

PROGRAM APPLICATION (ATTACHMENT A)

Flexible Technical Assistance (PON 4192)



NYSERDA

This application must be signed by the customer regardless of who the Applicant is. A scope of work & budget are required. Please see [PON 4192](#) for details on the scope of work requirements. Submit this completed application, along with a scope of work & budget to **FlexTech@nyserda.ny.gov**.

APPLICANT INFORMATION

Who is the Applicant? *(only one option may be selected)*

Customer Service Provider/Consultant (Authorized Signatory)

CUSTOMER INFORMATION

Company Legal Name

Parent Company Name (if applicable)

First Name

Last Name

Title

Email

Phone (include area code and extension)

Street Address

City

State

Zip/Postal Code

SERVICE PROVIDER / CONSULTANT INFORMATION

Are you working with a FlexTech Consultant? Yes No

Consultant Company Name

First Name

Last Name

Title

Email

Phone (include area code and extension)

Street Address

City

State

Zip/Postal Code

FACILITY INFORMATION

Is the primary facility's address the same as the customer address? Yes No (If "No," fill out the below information)

Primary Facility Name _____

First Name _____

Last Name _____

Title _____

Email _____

Phone (include area code and extension) _____

Street Address _____

City _____

State _____

Zip/Postal Code _____

Facility Borough-Block-Lot (BBL) Number, if located in NYC: _____

Is the facility contributing to the electric System Benefits Charge (SBC)? Yes No

Select the facility's sector: _____

Total square footage: _____ Number of buildings: _____

Number of dwelling units (if applicable): _____

Does the project plan to pursue any other NYSERDA programs or utility-funded programs? Yes No

If Yes, identify the program: _____

UTILITY INFORMATION

Electric Utility Company: _____

If "Other," please describe: _____

Annual Electricity Cost (\$): _____ Annual Electricity Consumption (kWh): _____

Natural Gas Utility Company: _____

If "Other," please describe: _____

Annual Natural Gas Costs (\$): _____ Annual Natural Gas Consumption (therms): _____

Other Fuel Type: _____

Annual Fuel Costs (\$): _____ Annual Fuel Consumption (Indicate Unit): _____

Total Annual Energy Costs (\$): _____

CONSOLIDATED FUNDING APPLICATION (CFA)

I (Customer), authorize the New York State Research and Development Authority (NYSERDA) to complete the Consolidated Funding Application (CFA) on my behalf: Yes No

TECHNICAL ASSISTANCE TERMS

I, the Applicant, certify that the Customer named in the scope of work is interested in technical assistance and is requesting that NYSERDA set aside funds to reimburse the Applicant for certain eligible costs, as outlined in the scope of work. The Applicant and Customer certify that the information provided is true to the best of their knowledge. As part of this project, NYSERDA will oversee the progress and results in completing the scope of work, provide technical review of any applicable report or deliverable, and be available to address any questions or concerns that may arise during the conduct of this project.

The Applicant and Customer certify that NYSERDA does not provide any endorsement of the service provider's capabilities to provide services outside of the Scope of Work to be conducted pursuant to this agreement. The Applicant and Customer acknowledge that NYSERDA is not responsible for assuring that the design, engineering, or installation of any recommendation of the technical assistance is proper or complies with any particular laws, codes, or industry standards. Overall NYSERDA does not make any representations of any kind regarding the results to be achieved or the adequacy or safety of any recommendation. NYSERDA does not endorse, guarantee, or warrant any particular manufacturer or product, and NYSERDA provides no warranties, expressed or implied, for any product or service.

The Applicant certifies that the number provided is my correct taxpayer identification number (or I am waiting for a number to be issued to me); I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (as defined in IRS Form W-9).

The Applicant and Customer certify that:

- I am authorized to commit my organization to the terms of this Application
- I have read, understand and agree to comply with the Terms and Conditions as outlined Attachment B-3 of [PON 4192](#).
- I authorize NYSERDA and its designated representatives to access energy billing and consumption data for my site(s). This authorization automatically terminates at the end of eight years following the execution date of the Purchase Order associated with this Application. As an authorized representative of the site(s) listed in this application, I authorize NYSERDA and its designated representatives to access and utilize any and all energy consumption information and data. I understand that this information will be used to evaluate energy use patterns for the purpose of measuring energy performance and determining the potential and actual energy savings resulting from evaluated or implemented energy projects. I agree to cooperate with activities designed to evaluate program effectiveness, such as responding to questionnaires and allowing on-site inspection and measurement of installed measures. I understand that NYSERDA is subject to the NYS Freedom of Information Law, Public Officers law, Article 6, and that NYSERDA cannot guarantee confidentiality of any information submitted.
- I agree to and authorize the sharing of the participant-customer's information and/or project-level information with New York State Department of Public Service Staff and appropriate local utility, including its agents or authorized representatives, in carrying out its responsibilities under New York State Public Service Commission orders. (For clarity, the term project level includes the information based on the scope of the project, including, but not limited to, whole building, building or subsets of the project.)
- I authorize NYSERDA to add me/my organization to the mailing lists and to share my information with New York State government and other entities doing business on NYSERDA's behalf. I reserve the right to unsubscribe at any time.

AUTHORIZED SIGNATORY (APPLICANT)

Signatory must be authorized to represent the Customer named on this application.

SIGNATURE

NAME AND TITLE

FEDERAL ID#

AUTHORIZED CUSTOMER (ENTITY PAYING FOR THE STUDY, IF NOT THE APPLICANT)

I, the Customer, have reviewed the attached Scope of Work and Budget, and the corresponding application information. I certify that this information is accurate to the best of my knowledge. I authorize the Applicant to submit this application on my organization's behalf. I have read and agree to the Terms and Conditions above as well as in [Attachment B-3 of PON 4192](#). I acknowledge and understand that all program funds will be distributed to the Applicant.

SIGNATURE

NAME AND TITLE

ORGANIZATION

PHONE

Submit



NYSERDA