**FY23 Maryland Energy Administration Low Income Solar Grant Program Application Form**

Please complete this form in its entirety. Applications with missing information and lacking supporting documents will be deemed ineligible. All applications must be submitted by the application deadline

**Section 1: Organization and Contact Information**

| 1. **Name of Applicant Organization (Must be the full legal name of the organization as it appears on the IRS W9 tax form.) Please attach the IRS W9 tax form associated with your application organization.**
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| Click or tap here to enter text. |
| 1. **Street Address**
 | 1. **Mailing Address (if different than physical location)**
 |
| Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Authorized Representative**

(The individual who would sign a Grant Agreement, if selected for award) | 1. **Individual Preparing Application on behalf of the Applicant Organization**
 |
| **Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Organization**: Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:**  Click or tap here to enter text. | **Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Organization**: Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:**  Click or tap here to enter text. |
| 1. **Point of Contact**

(The individual who would manage the grant on a day-to-day basis) | 1. **Legal Counsel Responsible for Grant Review (REQUIRED FOR LOCAL GOVERNMENTS ONLY – Nonprofit organizations may skip to 8.)**
 |
| **Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Organization**: Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:**  Click or tap here to enter text. | **Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Organization**: Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:**  Click or tap here to enter text. |
| 1. **Does your organization have a Federal Tax Identification Number?** (If selected for a grant award, the Federal Tax ID number will need to be provided prior to grant execution. The Federal Tax ID and organization name must match what is listed on your organization’s IRS W9 form.)
 | 1. [**U.S. Congressional District and MD Legislative District**](http://mdelect.net/)where work is to be performed. Enter address and click “Find.” Your U.S. Congressional district will be shown on the left side of the screen as “U.S. Representative (Maryland District #).” Your Maryland Legislative district will be shown on the left side of the screen as “State Senator (District #).” Do not include any letters in these numbers (E.g. “1A” should be listed as “01.”)
 |
| **☐ Yes ☐ No** | **U.S. Cong. District:** Choose an item.**MD Leg. District:** Choose an item. |
| 1. **Location**: Please select all counties in which work will be done under this application if you know at the time of application.
 |
| **Central Region** ☐ Baltimore County☐ Carroll County☐ Cecil County☐ Harford County☐ Howard County☐ Montgomery County**Southern Region**☐ Anne Arundel County☐ Calvert County☐ Charles County☐ Prince George’s County☐ St. Mary’s County | **Eastern Region** ☐ Caroline County☐ Dorchester County☐ Kent County☐ Queen Anne’s County☐ Somerset County☐ Talbot County☐ Wicomico County☐ Worcester County | **Western Region**☐ Allegany County☐ Frederick County☐ Garrett County☐ Washington County ☐ **Baltimore City** |
| 1. **Did your organization receive funding from the Maryland Energy Administration in fiscal year 2018-2023 from the Low-to-Moderate Income (LMI) Grant Program ?**
 |
|  **☐** Yes ☐ NoYear(s) of Award: Click or tap here to enter text. |
| 1. **Organization Overview:** Please provide MEA with a brief description (500 words or less) of your organization’s mission and/or purpose, as well as an overview of your organizational structure. **If applicable, please provide a link to your organization’s website.**
 |
| Click or tap here to enter text. |
| 1. **Proof of Incorporation (*Non-Profits Organizations Only*):** Proof of incorporation is required for all nonprofit organizations.
 |
| **Proof of incorporation for the applicant organization has been attached to this application.**☐Yes ☐No ☐N/A (Local Governments Only)**Will your organization be using a for-profit entity to provide a service under the grant?** ☐Yes ☐No ☐N/A (Local Governments Only)If yes, please disclose any relationship that the applicant has with the for-profit entity, including but not limited to a past or present business affiliate relationship. *Failure to disclose this information may be grounds for revocation of the grant.* Click or tap here to enter text. |
| **Additional Information** |
| Please describe how you learned about MEA’s Low Income Solar program: ☐ MEA Communications☐ Organization that we work with ☐ Other (Specify): Click or tap here to enter text. |
|  |

**Section 2: Proposed Locations**

| 1. **Total LI Solar Grant Program Request (All inclusive)**
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| --- |
|  **$****15. Addresses of each proposed home for solar PV to be installed on low income homes, if available at the time of application. Note\* If the proposed locations are available at the time of application, then the applicant will receive an extra point in the evaluation.**

| **Street Address** | **City** | **Zip Code** | **Estimated Project Size** | **Estimated Project Cost** |
| --- | --- | --- | --- | --- |
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**If the exact locations of the homes are not known at time of application, please explain how homes will be identified for inclusion in your project?** **Please identify the number of homes that you could serve if additional funding is available.** |
| 1. **Total Funding Match/Leveraged Funds** Please list all funding matches (dollars, labor, supplies, administrative support, etc.) provided by the applicant organization, or any other organization other than MEA, that is helping to fund the proposed project. *Note: Matching funds are not required for this grant program. Do not include energy efficiency matching funds.*
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| **Funding Source** | **How funding will enable solar upgrades?** | **Amount ($)** | **Is this funding secured, anticipated, or proposed?** |
| --- | --- | --- | --- |
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| **TOTAL** |  |  |

*If applicable, please attach documentation describing additional funding sources.* **Is your proposed project capable of being scaled larger or smaller based on the availability of funding? If yes, please provide a detailed explanation of how your project could be scaled both up and down to accommodate available grant funds. Please indicate the maximum amount of funding you could receive.**☐Yes ☐No Click here to enter text. |
| 1. Applicants may use any of the teaming companies that they list below: Applicants must team with at least one solar installer. Teaming with at least one roofer and mold remediation company is desired, but not required. Applicants may, but are not required, to list more than one teaming company in each category. If you have not identified a solar installer, you will need to at the time of proposing your desired project locations.
 |
| **Solar**:* Teaming Solar Installer:  Company Name/address:
* POC name:
* POC address:
* POC Phone number:
* POC Email address:
* MD license number (MHIC #):
* NABCEP person, NABCEP number:

**Roofing:*** Teaming Roofer:  Company Name/address.
* POC name:
* POC address:
* POC Phone number:
* POC Email address:
* MD License Type and #:

**Mold Remediation:*** Teaming Mold Remediation Company:  Company Name/address.
* POC name:
* POC address:
* POC phone #:
* POC email address:
* MD License Type and #:
 |
| 1. **Indirect Costs: Please see the information on indirect cost in the funding opportunity announcement (FOA).**

***This section must be completed and should not state “see attachment.”*** |
| **Are you a non-profit organization that plans to request reimbursement of indirect costs if you are awarded a grant? ☐ Yes ☐ No****If yes, when is the end date of your current Nonprofit Organization indirect Cost Negotiation Agreement?** Click here to enter text.**Pursuant to § 2-208(b)(1) of the State Finance and Procurement Article, if a Grantee will be requesting reimbursement of indirect costs at a rate negotiated and received under a direct federal award or from a non-federal entity, upon being selected for a grant award, Grantee shall submit to MEA its federally negotiated cost rate agreement or other documentation of its indirect cost reimbursement rate.** **NOTE: GRANT AWARDS ARE ALL INCLUSIVE AND WILL NOT PROVIDE FOR ANY COSTS IN EXCESS OF THE TOTAL GRANT AMOUNT.** |
| 1. **Project Timeline:** In the second column of the table below, please list the expected completion date for each project milestone. Assume that  **January 2023**is the earliest that your potential grant award will be completely executed and potential grant funds available. Construction and installation of your project must be completed by **August 1, 2024,** with final reports and invoices submitted to MEA by **September 1, 2024.** Draft the project timeline accordingly to comply with this timeframe, taking into consideration scheduling concerns that may impact your organization (e.g., COVID-19 impacts, facility schedules, holidays, weather, etc.), as well as equipment and material lead times.

**This section must be completed and should not state “see attachment.”** |
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| **Project Milestone** | **Expected Completion Date** |
| --- | --- |
| Receive Potential Grant Agreement from MEA | **January 2023** |
| Maryland Historical Trust approve potential homes | **Spring 2023**  |
| Solar Installation starts | Click or tap here to enter text. |
| Complete Construction/Permission to operate  | Click or tap here to enter text.**(No later than August 1, 2024)** |
| Submit Final Reports to MEA | Click or tap here to enter text.**(No later than September 1, 2024)** |

Please provide a detailed project implementation timeline below, describing how your organization intends to complete the project in the timeframe outlined above. Click or tap here to enter text. |
| 1. **Procurement Policy and/or Practices:** Briefly describe your organization’s procurement policy for obtaining contractors, materials, etc. If your organization does not have a formalized procurement policy, explain how you would identify contractors and vendors to provide goods and services, should you receive a grant award from MEA.
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| Click or tap here to enter text. |
| 1. **Will your organization perform the work on your proposed project, or will you hire (a) contractor(s)?**
 |
| ☐Hire Contractor(s) ☐Perform Work In-house**If you selected “Hire Contractor(s)” and already have a contractor in mind, please explain how you procured that contractor and your organization’s business affiliation with them, if any such relationship is present:**Click or tap here to enter text. |
| 1. **Eligibility Verification (Individual Participants):** If your organization is awarded a Low- Income Solar Grant, describe the process that will be used to verify and document that each participant/beneficiary meets the low- income requirements

**This section must be completed and should not state “see attachment.”** |
| Click or tap here to enter text. |
| 1. **Please describe what direct benefits (e.g., economic, health, social, etc.) the project will have on Low Income Marylanders.**
 |
| Click or tap here to enter text. |

**Section 4: Agreement to Terms, Conditions, and Signature**

**By signing and dating this application, I certify that I agree to the following terms and conditions:**

1. I understand that applications are accepted and grants are awarded on a competitive basis. MEA is encouraging the use of electronic applications to streamline processing and reduce environmental impacts. I understand that if I cannot apply electronically, I will contact MEA to work on an alternative method to submit an application no later than ten(10) business days before the application deadline. **Applications must be submitted no later than Thursday, October 1st, 2021 by 11:59 P.M. Eastern Daylight Time**. Unless I have contacted MEA regarding an alternative application method, I understand that applications must be submitted electronically to MEA’s at abigail.antonini@maryland.gov.
2. I certify that the projects are located in the State of Maryland.
3. I understand that this application does not guarantee that I will be awarded an award from the FY23 Low Income Solar Program.
4. To be eligible for grant funding, I understand that the equipment **may not** be purchased or installed before my organization has an executed Grant Agreement with MEA.
5. I give permission to MEA or its representative(s) to use photos of my facility, and data presented in my final energy evaluation or audit report for marketing, publicity, and advertising purposes. MEA and its representatives, subject to the requirements of the Maryland Public Information Act, §10-611 et seq. of the State Government Article, will not divulge any confidential information or trade secrets.
6. Under penalties of perjury, I certify that the Applicant Organization will be able to provide a Federal Tax ID number should it be selected for an award; it is not subject to backup withholding because: (a) it is exempt from backup withholding, or (b) it has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified it that it is no longer subject to backup withholding.
7. I understand that grants issued by the State of Maryland may be taxable. As the Maryland Energy Administration is unable to give tax advice, I understand that any tax-related questions should be directed to a qualified tax professional.
8. I will allow authorized representatives of the Maryland Energy Administration access to my facility. In addition, I agree to work with MEA to facilitate remote inspections through video conferencing, sharing of photos, and other forms of documentation required by MEA. If selected for an award, I understand that the MEA grant agreement will contain participation requirements for project showcasing. Additionally, I understand that if selected to be a Grantee, my organization will give MEA reasonable advance notice of, as well as an opportunity to potentially participate in, any Grantee-organized ribbon-cuttings or other public events highlighting the funded project.
9. I understand that the program terms and conditions are subject to change at the sole discretion of MEA.
10. I understand that any grant funds disbursement will be contingent upon MEA acceptance and/or inspection of the equipment installed.
11. I agree to indemnify the State for any losses or damages, except to the extent that the losses or damages arise from the sole negligence or willful misconduct of a representative of the State.
12. I understand that MEA staff 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.
13. I certify that I am an authorized signatory for the Applicant Organization.
14. I have reviewed the General Agreement Grant Provisions found at https://energy.maryland.gov/SiteAssets/Pages/all-incentives/General%20Provisions%20v3%202.11.22.pdf

 **Authorized Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Typing your name constitutes a signature*

 **Name and Title (Please Print): Click or tap here to enter text.**

 **Organization Name: Click or tap here to enter text.**

**Authorized Applicant Email: Click or tap here to enter text.**

 **Date: Click or tap to enter a date.**