Address** |
|  |  |

**Section 2**
Project Site Information

This section requests information about the project site that will receive the energy efficiency measures/upgrades. *This section must be completed for application consideration.* ***Do not state “see attachment.”***

**Will the energy efficiency project be implemented in the entire facility or within a dedicated space\*?**

☐ Facility ☐ Dedicated Space

*\*A dedicated space is a partitioned space within an overall facility with a clearly distinguished purpose from the rest of the facility. If not separately metered for electricity/gas/etc., the Applicant organization must be able to derive and document consumption of the dedicated space from the overall energy charges.*

**Is the facility/dedicated space existing, or to-be-constructed?**

☐ Existing ☐ To-be-constructed

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| --- |
| **Project Site Address** |
| **Street Address** | **Suite/Unit No.** |
|  |  |
| **City** | **State** | **Zip Code** |
|  |  |  |

**Will there be multiple project sites/dedicated spaces in this project?**

☐ Only One Project Site ☐ Multiple Locations

**If multiple locations, list all other project site addresses below:**

|  |
| --- |
|  |

|  |
| --- |
| **Type of Facility/Dedicated Space** |
| ☐ | Office Building |
| ☐ | Warehouse |
| ☐ | Manufacturing |
| ☐ | Hospital |
| ☐ | Poultry House |
| ☐ | Laboratory |
| ☐ | School/Classrooms |
| ☐ | Store/Shop |
| ☐ | Food Processing |
| ☐ | Other (Please specify): |

**General Description of the Facility/Dedicated Space**

In 300 or fewer words, please provide:

* Existing Structures: An overall general description of the exiting project site, its condition and use.
* To-be-constructed Facilities: An overall general description of the to-be-constructed facility/dedicated space.

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**Typical Hours/Day of Occupancy**

Provide typical business/occupancy hours for each day of the week (i.e. Mon. – Fri, Sat. and Sun.).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**Section 3**Utility & Energy Consumption Information

*This section must be completed for application consideration. Do not state “see attachment.”*

**What types of energy conservation measures (“ECMs”) are included in your project?**

☐ Electricity (kWh) ☐ Natural Gas (therms) ☐ Propane (gal) ☐ Fuel/Heating Oil (gal)

|  |
| --- |
| **Electric Utility Provider** |
| ☐ | Baltimore Gas & Electric (“BGE”) |
| ☐ | Potomac-Edison (“PE”) |
| ☐ | Potomac Electric Power Company (“PEPCO”) |
| ☐ | Southern Maryland Electric Cooperative (“SMECO”) |
| ☐ | Delmarva Power & Light (“Delmarva”) |
| ☐ | Choptank Electric Cooperative |
| ☐ | Other (Specify): |

|  |
| --- |
| **Natural Gas Provider (If Applicable)** |
| ☐ | Baltimore Gas & Electric (“BGE”) |
| ☐ | Chesapeake Utilities Corporation |
| ☐ | Washington Gas Light (“WGL”) |
| ☐ | Elkton Gas |
| ☐ | Easton Utilities Corporation |
| ☐ | Other (Specify): |

|  |  |  |
| --- | --- | --- |
| **Propane Provider (If Applicable)** | **Fuel/Heating Oil Provider (If Applicable)** | **Other Type Fuel Provider (If Applicable)** |
|  |  |  |

**Baseline Energy Consumption**

Enter, for each applicable fuel type, the total annual energy consumption of the facility/dedicated space based on 12 consecutive months’ utility/energy bills, or, if the facility/dedicated space is to-be-constructed, based on the consumption/modeling calculations performed.

|  |  |  |
| --- | --- | --- |
| **Electricity Consumption (kWh)** | **Electric Utility Rate ($/kWh)** | **Total Annual Electricity Cost (Multiply consumption by rate)** |
|  | $ | $ |
| **Natural Gas Consumption (therms)** | **Natural Gas Rate ($/therm)** | **Total Annual Natural Gas Cost (Multiply consumption by rate)** |
|  | $ | $ |
| **Propane Consumption (gal)** | **Propane Rate ($/gal)** | **Total Annual Propane Cost (Multiply consumption by rate)** |
|  | $ | $ |
| **Fuel/Heating Oil Consumption (gal)** | **Fuel/Heating Oil Rate ($/gal)** | **Total Annual Fuel/Heating Oil Cost (Multiply consumption by rate)** |
|  | $ | $ |
| **Other Type Fuel Unit (Specify)** | **Other Type Fuel Consumption** | **Other Type Fuel Rate ($/unit)** | **Total Annual Other Type Fuel Cost (Multiply consumption by rate)** |
|  |  | $ | $ |

**Section 4**Existing/Baseline Equipment/Fixtures/Building Measures

The following section requests information on the existing equipment, fixtures, or building measures your project will replace (existing facilities) or the equipment, fixtures, or building measures used to project your baseline, energy code-minimum (to-be-constructed facilities). *This section must be completed for application consideration. Do not state “see attachment.”*

**LIGHTING**

Existing/Baseline Lighting

List and describe all existing types of lighting you will replace/used to formulate your baseline (e.g. incandescent, T12/T8/T5 fluorescent, high-intensity discharge, etc.). List wattages and specifications (if available).

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|  |  |  |  |
| --- | --- | --- | --- |
| **Total Fixture Quantity** | **Existing Operational Hours** | **Existing Total Demand (kW)** | **Occupancy Sensors/Controls?** |
|  |  |  | ☐ Yes ☐ No |

**Existing Operational Schedule**

|  |  |
| --- | --- |
| **Day** | **Operational Schedule** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

**HVAC**

|  |  |
| --- | --- |
| **Type of Cooling** | **Type of Heating** |
|  |  |

Existing/Baseline HVAC System

Describe the existing/baseline HVAC system. Include manufacturer and model number information, if available.

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|  |

|  |  |  |
| --- | --- | --- |
| **Cooling Equipment Size** | **Cooling – Existing Efficiency** | **Cooling – Existing Operational Hours** |
|  |  |  |
| **Heating Equipment Size** | **Heating – Existing Efficiency** | **Heating – Existing Operational Hours** |
|  |  |  |

**HVAC CONTROLS/BUILDING MANAGEMENT SYSTEM**

Existing/Baseline HVAC Controls/Building Management System

Describe the existing/baseline HVAC control system. Include manufacturer and model number information, if available.

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 **Existing Operational Schedule**

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| --- | --- |
| **Day** | **Operational Schedule** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

**REFRIGERATION**

Existing/Baseline Refrigeration System

Describe the existing/baseline refrigeration system. Include type (e.g. condenser or compressor) and manufacturer and model number information, if available.

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| **Existing/Baseline Operational Hours** |
|  |

**MOTORS**

Existing/Baseline Motor Type(s)

☐ Fans ☐ Pumps ☐ Other (Specify):

Existing Motor Information

Enter in each row, as appropriate, information on each type of existing/baseline motor. Add as many additional rows to the table as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type (Fan, Pump, Other)** | **Size (hp)** | **Quantity** | **Existing/Baseline Total Average Efficiency** | **Existing/Baseline Operational Hours** |
| **Motor Size 1** |  |  |  |  |  |
| **Motor Size 2** |  |  |  |  |  |
| **Motor Size 3** |  |  |  |  |  |
| **Motor Size 4** |  |  |  |  |  |

Additional Information

If there is additional information you would like to share regarding this equipment, please provide it below.

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**BUILDING INSULATION & ENVELOPE**

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| --- | --- | --- |
| **Existing/Baseline Roof Insulation R-Value** | **Existing/Baseline Roof Insulation Type** | **Existing/Baseline Roof Insulation Square Footage** |
|  |  |  |
| **Existing/Baseline Wall Insulation R-Value** | **Existing/Baseline Wall Insulation Type** | **Existing/Baseline Wall Insulation Square Footage** |
|  |  |  |
| **Existing/Baseline Floor Insulation R-Value** | **Existing/Baseline Floor Insulation Type** | **Existing/Baseline Floor Insulation Square Footage** |
|  |  |  |

General Condition of Air Sealing Around Windows, Doors, and Other Penetrations

If there are cracks/unwanted openings you plan to repair as part of the project, detail them in this space as well.

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**OTHER**

If there are other existing/baseline equipment, fixtures, or building measures/materials you plan to replace, detail the existing/baseline information here. Specify what the existing/baseline measure is, its general condition, energy consumption, and any other information relevant to establishing its baseline consumption.

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**Section 5**Proposed Energy Efficiency Project Information

Detail the proposed energy conservation measures ("ECMs") of your project in this section. Provide all applicable information that is requested. Any missing or vague information/data provided will reduce the probability of your project receiving Grant funding. Select each applicable ECM and then complete each applicable section. *This section must be completed for application consideration. Do not state “see attachment.”*

|  |
| --- |
| **Energy Conservation Measures (“ECMs”)** |
| ☐ | Lighting |
| ☐ | HVAC System |
| ☐ | HVAC Controls/Building Management System |
| ☐ | Refrigeration |
| ☐ | Motors |
| ☐ | Variable Frequency Drives (“VFDs”) |
| ☐ | Building Insulation/Envelope |
| ☐ | OTHER (Specify): |

**NOTE ABOUT TO-BE-CONSTRUCTED PROJECTS & UTILITY PROJECTIONS**
If your project is for a to-be-constructed facility, or an existing facility that will undergo a large-scale upgrade that requires alterations to electric/non-electric fuel infrastructure and new established tariffs, and you are modeling 12 consecutive months of projected energy consumption, you must assume a **current retail utility tariff/rate**in your calculations

**LIGHTING**

Note: MEA does not provide funding for the following lighting types:

* Incandescent
* T8
* T5
* CFL
* Halogen

New Lighting Information

List and describe all types of lighting you will install. Include wattages and number of fixtures per wattage. Include model numbers, specifications, etc, as available.

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Will you implement occupancy sensors/controls?

☐ Yes ☐ No

New Lighting Sensor/Controls Information

Describe the type of controls/sensors you will implement. Include model numbers, specifications, etc, as available.

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| --- | --- |
| **New Light Fixture Quantity** | **New Total Demand (kW)** |
|  |  |

New Operational Schedule

|  |  |
| --- | --- |
| **Day** | **Operational Schedule** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**HVAC**

Type of HVAC

|  |  |
| --- | --- |
| **Type of HVAC** | **Upgrade/Replacement or Re/Retro-commissioning?** |
|  ☐ | Chiller | ☐ Upgrade/Replacement☐ Recommissioning☐ Retro-commissioning☐ Multiple (Explain in the New/Proposed HVAC Equipment Information Section) |
| ☐ | Cooling Tower |
| ☐ | Heat Pump |
| ☐ | Rooftop Unit(s) (“RTU(s)”) |
| ☐ | Air-handling Unit(s) (“AHU(s)”) |
| ☐ | Split-system Unit(s) |
| ☐ | OTHER (Specify): |

New/Proposed HVAC Equipment Information

Describe the new HVAC system. Include information on fuel type (electricity, natural gas, propane, fuel oil, etc.), cooling/heating/both, quantity of units, etc.

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| **New/Proposed Equipment Size(s)** | **New/Proposed Efficiency/Efficiencies** | **Proposed Operational Hours** |
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Total Energy Savings from HVAC Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM. Include all types of reduction, taking into account interactive effects with other measures, if applicable.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**HVAC CONTROLS/BUILDING MANAGEMENT SYSTEM**

Type of New/Proposed HVAC Controls/Building Management System

☐ Direct Digital Controls (DDC) ☐ Other (Specify):

New/Proposed HVAC Controls/Building Management System

Describe the new/proposed HVAC control system. Include manufacturer and model number information, if available.

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New Operational Schedule

|  |  |
| --- | --- |
| **Day** | **Operational Schedule** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

Total Energy Savings from HVAC Controls/Building Management System Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM. Include all types of reduction, taking into account interactive effects with other measures, if applicable.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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| $ |

Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**REFRIGERATION**

New/Proposed Refrigeration System

Describe the new/proposed refrigeration system. Include type (e.g. condenser or compressor) and manufacturer and model number information, if available.

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|  |

Proposed Operational Hours

|  |
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Total Energy Savings from Refrigeration Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM. Include all types of reduction, taking into account interactive effects with other measures, if applicable.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**MOTORS**

Proposed Motor Types

☐ Fans ☐ Pumps ☐ Other (Specify):

Proposed Motor Information

Enter in each row, as appropriate, information on each type of proposed motor. Add as many additional rows to the table as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type (Fan, Pump, Other)** | **Size (hp)** | **Quantity** | **New/Proposed Total Average Efficiency** | **New/Proposed Operational Hours** |
| **Motor Size 1** |  |  |  |  |  |
| **Motor Size 2** |  |  |  |  |  |
| **Motor Size 3** |  |  |  |  |  |
| **Motor Size 4** |  |  |  |  |  |

Total Energy Savings from Motor Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM. Include all types of reduction, taking into account interactive effects with other measures, if applicable.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**VARIABLE FREQUENCY DRIVES**

Proposed Drive Types

☐ Fans ☐ Pumps ☐ Other (Specify):

Proposed Drive Information

Enter in each row, as appropriate, information on each type of proposed Drive. Add as many additional rows to the table as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Type (Fan, Pump, Other)** | **Size (hp)** | **Quantity** | **New/Proposed Total Average Efficiency** | **New/Proposed Operational Hours** |
| **Drive Size 1** |  |  |  |  |  |
| **Drive Size 2** |  |  |  |  |  |
| **Drive Size 3** |  |  |  |  |  |
| **Drive Size 4** |  |  |  |  |  |

Total Energy Savings from VFD Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM. Include all types of reduction, taking into account interactive effects with other measures, if applicable.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**BUILDING INSULATION & ENVELOPE**

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| --- | --- | --- |
| **New/Proposed Roof Insulation R-Value** | **New/Proposed Roof Insulation Type** | **New/Proposed Roof Insulation Square Footage** |
|  |  |  |
| **New/Proposed Wall Insulation R-Value** | **New/Proposed Wall Insulation Type** | **New/Proposed Wall Insulation Square Footage** |
|  |  |  |
| **New/Proposed Floor Insulation R-Value** | **New/Proposed Floor Insulation Type** | **New/Proposed Floor Insulation Square Footage** |
|  |  |  |

Other Improvements – Air Sealing, Vapor Barriers, etc.

Describe any air sealing to be performed - type of seal, size of hole/penetration sealed, and anticipated energy (kWh, therm, gallons, etc.) savings.

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|  |

Total Energy Savings from Insulation/Envelope Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM.

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|  |

Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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| $ |

Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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|  |

**OTHER**

If there are other ECMs not specified in this section that you will implement in your energy efficiency project, detail them here. Specify what the proposed measure is, specifications on the equipment to be installed, anticipated energy savings (kWh, therms, gallons, etc.), and any other relevant information about the ECM(s).

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Total Energy Savings from OTHER Measure(s)

Provide the anticipated energy savings (kWh, therms, gallons, etc.) resulting from the implementation of this ECM.

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Total Cost of ECM

Enter the total dollar amount, before the deduction of incentives/rebates, for the cost of this ECM.

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| $ |

Additional Information

If there is additional information you would like to share regarding this ECM, please provide it below.

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**Section 6**Financial Information

***This section must be completed for application consideration. Do not state “see attachment.”***

Anticipated Total Project Cost

Enter the anticipated total project cost in dollars ($) - the total cost of the project BEFORE the deduction of any incentives, rebates, or other leveraged sources of funds. This should be the cost of all ECMs combined plus any additional costs directly related to the implementation of the energy efficiency project.

|  |
| --- |
| $ |

Total Annual Energy Cost Savings

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Energy Saved** | **Utility/Provider Tariff/Rate** | **Total Annual Energy Cost Savings (Multiply previous two entries)** |
| Electricity (kWh) |  | $ | $ |
| Natural Gas (therms) |  | $ | $ |
| Propane (gal) |  | $ | $ |
| Fuel/Heating Oil (gal) |  | $ | $ |
| OTHER Fuel Type |  | $ | $ |
| **TOTALS** |  | **$** | **$** |

Project Simple Payback

Calculate the total project simple payback by dividing the Total Project Cost by the Total Annual Energy Cost Savings below. The project simple payback cannot exceed twenty (20) years. All measures must have a payback shorter than the expected lifetime of the installed equipment. MEA reserves the right to determine acceptable payback period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Project Cost** | **Total Annual Energy Cost Savings** | **Simple Payback (Years)** |
| **TOTALS** | $ | $ |  |

|  |
| --- |
| **Total Grant Amount Requested from MEA**Up to 50% of the Net Project Cost (defined as Total Cost minus all other incentives, rebates, and leveraged funds), or $200,000, whichever is lower. |
|  |

Leveraged Funds (Select all that apply)

*This section must be completed for application consideration. Do not state “see attachment.”*

|  |  |
| --- | --- |
| ☐ | The project is eligible for and I have applied for EmPOWER utility rebates. |
| ☐ | The project appears eligible for, but I have not yet applied for EmPOWER utility rebates. (attach a letter of intent to apply to all applicable rebates/incentives offered by the utility). |
| ☐ | The project is located within the service territory of a utility that does not provide EmPOWER utility rebates. |
| ☐ | I have secured other/additional non-utility rebate sources of funding (grants, donations, etc.). |
| ☐ | I cannot leverage any other sources of funds for this project. |

Types of EmPOWER Rebates Applied/Received

List all types of EmPOWER utility rebates (e.g. lighting, HVAC, etc.) you have received confirmation to fund or for which you have applied.

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Total Amount of EmPOWER Rebates Applied/Received

Enter the total dollar amount of all EmPOWER rebates you have received confirmation to fund or for which you have applied. This dollar amount can be an estimate.

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| $ |

Other Types of Leveraged Funds

List all other (non-utility rebate) sources of leveraged funds you have received, anticipate to receive, or for which you intend to apply here. Specify the type(s) of fund(s) (grant, incentive, donation, etc.) and the dollar amount(s).

|  |
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Total Amount of Other Leveraged Funds Applied/Received

List the total dollar amount of all other sources of leveraged funds you have received confirmation to fund or for which you have applied. This dollar amount can be an estimate.

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| $ |

Nutrient Management

Do you have a current Nutrient Management Plan (NMP)? ☐ Yes ☐ No

If no, please explain:

|  |
| --- |
|  |

Have you submitted the Annual Implementation Report (AIR) to the Maryland Department of Agriculture (MDA)?

 ☐ Yes ☐ No

**Section 7**Required Supporting Documentation

Attach all applicable documents listed below in your application package prior to submission. Documents marked with a red asterisk (**\***) are required of **all** applicants, regardless of project type or utility service territory.

* Utility Summary Spreadsheet (Existing Structure Projects Only)
* 12 Consecutive Months of Utility Bills (Existing Structure Projects Only)
* Projected Baseline Summary Spreadsheet (To-be-constructed Facilities Only)
* Projected Energy Baseline Calculations Documentation (To-be-constructed Facilities Only)
* Verification of Energy Savings Documentation**\***
	+ *The documentation used to verify the claimed energy savings to be generated by the ECMs in your project. This can be in the form of an Energy Audit report, calculations performed using the Mid-Atlantic Technical Reference Manual, or results from energy modeling software.*
* Contractor/Vendor Proposal(s)**\***
* Project Timeline**\***
	+ *A detailed project timeline which establishes milestones (such as project start, procurement, installation, completion, etc.). Applicants should use a Gantt chart or similar format.*
* EmPOWER Utility Incentive Application(s) OR Letter of Intent
	+ *Attach copies of any/all submitted EmPOWER utility rebate applications, and/or a letter of intent to apply for incentives if you have not already done so.*
* Documentation of Leveraged Funds
* Copy of Annual Implementation Report (AIR) if nutrient management is required**\***
* Maryland SDAT Certificate of Status**\***
* W9 Form **\***

**Section 8**Applicant Certification and Signature

**Read the following set of terms and conditions carefully. By signing and submitting this online Application form, the Applicant Organization and Authorized Representative agree to be bound by the following:**

1. If the project is selected for CI&A Grant funding, equipment for the proposed project shall not be purchased or installed prior to the execution of a Grant Agreement between the Applicant Organization and the Maryland Energy Administration ("MEA").
2. The project site(s) is (are) located in the State of Maryland and any CI&A Grant-funded energy conservation measures ("ECMs") will remain installed at the project site(s) for the entire useful lives of the measures.
3. Submission of this Application Package does not guarantee that the Applicant Organization will be awarded for the proposed energy efficiency project.
4. The energy efficiency retrofits/upgrades/installations will achieve, at minimum, 18% of aggregate baseline energy consumption for the entire facility/dedicated space.
5. MEA and its representative(s) may use photos and video for the facility for marketing, publicity, and advertising purposes. MEA and its representative(s), subject to the Maryland Public Information Act and any other applicable law, will not divulge confidential information or trade secrets. Grantees may review and approve any photos and videos taken of their facilities.
6. If the project is selected for CI&A Grant funding, the Applicant Organization will provide MEA with a complete and accurate IRS Form W-9. All Applicant Organization information on the IRS Form W-9 must match the information provided on this Application Form.
7. Authorized representatives of the CI&A Grant Program may access the project site(s) in order to conduct site inspections, or measurement and verification activities, as applicable.
8. The proposed energy efficiency project must meet all requirements listed in the CI&A Grant Program Notice of Grant Availability and the CI&A Grant Program webpage on MEA's website.
9. The CI&A Grant Program terms and conditions, requirements, restrictions, and limitations are subject to change at the sole discretion of MEA.
10. If selected for CI&A Grant funding, MEA will issue payments to the Grantee upon the successful inspection of the installed equipment.
11. MEA and its contractors/agents make no representation or warranty, and assume no liability with respect to quality, safety, performance, or any other aspect of any design, system, or appliance installed pursuant to this Application Form, and expressly disclaim any such representation, warranty, or liability.
12. In accordance with Section 10-624(c) of the State Government Article of the Annotated Code of Maryland, MEA is required to advise Applicants of the following:
* The information requested by the CI&A Grant Program Application is necessary to document the completion of the project and to ensure the installation of a qualifying system.
* Failure to provide all required information ends any obligation to the Applicant Organization under the CI&A Program.
* If the project is selected for CI&A Grant funding, upon the Applicant Organization's submission of request for payment of Grant funds, some of the information contained within this Application Form will be provided to other agencies of the State to process payment of the funds.
* Unless otherwise provided by law or court order, portions of the information contained within and requested by this Application Form may be subject to disclosure upon request for inspection under Maryland's Public Information Act as set forth in Sections 10-611 *et. seq.* of the State Government Article of the Annotated Code of Maryland. To the extent permitted by law, personal information will not be disclosed except for the purpose of processing any awarded Grant funds for payment.
* Chapter 757 of the 2019 Acts of the General Assembly of Maryland includes a provision referencing the American Manufactured Goods provisions in §§ 14-416 and 17-303 of the State Finance and Procurement Article.  Applicants affected by those provisions should take them into account when developing FY21 applications to SEIF-funded programs.
* Effective October 1, 2019, Chapter 757 of the 2019 Acts of the General Assembly of Maryland will require at least 80% of workers participating in a SEIF-funded project or program to reside within 50 miles of the project or program. As the SEIF funds a statewide program, MEA will determine compliance based on whether at least 80% of workers participating in a SEIF-funded project reside in Maryland, or within 50 miles of Maryland’s borders. Applicants should take this new requirement into account when developing FY21 applications to SEIF-funded programs. FY21 SEIF-funded grant agreements will contain a section further outlining this requirement, including any documentation of compliance that will be required before grant funds are disbursed.

**By signing the Application Form below, I, the Authorized Representative for the Applicant Organization, acknowledge that I have read and agree to these terms and conditions.**

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| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Title** | **Date** |
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