



APPLICANT INFORMATION

Organization

EIN #

Contact Person's Name & Title

PROJECT DETAILS

Describe the project.

What are goals and expectations of the project overall and as it relates to your mission?

What is the project schedule?

Projected annual energy savings.

Estimated project cost.

Does the project have an interest in pursuing LEED Certification under new construction/major renovation or operations & maintenance?
Yes No



Is an architect working on the project? If so, please provide name, address and phone number.	Yes	No
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If an architect is working on this project, at what stage is the design?

Has a contractor been selected? If so, please provide name, address and phone number.	Yes	No
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Describe the Facility Management Team. Include operational officers, facilities managers/staff, etc. and their contact information.

PROJECT FUNDING

Does your organization have the capacity to make investments to reduce your energy consumption? Please describe your financial resources and limitations.	Yes	No
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Does the organization have internal grant writing capabilities? If so, please describe.	Yes	No
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Does the organization maintain a capital reserve fund? If yes describe the amount of the reserve fund and how these funds could be used for energy saving investments?	Yes	No
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Would your organization be willing to consider funding energy saving strategies through subsidized debt service?	Yes	No
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Please describe any additional means at your disposal for funding the implementation of energy saving strategies.

Are you able and willing to pay a fee (discounted from market rates) for the Energy Program's consulting services?	Yes	No
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SIGNATURES

Staff Officer Signature	Date
Printed Name	
Board Officer Signature	Date
Printed Name	