

**Application**

**Maryland Energy Administration**

**Combined Heat and Power (“CHP”) Grant Program**

**Application Deadline: 11:59 p.m. EST, February 15, 2019**

**Instructions:** Please read the application thoroughly and complete all sections. Since accurate information is important in reviewing your application, please submit with required supplemental documents to explain your project. The Maryland Energy Administration (MEA) strongly recommends that you read the **Frequently Asked Questions** *before completing this application.* ***Submit this application online at*** [***http://energy.maryland.gov/business/Pages/MEACHP.aspx***](http://energy.maryland.gov/business/Pages/MEACHP.aspx)***.***

# **Application checklist**

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|  | Before starting the application, please verify you have the following documents ready as they will be required to be uploaded to submit the application.  **NOTE: Failure to submit these required documents may result in your application being rejected.** |

**Step 1: Verify your project meets the following requirements:**

This CHP System will be located within the State of Maryland  
 The CHP system ground breaking will take place and materials will be on site by July 1, 2020.  
 The CHP system will be in operation no later than July 1, 2021.  
 The CHP system will meet a minimum system efficiency of 60% (Higher Heating Value) or an eligible non-combustion fuel cell system will meet a minimum system efficiency of 50% based on higher heating value of the fuel.  
 The CHP system will be used at a Commercial, Industrial, or Institutional facility or a Critical Infrastructure facility (e.g., healthcare, wastewater treatment, or essential State or Local government facility)

**Step 2: Verify that you have the following documents ready to upload:**

**CHP Feasibility Study** *NOTE: Applications that fail to submit a feasibility study will be rejected.* **Authorized Signature** provide an authorized signature on this document (found below).  
 **Specification Sheets** for all proposed equipment  
 Most Recent (12) consecutive months of **electric bills** Most Recent (12) consecutive months of **natural gas bills** Copy of the initial utility program incentive application\*  
 Utility Incentive program pre-approval letter (if available)\*   
 Utility CHP program supplemental documents\*   
 If the project is not participating in a utility incentive program a copy of 5-year all-inclusive warranty or service contract is required.  
  
\* If the project is also participating in a utility incentive program, items marked with an \* are required if available.   
Applicants are highly encouraged to participate in their local utility programs.

# **section a: application information**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name | Click or tap here to enter text. | Contact Name | Click or tap here to enter text. |
| Project Street Address | Click or tap here to enter text. | Contact Title | Click or tap here to enter text. |
| Project City | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |
| Project Zip Code | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Correspondence Address (if different from Project Address) | Click or tap here to enter text. | | |

**Provide a brief description of the organization. Attach additional sheets as required:** Click or tap here to enter text.

# **section B: facility information**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Facility (Area of Interest) | Choose an item. | Project Type | Choose an item. |

**Please provide a brief facility description. Include operating hours and staffing. Attach additional sheets as required:** Click or tap here to enter text.

**Electric Utility Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Annual electricity usage (kWh) | Click or tap here to enter text. | Annual electricity cost ($) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Total annual rate used for savings calculations ($) | Ex: $0.11 kWh |

Please attach copies of the most recent twelve (12) consecutive months of electric bills. *Note: Files should be uploaded using the online submission form found on the program webpage.*

**Do these twelve (12) months represent a typical year of operation of the facility and the energy use?**   
 Yes  No  
  
***If not, please explain:*** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Electric Utility Name | Click or tap here to enter text. | Account Number(s) | Click or tap here to enter text. |

**Natural Gas Utility Information:**

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| --- | --- | --- | --- |
| Annual gas consumption (MMbtu) | Click or tap here to enter text. | Annual gas cost ($) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Total annual rate used for savings calculations ($) | Ex: $1.50 MMbtu |

Please attach copies of the most recent twelve (12) consecutive months of natural gas bills. *Note: Files should be uploaded using the online submission form found on the program webpage.*

**Do these twelve (12) months represent a typical year of operation of the facility and the energy use?**   
 Yes  No  
  
***If not, please explain:*** Click or tap here to enter text.

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| --- | --- | --- | --- |
| Gas Utility Name | Click or tap here to enter text. | Account Number(s) | Click or tap here to enter text. |

# **section C: CHP Owner or Contractor/Vendor Information**

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|  | Please provide CHP Owner information when a third-party owns the CHP system or provide Contractor/Vendor information when the Facility Owner owns the CHP system. |

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| --- | --- | --- | --- |
| Organization Name | Click or tap here to enter text. | Contact Name | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. | Contact Title | Click or tap here to enter text. |
| City | Click or tap here to enter text. | Phone Number | Click or tap here to enter text. |
| Zip Code | Click or tap here to enter text. | Email | Click or tap here to enter text. |

# **section D: Grant Payment Information**

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|  | The Grant payment can only be issued to the Grantee which is the applicant listed in Section A and is the owner of the Facility. The business name must match the name on applicant's IRS W-9 form. |

|  |  |
| --- | --- |
| Authorized Representative Name  (Individual with Signatory Authority to be listed on a Grant Agreement) | Click or tap here to enter text. |
| Authorized Representative Title | Click or tap here to enter text. |
| Business Name of Authorized Representative | Click or tap here to enter text. |

# **section E: Proposed project summary**

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| --- | --- |
|  | Please complete the sections below and upload supporting documents into the File Dropbox using the submission form on the program webpage. Note: If you choose to upload a file in lieu of completing the boxes below, please paste the name of the file name into the text box for the corresponding document. |

**Feasibility study Information:**

Have you had a **feasibility study** for this proposed CHP project?  Yes  No  
If **yes**: Include a copy of the feasibility study with this application.

**Date of feasibility study**: Click or tap to enter a date.

**Site Overview**

Include site details, primary business function, hours of operation (weekday and weekend). If hours of operation vary throughout the year, please explain why. Attach additional sheets as required. Click or tap here to enter text.

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| --- | --- | --- | --- |
| Anticipated CHP Project Construction Start Date | Click or tap here to enter text. | Anticipated CHP Equipment Purchase Date | Click or tap here to enter text. |

**Baseline Summary**

Include actual or estimated electricity consumption, gas use, heating and cooling loads - minimum, average and maximum, existing unit price of electricity ($/kWh) and unit price of gas($/MMBtu). Attach additional sheets as required. Click or tap here to enter text.

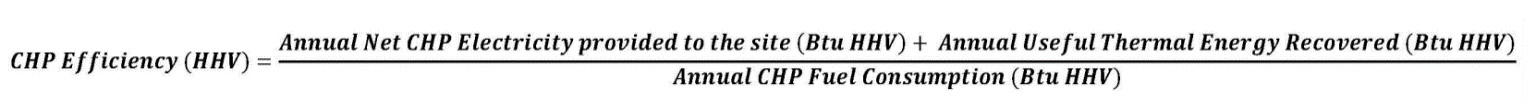
**Proposed System Summary**

Include CHP technology details: prime mover (engine or turbine), capacity, manufacturer and model number, waste heat utilization source (heating and/or cooling), identify fuel source (natural gas, biogas, biomass) and operating schedule. Attach additional sheets as required. Click or tap here to enter text.

**Proposed Project Financials**

Include Existing Unit Electricity and Gas Costs, Estimated Annual $ savings, Anticipated Cost of the Project and any and all Anticipated Incentive(s) (including Utility, Federal, City, County, and others). Click or tap here to enter text.

**Proposed CHP Efficiency Calculation**

Provide the proposed efficiency based on a higher heating value (“HHV”) Basis - *See Equation below*. Click or tap here to enter text.

# **section G: Leveraged Funding**

**What is the estimated total cost of this project?** Click or tap here to enter text.

**Does your electric utility offer an incentive program for combined heat and power measures?**  Yes  No

**Indicate the status of your application to this utility program:** Choose an item.

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| --- | --- | --- | --- |
| Amount of potential funding: $ | Click or tap here to enter text. | Expected date of award (if awarded): | Click or tap here to enter text. |

**Are there any other non-utility funding sources that you intend to leverage for this project?**If **yes**, provide details: Click or tap here to enter text.

**Please attach applications, award letters, or other documentation related to utility and other incentive programs.** Documentation is attached

Please attach a monthly project plan which includes a timeline of the proposed schedule for:

* The purchase of all materials required for all phases of your project
* The installation of all materials for all phases of your project
* The expected project completion date (no later than July 1, 2021)

The required monthly project plan is attached with this application.

# **section H: Proposed project summary**

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|  | This information should be expanded in your CHP feasibility study. |

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| Projected Annual Electric Generation (kWh) | Click or tap here to enter text. | Projected Annual Electric Savings (kWh) (line loss or other) | Click or tap here to enter text. |
| Projected Annual Electric Cost Savings ($) | Click or tap here to enter text. | Projected Annual Natural Gas Savings or Increase\* | Click or tap here to enter text. |
| Projected Annual Natural Gas Cost Savings | Click or tap here to enter text. | Projected Annual Biogas/Biofuel usage  *(if applicable)* | Click or tap here to enter text. |

*\* Increase should be shown as a negative number*

# **section H: Showcasing (Optional)**

Please explain in 250 words of less why your project should be selected for a grant and how your project can be used as a case study to showcase cost effective and resilient combined heat power in Maryland:

Click or tap here to enter text.

# **section I: Guidelines for Submission**

**Follow these steps for successful application submission:**

1. When you have completed your application, go to the File menu and select “Save As” and then “PDF”.
2. Rename your file using the following naming convention: ORGNAME\_MM.DD.YY\_MEA\_CHP”. For example, an application submitted by John Smith for ABC Company on December 3, 2018 would look like this: “ABCCompany\_12.03.18\_MEA\_CHP.DOCX”.
3. Once the file has been saved and renamed, submit it online along with the supplemental documents at <http://energy.maryland.gov/business/Pages/MEACHP.aspx> and follow the link titled “**Click here to submit a paper application.”**
4. Be sure to submit all supplemental documentation including: energy audits and/or analysis, specification sheets, utility bills, timeline, and **Agreement to Terms, Conditions, and Certifications.**
5. You should receive a confirmation email within 24 hours of your submission. If you do not receive a confirmation email within 24 hours, please contact [Rory.Spangler@Maryland.gov](mailto:Rory.Spangler@Maryland.gov) or call (410) 537-4086.

# **section I: Agreement to Terms, Conditions, and Certification**

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| --- | --- |
|  | Agreement to the Terms, Conditions, and Certifications of the program is required. |

**By signing this Application, I certify under penalty of perjury that the information provided in the electronic Application and all of its attachments is complete, accurate, and true. I further certify that I am authorized to submit this Application on behalf of the Applicant, and to agree to the terms and conditions stated below:**

1. Applications are accepted and grants are awarded on a competitive basis, with applications to be **submitted electronically no later than 11:59 p.m. Eastern Time, February 15, 2019.**
2. This facility is located in the State of Maryland, and all measures approved for a grant shall stay in Maryland in the facility in which they were installed.
3. Submission of this application does not guarantee that I will be awarded a grant for the proposed energy efficiency project.
4. The equipment for the proposed project shall not be purchased or installed prior to the execution of Grant Agreement.
5. Ground breaking or construction will not commence prior to the execution of a grant agreement.
6. The installed CHP system must operate at either a commercial, industrial, or institutional facility or a critical infrastructure facility (e.g., hospital, wastewater treatment, or essential State and Local government facility), and must achieve a minimum 60% system efficiency (based on higher heating value).
7. Entities selected for the Grant Program will receive up to 30% of the award upon verification of ground breaking, and the remaining funds upon verification of project commissioning (calculated based on the formula in the Notice of Grant Availability, with the total grant incentive amount not to exceed $500,000 (subject to availability).
8. The Maryland Energy Administration (MEA) or its representative(s) may use photos and video of my facility, and data presented in my final report for marketing, publicity, and advertising purposes. MEA and its representatives, subject to the requirements of the Maryland Public Information Act, and other applicable laws, will not divulge any confidential information or trade secrets.
9. If this project is approved, the Applicant will provide MEA with a completed IRS W9 Form. All Applicant information on the W-9 Form must match the information provided on this Application.
10. Under penalties of perjury, I, the Applicant, certify that: Federal ID# on this form 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).

1. The grant received through this program is taxable as income; therefore, the State of Maryland will be sending a 1099-G form, and shall be reported as income on federal and state tax returns. For more information, applicants should contact a qualified tax professional.
2. Representatives of the Grant Program may access my facility in order to conduct site inspections and measurement and verification activities, and to take photos or videos of the project.
3. Program Terms & Conditions are subject to change.
4. Any grant payment will be contingent upon the successful inspection of all equipment installed.
5. MEA and its contractors make no representation or warranty and assume no liability with respect to quality, safety, performance, or other aspect of any design, system, or appliance installed pursuant to this application, and expressly disclaim any such representation, warranty, or liability.
6. Program funding is limited as outlined in the Notice of Grant Availability MEA Combined Heat and Power Grand Program document.

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| Authorized Applicant | | Contractor/Vendor\* | | |
| Authorized Signature: |  | Contractor Signature: |  |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. | Title: | Click or tap here to enter text. |
| Organization Name: | Click or tap here to enter text. | Business Name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

*\* If the contractor/vendor completed the application*

**SUBMIT THIS APPLICATION ONLINE AT:**[**http://energy.maryland.gov/business/Pages/MEACHP.aspx**](http://energy.maryland.gov/business/Pages/MEACHP.aspx)