FlexTech Farm Energy Audit

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Information

Applicant/Farm Name	Contact Name and Title
Farm Address	Day Phone ( ) Cell ( )
Address Line 2	Best time to call ☐ Morning ☐ Afternoon ☐ Night
City State Zip	Fax ( )
Federal ID # ☐☐–☐☐☐☐☐☐☐	E-mail

Correspondence Address (if different than Farm Address)

Check appropriate box:

☐ Dairy ☐ Orchard ☐ Maple produce ☐ Poultry/egg ☐ Greenhouse

☐ Vegetable ☐ Hog ☐ Vineyard ☐ Grain dryer ☐ Other _____

Farm Size (for example: number of milking cows, acres of greenhouse, etc.) please label units	Annual Production (please label units)	Number of Employees

Electric Utility	Annual Cost $	Natural Gas Utility	Annual Cost $

Do you pay SBC on your Electric utility bill?	Do you pay SBC on your Gas utility bill?
☐ Yes ☐ No	☐ Yes ☐ No
Account number(s)	Account number(s)

If you are already working with a FlexTech Consultant, please list Consultant: _____

(continued on next page)

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Agreement to Terms, Conditions, and Certification

I, the Applicant, certify that the farm named on this application is interested in receiving an energy audit and request that NYSERDA set aside funds to contribute up to 100%, or $1,500, towards the allowable NYSERDA Consultant fees. NYSERDA's contribution will be paid directly to the Consultant, provided the work is acceptable to the Applicant and NYSERDA. If NYSERDA Consultant fees exceed $1,500 but are less than or equal to $3,000, the Applicant will pay the difference to the NYSERDA Consultant directly under terms and conditions to be negotiated by the Applicant and the Consultant. If NYSERDA Consultant fees exceed $3,000, NYSERDA will set aside funds to contribute up to 50% of the technical assistance and the Applicant will pay the remaining 50% directly to the NYSERDA Consultant under terms and conditions to be negotiated by the Applicant and the Consultant.

I, the Applicant, understand that NYSERDA does not provide any endorsement of the Consultant's capabilities to provide services outside of the audit's Scope of Work to be conducted pursuant to this application. The Applicant acknowledges that neither NYSERDA nor its consultant is responsible for assuring that the design; engineering or installation of any recommendation of the technical service is proper or complies with any particular laws (including patent laws), codes, or industry standards.

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 this Facility is a customer of a New York State investor-owned utility and the System Benefits Charge is paid.

Under penalties of perjury, I, the Applicant, certify that: Federal ID# and/or social security # shown 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).

I certify that I am an authorized signatory for the Applicant/Farm.

Authorized Applicant Signature: _____

Name and title (please print): _____

Date: _____

Please mail application to:
NYSERDA
Attn: Mary Sauvie
17 Columbia Circle
Albany, NY 12203-6399

Only original signatures will be accepted.

EES-FT-ag-app-1-v2
7/12