AttachmenT A: Application Form – Pathway A

**Building Decarbonization – Opportunity for Financing Assistance (the “Solicitation”)**

**Authorized Applicant’s Signature and Acceptance**

The undersigned is a duly authorized representative of the Applicant named below. The undersigned has read and understands the Solicitation requirements and acknowledges and confirms that the Applicant and each member of its team has read and understands the Solicitation Requirements. The undersigned acknowledges and agrees that all of the terms and conditions of the Solicitation are mandatory.

The undersigned and each Applicant and each member of its team acknowledges and agrees that (i) all materials submitted as part of the application are subject to disclosure under the Massachusetts Public Records Law, as explained in the Solicitation; (ii) that the Massachusetts Clean Energy Technology Center (“MassCEC”) has no obligation, and retains the sole discretion to fund or choose not to fund the application set forth herein; and (iii) that MassCEC’s receipt of the application does not imply any promise of funding at any time.

The undersigned and each member of the Applicant’s team understands that, if the Application is selected by MassCEC pursuant to this Solicitation, the Applicant will execute and deliver an agreement to be provided by MassCEC that shall set forth the terms and conditions, together the respective roles and responsibilities of the Applicant, and each member of its team, and MassCEC, with respect to the project described in the Solicitation.

I certify that the statements made in this Application, including all attachments and exhibits, are true and correct.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Applicant)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant or Authorized Representative)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. **Proposal Cover Sheet**
 |
| **Project Name** | Click or tap here to enter text. |
| **Lead Applicant Organization Name***Organization that will coordinate amongst applicant partners and organize contract execution if awarded.* | Click or tap here to enter text. |
| **Property Owner Name & Organization Address***Please include contact name, telephone, and email.* | Click or tap here to enter text. |
| **Property – Address of Proposed Retrofit***Please list all addresses if proposal includes a portfolio of project retrofits* |  |
| **Property Description -** *Owner Type and Building Typology*  | Click or tap here to enter text. |
| **Primary Financing Partner Name & Organization Address***Please include contact name, telephone, and email.* | Click or tap here to enter text. |
| **Primary Project Developer/Installer Name & Organization Address***Please include contact name, telephone, and email.*  | Click or tap here to enter text. |
| **Total Requested Financing Assistance (Grant Amount)** |  |
| **Other Team Members***List the organization name and role* | Click or tap here to enter text. |

|  |
| --- |
| **Property Owner Description**  |
| **Organization Name** | Click or tap here to enter text. |
| **Organization Description***Describe your organization’s history and mission (200 words maximum)* | Click or tap here to enter text. |
| **Supplier Diversity Office Certifications***Optional**(Please check all the apply)* | Does your company have any of the following certifications from Massachusetts’ [Supplier Diversity Office](https://www.mass.gov/certification-program-for-sdo):[ ]  Minority Business Enterprise[ ]  Women Business Enterprise[ ]  Service-Disable Veteran Business Enterprise[ ]  Veteran Business Enterprise[ ]  Lesbian, Gay, Bisexual, and Transgender Business Enterprise[ ]  Disability-Owned Business Enterprise |
| **Non-certified Diverse Business Enterprises** *Optional* | *Identify if you believe that your organization meets the criteria for any of the business enterprises above but has not completed certification with the Supplier Diversity Office:**Click or tap here to enter text.* |
| **Diversity, Equity, and Inclusion Mission or Vision Statement***Optional* | *Please include a brief summary of your organization’s diversity, equity, and inclusion mission or vision statement or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future.* Click or tap here to enter text. |

|  |
| --- |
| **Financing Partner Description (duplicate as needed if multiple financing partners)** |
| **Organization Name** | Click or tap here to enter text. |
| **Organization Description***Describe your organization’s history and mission (200 words maximum)* | Click or tap here to enter text. |
| **Supplier Diversity Office Certifications***Optional**(Please check all the apply)* | Does your company have any of the following certifications from Massachusetts’ [Supplier Diversity Office](https://www.mass.gov/certification-program-for-sdo):[ ]  Minority Business Enterprise[ ]  Women Business Enterprise[ ]  Service-Disable Veteran Business Enterprise[ ]  Veteran Business Enterprise[ ]  Lesbian, Gay, Bisexual, and Transgender Business Enterprise[ ]  Disability-Owned Business Enterprise |
| **Non-certified Diverse Business Enterprises** *Optional* | *Identify if you believe that your organization meets the criteria for any of the business enterprises above but has not completed certification with the Supplier Diversity Office:**Click or tap here to enter text.* |
| **Diversity, Equity, and Inclusion Mission or Vision Statement***Optional* | *Please include a brief summary of your organization’s diversity, equity, and inclusion mission or vision statement or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future.* Click or tap here to enter text. |

|  |
| --- |
| **Primary Developer/Installer Description**  |
| **Organization Name** | Click or tap here to enter text. |
| **Organization Description***Describe your organization’s history and mission (200 words maximum)* | Click or tap here to enter text. |
| **Supplier Diversity Office Certifications***Optional**(Please check all the apply)* | Does your company have any of the following certifications from Massachusetts’ [Supplier Diversity Office](https://www.mass.gov/certification-program-for-sdo):[ ]  Minority Business Enterprise[ ]  Women Business Enterprise[ ]  Service-Disable Veteran Business Enterprise[ ]  Veteran Business Enterprise[ ]  Lesbian, Gay, Bisexual, and Transgender Business Enterprise[ ]  Disability-Owned Business Enterprise |
| **Non-certified Diverse Business Enterprises** *Optional* | *Identify if you believe that your organization meets the criteria for any of the business enterprises above but has not completed certification with the Supplier Diversity Office:**Click or tap here to enter text.* |
| **Diversity, Equity, and Inclusion Mission or Vision Statement***Optional* | *Please include a brief summary of your organization’s diversity, equity, and inclusion mission or vision statement or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future.* Click or tap here to enter text. |

|  |
| --- |
| 1. **Project Description & Assistance Request**
 |
| *Provide details regarding the proposed retrofit, financing solution, and requested assistance. Competitive submissions will address each of the selection criteria described in Section VIII: Selection Criteria.* *No More than 5 Pages, single-spaced.* |
| 1. **Project Description and Summary**

*Provide a brief overview of the project and proposed financing arrangement* | Click or tap here to enter text. |
| 1. **Retrofit Project Detail**

*Describe the proposed retrofit project and included measures, demonstrate readiness to move forward, and how the project meets the program’s definition of “2050-ready”.***(Supported by Attachment B)** | Click or tap here to enter text. |
| 1. **Description of Proposed Financing Arrangement**

*Describe the proposed financing approach, demonstrate the existing challenge and why the full project as conceived is not able to progress with existing market financing options.***(Supported by Attachment B)** | Click or tap here to enter text. |
| 1. **Requested Financing Assistance**

*Describe the requested financing assistance that would enable the project. Applicant is encouraged to propose different assistance options. Described unique benefits of proposed approaches and how each approach is innovative.* **(Supported by Attachment B)** | Click or tap here to enter text. |
| 1. **Requested Financing Assistance - Replicability**

*Describe how piloting the proposed financing assistance would demonstrate a replicable solution that could scale and grow the market more broadly for this type of retrofit project.*  | Click or tap here to enter text. |
| 1. **Cost Effectiveness**

*Describe how the requested public support leverages private capital.* | Click or tap here to enter text. |
| 1. **Energy Costs and Emissions Reductions**

*Describe how the proposed project measures would affect future energy costs/savings and emissions reductions.***(Supported by Attachment B)** | Click or tap here to enter text. |
| 1. **Monitoring and Data Plan**

*Please described proposed approach to support MassCEC project goals in dissemination of success stories and lessons learned* | Click or tap here to enter text. |
| 1. **Other**

*Please elaborate on any additional details or context that will help evaluate the proposal against the selection criteria.* | Click or tap here to enter text. |