

Attachment A-1: RTEM Project Application (page 2 of 2)

RTEM SCOPE OF WORK DESCRIPTION	
Gross Site Square Footage	
RTEM Impacted Site Square Footage	
What will be monitored?	<input type="checkbox"/> HVAC <input type="checkbox"/> Lighting <input type="checkbox"/> Other
At what level will they be monitored?	<input type="checkbox"/> System <input type="checkbox"/> Equipment <input type="checkbox"/> Device <input type="checkbox"/> Panel
Please describe the RTEM Scope of Work to include: systems monitored, number of data points, parties involved, and magnitude of services.	

APPLICANT CERTIFICATION.

Terms for applicants:

The Applicant understands that this application may not be approved if the requirements of the Program are not met. The Applicant understands that final payment will be contingent on meeting all the terms and conditions of the Program. Payment will be issued to the Applicant.

I certify that the Applicant and the Site (s) has neither applied for or received, nor will apply for or receive, an incentive or other compensation from an energy efficiency program administered by a New York State investor-owned utility or from NYSERDA for the same energy efficiency measure that is covered by this application.

Overall

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 of service.

I, the Applicant certifies that the Site (s) is a customer of a New York State investor-owned utility and the System Benefits Charge is paid.

I, the Applicant, certify the number provided 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 understand that by signing below I, the Applicant am certifying that I am authorized to commit my organization to the terms of this Application.

AUTHORIZED APPLICANT

SIGNATURE: _____

PRINT NAME AND TITLE: _____

ORGANIZATION AND PHONE: _____

FEDERAL ID!: _____

Federal ID # should match company/organization receiving payment for the project