

2019-2020 NY Residential Existing Homes Program  
Contractor Participation Agreement  
SIGNATURE FORM



NYSERDA

**SECTION 1: COMPANY INFORMATION**

Please type or print legibly. Only forms with an original signature from the authorized company contact will be accepted for program review.

My company is  A New Participant  Renewing Participation

My company is interested in serving the following groups of customers (check all that apply)

Home Performance with ENERGY STAR / Assisted Home Performance with ENERGY STAR  Audit only

EmPower New York  Comprehensive Home Performance  Electric Reduction

Legal Company Name

(company name must match the Taxpayer ID # or SSN)

DBA - (if different than name above dba certificate must be attached)

Physical Address

Mailing Address (if different)

Address

Address

City

City

State

Zip Code

State

Zip Code

County

Fax

Main Phone Number

Company Website

**SECTION 2: AUTHORIZED COMPANY CONTACT**

Authorized Contact Name

Title

(must have legal signatory rights to enter into a contractual agreement on behalf of the company listed above)

Email

Phone

Owner Name  Same as above

Email

Phone

## SECTION 3: SERVICE AREA

For Home Performance with ENERGY STAR contractors, the following information will be used on the contractor profile web page ([nyserda.energysavvy.com/contractors](http://nyserda.energysavvy.com/contractors)) where homeowners search for contractors by entering their ZIP code. If you select option 1 below, the search will be performed from the center of the service area you select. If you select option 2, the search will be performed from the center of the ZIP code where your company is located. Please select only one option (by county OR radius, not both).

For EmPower New York contractors, this information will be used for project assignment purposes. If your EmPower territory is different than your Home Performance with ENERGY STAR territory please complete the information below and contact [support.residential@nyserda.ny.gov](mailto:support.residential@nyserda.ny.gov) to provide updates to service territory.

It is the contractor's responsibility to obtain all required licenses and permits in the regions in which they provide services per the terms outlined in the Participation Agreement.

I certify my company and any subcontractors utilized on Program projects hold the necessary licenses and permits to perform work in the regions indicated below per the terms outlined in the Participation Agreement.

My Company would like to serve projects ...  (1) Within the counties selected below OR  (2) Within a defined radius    Radius (miles)

*(Please check only ONE)*

<b>Western New York</b> <input type="checkbox"/> Allegany <input type="checkbox"/> Cattaraugus <input type="checkbox"/> Chautauqua <input type="checkbox"/> Erie <input type="checkbox"/> Niagara	<b>Finger Lakes</b> <input type="checkbox"/> Genesee <input type="checkbox"/> Livingston <input type="checkbox"/> Monroe <input type="checkbox"/> Ontario <input type="checkbox"/> Orleans <input type="checkbox"/> Seneca <input type="checkbox"/> Wayne <input type="checkbox"/> Wyoming <input type="checkbox"/> Yates	<b>Central New York</b> <input type="checkbox"/> Cayuga <input type="checkbox"/> Cortland <input type="checkbox"/> Madison <input type="checkbox"/> Onondaga <input type="checkbox"/> Oswego	<b>North Country</b> <input type="checkbox"/> Clinton <input type="checkbox"/> Essex <input type="checkbox"/> Franklin <input type="checkbox"/> Hamilton <input type="checkbox"/> Jefferson <input type="checkbox"/> Lewis <input type="checkbox"/> St. Lawrence	<b>Mohawk Valley</b> <input type="checkbox"/> Fulton <input type="checkbox"/> Herkimer <input type="checkbox"/> Montgomery <input type="checkbox"/> Oneida <input type="checkbox"/> Otsego <input type="checkbox"/> Schoharie
<b>Capital Region</b> <input type="checkbox"/> Albany <input type="checkbox"/> Columbia <input type="checkbox"/> Greene <input type="checkbox"/> Rensselaer <input type="checkbox"/> Saratoga <input type="checkbox"/> Schenectady <input type="checkbox"/> Warren <input type="checkbox"/> Washington	<b>Southern Tier</b> <input type="checkbox"/> Broome <input type="checkbox"/> Chemung <input type="checkbox"/> Chenango <input type="checkbox"/> Delaware <input type="checkbox"/> Schuyler <input type="checkbox"/> Steuben <input type="checkbox"/> Tioga <input type="checkbox"/> Tompkins	<b>Mid-Hudson</b> <input type="checkbox"/> Dutchess <input type="checkbox"/> Orange <input type="checkbox"/> Putnam <input type="checkbox"/> Rockland <input type="checkbox"/> Sullivan <input type="checkbox"/> Ulster <input type="checkbox"/> Westchester	<b>New York City</b> <input type="checkbox"/> Bronx <input type="checkbox"/> Kings <input type="checkbox"/> New York <input type="checkbox"/> Queens <input type="checkbox"/> Richmond	<b>Long Island</b> <input type="checkbox"/> Nassau <input type="checkbox"/> Suffolk

# SECTION 4: CERTIFIED STAFF

I certify that services will be provided by staff holding appropriate certifications.

My company provides the following services    Audits    Shell    Heat    AC    Manufactured Housing

Please identify all staff that will be working on projects through the Program and their certifications including BPI, SPFA, NATE, NORA and manufacturer's installation certifications. Use additional pages if necessary. The Program may request a copy of certificates or ID cards for certifications other than BPI.

Year Company Established	<input style="width: 95%;" type="text"/>	Year Received BPI GoldStar Accreditation	<input style="width: 95%;" type="text"/>
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Company BPI Certificate ID#

Staff Name	BPI Certification #																																									
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	BPI Building Analyst	<input type="checkbox"/>	BPI Energy Auditor	<input type="checkbox"/>	BPI Healthy Home Evaluator	<input type="checkbox"/>	BPI AC/Heat Pump	<input type="checkbox"/>	BPI Envelope Professional	<input type="checkbox"/>	BPI Crew Leader	<input type="checkbox"/>	BPI Quality Control Inspector	<input type="checkbox"/>	BPI Retrofit Installer Technician	<input type="checkbox"/>	BPI Heating Professional	<input type="checkbox"/>	BPI Manufactured Housing Professional	<input type="checkbox"/>	HERS Rater	<input type="checkbox"/>	Approved Installer in NYSERDA's ASHP Program (PON 3653)	<input type="checkbox"/>	NATE AC	<input type="checkbox"/>	NATE Heat Pump	<input type="checkbox"/>	NATE Oil Heating	<input type="checkbox"/>	NATE Gas Heating	<input type="checkbox"/>	NORA Oil Heat Silver	<input type="checkbox"/>	NORA Oil Heat Gold	<input type="checkbox"/>	Manufacturer Authorized/Licensed Installer	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Please disclose any staff affiliations with contractors who have been terminated from any NYSERDA program in the past 5 years

Staff Name

Previous Company

## SECTION 6: AFFILIATIONS WITH OTHER NYSERDA PROGRAMS

Please disclose your company's active or previous participation in other NYSERDA programs over the last five years.

NYESH  MPP  PV/Solar Thermal  Solar For All  RHNY  ASHP  Clean Heating & Cooling

Other

## SECTION 7: SIGNATURE

By signing below, I attest that I have legal signatory rights to enter into a contractual agreement on behalf of my company.

I have read, understand, and agree to comply with all participation commitments in NYSERDA's 2019-2020 NY Residential Existing Homes Program Contractor Participation Agreement, including all Participation Statuses and all supporting policies described or referenced therein. I understand that my participation in the Program is not approved until NYSERDA has reviewed and executed this Agreement.

I understand the provisions of this Agreement are effective from the date of approval by NYSERDA. NYSERDA reserves the right to modify, any any time during this Agreement term, the provision of this Agreement. I certify under the penalties of law that the statements made in the Agreement and in supporting documentation provided along with this agreement, have been examined by me and are true and complete. I understand that by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have given. I hereby authorize any reference identified or provided to NYSERDA by Contractor release to NYSERDA any information pertaining to past or present relevant work. I hereby release from all liability or damage, NYSERDA and those persons, agencies or organizations who may furnish such information.

\_\_\_\_\_  
Signature of Authorized Company Contact

Print Name

Date

Electronic signatures will not be accepted. The signature above must match the name listed as the Authorized Company Contact on page 1 of this application. Please print, sign and then scan this application and submit to NYSERDA as directed below.

## SECTION 8: SUPPORTING DOCUMENTATION/ATTACHMENTS & SUBMISSION INSTRUCTIONS

- Fully completed Contractor Participation Agreement Signature Form
- One copy of a current insurance certificate with NYSERDA & The State of New York listed as additional insured
- One copy of a DBA certificate (if applicable)
- Details of company and staff experience in the energy efficiency sector (required for all new applicants, renewing contractors with provisional program status or upon NYSERDA request)
- Employee roster of both certified and non-certified employees providing work experience, previous firms and training. Contractors should provide documentation for a minimum of six months experience for each specialty measure work they are looking to perform through the Program.(Required for all new applicants and for returning contractors upon NYSERDA request)
- A minimum of 3 Customer Reference letters detailing relevant energy efficiency projects performed within the last six months. (Required for all new applicants and for returning contractors upon NYSERDA request)

**EMAIL COMPLETED APPLICATION TO:**  
**HPWES@NYSERDA.NY.GOV -OR- MAIL COMPLETED APPLICATION TO:**  
New York State Energy Research and Development Authority  
Attn: NY Residential Existing Home Program  
17 Columbia Circle  
Albany, NY 12203

**Applications missing any of the above required documentation will not be approved.**

Any any time, if the information provided on this Participation Agreement Signature Form and any attachment changes, it must be reported to NYSERDA, in writing or via e-mail to [HPwES@nyserdera.ny.gov](mailto:HPwES@nyserdera.ny.gov).

To ensure delivery to your inbox, add [HPwES@nyserdera.ny.gov](mailto:HPwES@nyserdera.ny.gov) to your safe senders list.