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| Energy Efficiency and Solar Grants  Solar Application  General Information | | | | | | | | | | | | | | |
| Directions:   1. Please complete the form on this table. Cells will expand to accommodate longer responses.    * Questions regarding the application *process* may be emailed to [energy\_policy@commerce.wa.gov](mailto:energy_policy@commerce.wa.gov). 2. Save the document with this file name structure:    * <Name of Submitting Entity>\_EE&S\_SOLAR APP 3. Print [Section 6](#_Section_6:_CERTIFICATION) “Certification of Organization Official”, then read, sign, scan, and save as:    * <Name of Submitting Entity>\_EE&S\_SOLAR CERT ORG 4. Upon the completion of steps 1 – 3, email the following to: [energy\_policy@commerce.wa.gov](mailto:energy_policy@commerce.wa.gov)    * Subject line: <Name of Submitting Entity>\_EE&S\_SOLAR APP PKG      1. Application Form      2. Certification of Organization Official    * *The Application must be received by 5:00 PM (PST) on Friday, November 16, 2018. Successful Applicants will be notified by close of business January 4, 2019.* | | | | | | | | | | | | | | |
| Section 1: Applicant Information | | | | | | | | | | | | | | |
| 1.01 | Organization Name: | | | | Click or tap here to enter text. | | | | | | | | | |
| 1.02 | Organization Mailing Address: | | | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | | | | | |
| 1.03 | Organization Website: | | | | | Click or tap here to enter text. | | | | | | | | |
| 1.04 | Email #1: | Click or tap here to enter text. | | | | Email #2: | | | | Click or tap here to enter text. | | | | |
| 1.05 | Phone #1: | Click or tap here to enter text. | | | | Phone #2: | | | | Click or tap here to enter text. | | | | |
| 1.06 | Organization Official’s Name: | | | | | Click or tap here to enter text. | | | | | | | | |
| 1.07 | Official’s Title: | | | | | Click or tap here to enter text. | | | | | | | | |
| 1.08 | Email: | Click or tap here to enter text. | | | | Phone: | | | | Click or tap here to enter text. | | | | |
| 1.09 | The applicant is which of the following: | | | | | | | | | | | | | |
| Small City or Town (with a population of 5,000 or less as defined here: <https://www.ofm.wa.gov/washington-data-research/population-demographics/population-estimates/april-1-official-population-estimates/april-1-population-estimates-program-information>) | | | | | | | | | | | | | |
| Local Government | | | | |  | | | | | | | | |
| State Agency | | | | |  | | | | | | | | |
| K-12 Public School District | | | | |  | | | | | | | | |
| Public Higher Education Institution | | | | |  | | | | | | | | |
| 1.10 | Statewide Vendor Number (SWV) | | | | | | | | | | Click or tap here to enter text. | | | |
| Applicant Universal Business Identifier (UBI) | | | | | | | | | | Click or tap here to enter text. | | | |
| Applicant Tax Identification Number (TIN) | | | | | | | | | | Click or tap here to enter text. | | | |
| Applicant DUNS # (<https://fedgov.dnb.com/webform/pages/CCRSearch.jsp>) | | | | | | | | | | Click or tap here to enter text. | | | |
| 1.11 | Greenhouse Gas Reduction Plans effective dates (start to end). (See www.ofm.wa.gov) | | | | | | | | | | Click or tap here to enter text. | | | |
|  | | | | | | | | | | | | | | |
| Section 2: Contractor Information | | | | | | | | | | | | | | |
| 2.01 | Prime Contractor Company: | | | | | Click or tap here to enter text. | | | | | | | | |
| 2.02 | Prime Contractor Contact: | | | | | Click or tap here to enter text. | | | | | | | | |
| 2.03 | Email: | Click or tap here to enter text. | | | | Phone: | | | | Click or tap here to enter text. | | | | |
| 2.04 | Does the applicant have an Interagency Agreement with the Department of Enterprise Services (DES) for Energy Saving Performance Contracting (ESPC)? | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | | |
| *If yes, include your current Interagency Agreement with DES.* | | | | | | | | | | | | | |
| If you are working with DES, have they reviewed the Energy Service Proposal? | | | | | | | | | | | | | |
| Yes | | | No | | | | N/A | | | | | |
| 2.05 | Does the applicant currently have a contract directly with an energy services company (ESCO)? | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | | |
| *If yes, include the Request for Proposal that was used to select your ESCO.* | | | | | | | | | | | | | |
| ESCO's guaranteed cost or maximum allowable construction cost: | | | | | Click or tap here to enter text. | | | | | | | | |
| 2.06 | Does the applicant currently have a contract with a licensed engineer/certified energy manager? | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | | |
| *If yes, include the Request for Qualifications that was used to select the licensed engineer/ certified energy manager.* | | | | | | | | | | | | | |
| 2.07 | Date the final Energy Services Proposal or equivalent was completed. (MM/DD/YYYY) | | | | | Click or tap here to enter text. | | | | | | | | |
| Section 3: Project Information | | | | | | | | | | | | | | |
| 3.01 | Project Title: | | | | | Click or tap here to enter text. | | | | | | | | |
| 3.02 | Estimated project completion date (MM/DD/YYYY) | | | | | Click or tap here to enter text. | | | | | | | | |
| 3.03 | Project Physical Address: | | | | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | | | | |
| 3.04 | Project Contact Name: | | | | | Click or tap here to enter text. | | | | | | | | |
| Email: | Click or tap here to enter text. | | | | Phone: | | | | Click or tap here to enter text. | | | | |
| 3.05 | State Legislative District (number) | | | | | Click or tap here to enter text. | | | | | | | | |
| 3.06 | Expected construction start date (MM/DD/YYYY) | | | | | Click or tap here to enter text. | | | | | | | | |
| 3.07 | Historic Preservation: Does this project impact building(s) over 50-years old and/or proposes ground altering activities? | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | | |
| *If yes, include documentation consistent with Governors Executive Order 05-05.* [*https://dahp.wa.gov/project-review*](https://dahp.wa.gov/project-review) | | | | | | | | | | | | | |
| 3.08 | Solar System Type(s): | | | | | | | | | | | | | |
| Photovoltaic | | | | | Thermal | | | | | | | | |
| *Continues on page 3* | | | | | | | | | | | | | | |
| 3.09 | For Photovoltaic Systems: | | | | | | | | | | | | | |
| What is the faceplate kilowatt rating of the system: | | | | | Click or tap here to enter text. | | | | | | | | |
| Estimated annual KWH production: | | | | | Click or tap here to enter text. | | | | | | | | |
| Indicate which components will be manufactured in Washington: | | | | | | | | | | | | | |
| Panels/Modules | | | | | | | | | | | | | |
| Inverter | | | | | | | |  | | | | | |
| Mounting Components | | | | | | | |  | | | | | |
| Other (please specify): Click or tap here to enter text. | | | | | | | |  | | | | | |
| Other (please specify): Click or tap here to enter text. | | | | | | | |  | | | | | |
| 3.10 | For Thermal Systems: | | | | | | | | | | | | | |
| Estimated annual thermal generation (btu/year) | | | | | Click or tap here to enter text. | | | | | | | | |
| Indicate which components will be manufactured in Washington: | | | | | | | | | | | | | |
| Panels | | | | | | | | | | | | | |
| Heat Transfer Unit | | | | | | | |  | | | | | |
| Mounting Components | | | | | | | |  | | | | | |
| Other (please specify): Click or tap here to enter text. | | | | | | | |  | | | | | |
| Other (please specify): Click or tap here to enter text. | | | | | | | |  | | | | | |
| Section 4: Funding Information | | | | | | | | | | | | | | |
| 4.01 | Total project Cost | | | | | Click or tap here to enter text. | | | | | | | | |
| 4.02 | Dollar Amount of Funding Requested: | | | | | Click or tap here to enter text. | | | | | | | | |
| 4.03 | Other state funds | | | | | | | | | | | | | |
| Yes | | | | | No | | | | | | | | |
| 4.04 | Total funded by the applicant: | | | | | Click or tap here to enter text. | | | | | | | | |
|  | *This is funding provided at a cost to the applicant. It may include loans to be paid back by the applicant. Grants and funding provided by other entities do not qualify. This amount must be consistant with the information provided in 4.07 below.* | | | | | | | | | | | | | |
| 4.05 | Total anticipated rebates and incentives: | | | | | Click or tap here to enter text. | | | | | | | | |
| *This amount must include all post-completion incentives and rebates which the applicant anticipates receiving.This amount must be consistant with the information provided in 4.07 below and include the estimated lifetime amount of all rebates such as the Washington Renewable Energy Incentive Program, Tax Credits, and Rebates.* | | | | | | | | | | | | | |
| 4.06 | Total non-state funds committed to the project ($ number). | | | | | Click or tap here to enter text. | | | | | | | | |
|  | *If you answered “yes” to question 4.04, the lifetime value of the Incentive must be deducted from the non-state funds contributed.* | | | | | | | | | | | | | |
| 4.07 | Preliminary Sources of Funding Please provide estimated sources of funding below. Include all rebates and incentives which the applicant will receive. *Attach additional pages if necessary.* | | | | | | | | | | | | | |
| Source of Funds | | | Type of Funds | | | | Budget Amount | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
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| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | $Click or tap here to enter text. | | | | | |
| Section 5: Attachments Checklist | | | | | | | | | | | | | | |
| What | | | Link | | | | Requirement | | | | | Included | | |
| Historic Preservation Documentation consistent with Governors Executive Order 05-05 and/or Section 106 and NEPA. If the applicant deems that these requirements are not applicable, this must be clearly communicated and justified in the submittal. | | | [*https://dahp.wa.gov/project-review*](https://dahp.wa.gov/project-review) | | | | If answer to 3.07 is “yes”. | | | | | Yes | N/A | |
| Interagency Agreement with DES. | | | N/A | | | | If answer to 2.04 is “yes”. | | | | | Yes | N/A | |
| Request for Proposal that was used to select your ESCO. | | | N/A | | | | If answer to 2.05 is “yes”. | | | | | Yes | N/A | |
| Request for Qualifications that was used to select the licensed engineer/ certified energy manager. | | | N/A | | | | If answer to 2.06 is “yes”. | | | | | Yes | N/A | |
| A shade analysis from Solar PathFinder, Solmetric SunEye or an equivalent on-site report. | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| Provide detailed documentation by uploading the Energy Services Proposal or other document explaining project scope. | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| Measurement and Verification Plan | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| A site plan | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| A preliminary electrical one-line diagram | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| A list of equipment (modules, inverter(s), and racking for PV). | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| Interconnection agreements with the utility | | | N/A | | | | If PV and not netmetered. | | | | | Yes | N/A | |
| Provide specsheets or documentation for any products and equiptment which are made in Washington State. | | | N/A | | | | Required for All Applicants. | | | | | Yes | N/A | |
| A stamped structural engineering letter confirming the roof’s structural integrity. | | | N/A | | | | If system will be roof mounted. | | | | | Yes | N/A | |
| All applicants are required to demonstrate that they requested grant assistance from the serving electric and gas utility. | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
| Utility bill showing last year of applicable usage. | | | N/A | | | | Required for All Applicants. | | | | | Yes | | |
|  | | | | | | | | | | | | | | |
| *End of Application* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

Section 6: CERTIFICATION OF ORGANIZATION OFFICIAL

|  |  |
| --- | --- |
|  | Energy Efficiency and Solar Grant Solar Certification of Organization Official |

|  |  |
| --- | --- |
| Project Title | |
|  | |
| Project Budget | $ |
| CERTIFICATION OF ORGANIZATION OFFICIAL  I certify, on behalf of (Organization name) that (Organization name) will adhere to all utility, local, state, and federal laws, regulations, and policies that are applicable to the Energy Efficiency and Solar Grant Program. I will also ensure adherence to the operations of (Organization name) and the scope of the proposed project.  (Organization Name) has all necessary, current business licenses and regulatory approvals required in the state of Washington, including but not limited to current registration status with the Secretary of State and Department of Revenue.  I have read the OFM Finance Guidelines and will adhere to state prevailing wage laws (Chapter 39.12 RCW), as applicable.  The project proposed in this application could not go forward at the scale or on the schedule proposed without the requested funding. (Organization name) will use any funds received under this request, to supplement, not to supplant, other funds.  Pursuant to chapter 42.52 RCW, (applicant name) will identify and disclose any past or current association with current Department of Commerce employees. This includes any Department of Commerce employees or former employees employed by the firm or on the firms governing board during the past twenty-four months, and any ongoing family, personal, volunteer, or academic relationships with current Commerce employees. Any relevant relationships identified following the original application must be disclosed to the Department as soon as possible, within 5 business days.The applicant will collect and disclose this information to the Department on behalf of the first and second tier subcontractors.  If a conflict of interested is identified, (applicant name) will work with the Department to pursue available alternatives to address the conflict of interest. If (applicant Name) fails to identify and/or disclose a potential conflict of interest, including those of the relevant subcontractors, or if the Department determines that the conflict interest is unable to be addressed (applicant name) understand that they may be disqualified and the contract terminated with full repayment to the Department. Commerce reserves its right to pursue all available remedies under the law to address the violation.    (Organization Name) certifies it is not using any other state grants as part of this project. | |
| Signature Date | |
| Print Name Title | |

## Section 7: APPLICATION PROCESS SURVEY

Survey Questions

*The following questions are intended to help us improve our application process. Please indicate your agreement/disagreement with the following statements.*

*Your responses will not impact the evaluation of your application in any way.*

1: Strongly Disagree

2: Disagree

3: Neither Agree nor Disagree

4: Agree

5: Strongly Agree

|  |  |
| --- | --- |
| Name of Applicant: | |
|  | |
| Application Survey Questions | Responses |
| 1. The guidelines provided enough information on the program. |  |
| 1. The Bidders Conference was helpful introducing the application process |  |
| 1. The Notice of Funding Opportunity (NOFO) application instructions were clear. |  |
| 1. The NOFO application process was easy to follow. |  |
| 1. I was able to receive the assistance I needed from Commerce to complete the application. |  |
| 1. Commerce staff was timely in responding to process related inquiries. |  |
| 1. I had adequate time to prepare the application prior to the deadline. |  |
| 1. Given program requirements, the application process was reasonable. |  |