**The University of Texas at Austin**

**Application for Energy Efficiency Incentive Grant**

**Form 1: Signature Page**

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| --- | --- |
| **Applicant Organization Name:** |  |
| Note: The program permits only one application per organization |
| I hereby certify that to the best of my knowledge and belief all information provided in this application and any attachments is true and correct. If the application was prepared by a third party, I certify that I have read the complete application after all forms and information were completed, I agree with the information provided, and the date provided below is the date I signed the form. I further understand that prior to incorporating this information into a funding agreement the data and information may be revised by UTA for accuracy and that the acceptance of a funding agreement will constitute agreement with those revisions. Failure to sign the application or signing it with a false statement may make the submitted offer or any resulting contracts voidable.I also make the following three additional certifications:1. Our organization will fully implement the Grant Activities and use the materials and equipment during the life of the equipment as that is indicated in written information provided by the manufacturer and supplier, and for not less than two years after installation.
2. Our organization has an active registration in the federal System for Award Management (SAM, into which the old Central Contractor Registration, or CCR, has been incorporated) and will maintain its registration throughout the term of any subsequent grant agreement.
3. All reimbursable activities in the project will be completed by June 30, 2013, and our organization agrees to response to questions that UTA will send our approximately one year later, for the purpose of confirming the success of the project.
 |
| **Signature of Authorized Official:** |  |
| ***PLEASE SIGN IN BLUE INK*** |
| **Printed Name of Authorized Official:** |  |
| **Authorized Official’s Title:** |  |
| **Date of Signature (*must be the date the form was signed in ink*):** |  |
| **Intentional falsification of these forms will be prosecuted to the extent allowed under the law.** |

**Energy Efficiency Incentive Grant Application**

**Form 2: Criteria Page**

|  |
| --- |
| **Category of Political Subdivision**Please check the appropriate category of organization |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | City |  |  | Community College District |
|  | County |  | Irrigation District |
|  | Public School District |  |

|  |
| --- |
| **County or Counties included within Organization’s Jurisdiction**Please check the appropriate county or counties |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Brewster |  |  | Edwards |  |  | Kinney |  |  | Terrell |
|  | Brooks |  | El Paso |  | La Salle |  | Uvalde |
|  | Cameron |  | Hidalgo |  | Maverick |  | Val Verde |
|  | Crockett |  | Hudspeth |  | Pecos |  | Webb |
|  | Culberson |  | Jeff Davis |  | Presidio |  | Willacy |
|  | Dimmit |  | Jim Hogg |  | Starr |  | Zapata |
|  | Duval |  | Kenedy |  | Sutton |  | Zavala |

**Energy Efficiency Incentive Grant Application**

**Form 3: Contact Information Page**

|  |  |
| --- | --- |
| **Duns No. (9 digit)\*** |       |
| **Contracts & Grants**  |  |
| Name, including salutation |       |
| Job Title |       |
| Address (Line 1)  |       |
| Address (Line 2) |       |
| City, State Zip |      ,         -     |
| Phone |     /     -      |
| E-mail |       |
| **Project Manager** |  |
| Name, including salutation |       |
| Job Title |       |
| Address (Line 1)  |       |
| Address (Line 2) |       |
| City, State Zip |      ,         -     |
| Phone |     /     -      |
| E-mail |       |
| **Administrative/Financial**  |  |
| Name, including salutation |       |
| Job Title |       |
| Address (Line 1)  |       |
| Address (Line 2) |       |
| City, State Zip |      ,         -     |
| Phone |     /     -      |
| E-mail |       |
| **Authorized Signatory** |  |
| Name, including salutation |       |
| Job Title |       |
| Address (Line 1)  |       |
| Address (Line 2) |       |
| City, State Zip |      ,         -     |
| Phone |     /     -      |
| E-mail |       |

**\* NOTE: Applicant must have an active registration in CCR (Central Contractor Registration) and maintain registration throughout the term of any subsequent grant agreement.**

**Energy Efficiency Incentive Grant Application**

**Form 4: Activity Information**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Total Grant Amount Requested:** |  |
| **Total Project Cost:** |  |
| **Amount of Match:** |  |

|  |
| --- |
| **Category of Activity Being Proposed**Please check the type of activity for which you are requesting grant assistance |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Interior lighting |  |  | Air curtain |
|  | Exterior lighting |  | Vestibule |
|  | Electric motor |  | Air-conditioning (AC) system |
|  | Non-electric motor  |  | Heating system  |
|  | Wall/ceiling insulation  |  | Pipe/duct Insulation |
|  | Windows  |  | Variable frequency drive (VFD) for pump |
|  | Occupancy sensors |  | Controls – hot water heater |
|  | Exit lighting signs |  | Controls – boiler |
|  | Outside air economizer |  | Variable frequency drive (VFD) for fan |
|  | Equipment upgrade to Energy Star |  | Cooling/heating coil  |
|  | Controls – hardware |  | Demand control ventilation |
|  | Controls – software |  | Other (please summarize) |
|  | Sensors |
|  | Energy management system |
|  | Thermostat  |

|  |  |
| --- | --- |
| Estimated annual savings in energy consumed (kWh or other):  |  |
| Estimated annual savings in expenditures for energy ($): |  |
| Estimated simple payback period (years):  |  |

|  |
| --- |
| **Project Description (400 words or less):** ***Please type in Georgia 11-point font – the box will expand as you use up the space.*** |
|  |

**Energy Efficiency Incentive Grant Application**

**Form 5: Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Cost** | **Amount Requested from Grant** | **Amount Applicant Will Pay as Match** | **Total Cost to Project** |
|  |  |  |  |
|  |  |  |  |
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| **Totals** |  |  |  |

Please attach any estimates of costs received from prospective vendors and/or contractors.

**Energy Efficiency Incentive Grant Application**

**Form 6: Subrecipient Monitoring Form**

See following page.

The University of Texas at Austin

Fiscal Year 2011 Subrecipient Monitoring Form *(including financial reports and internal controls)*

|  |  |
| --- | --- |
| **Part 1 – SUBRECIPIENT** *(Please check all applicable boxes)* | ALL of the fields MUST be completed; else, it may delay processing of pending Subagreement. |

**[ ]  U.S. U.S. Non-Profit, Educational Institution, or State/Local Government entity** subject to:

[ ]  OMB Circular A-133; OR, [ ]  Exempt since we expended < $500,000 of Federal Funds during this Fiscal Year.

**[ ]  U.S. For-Profit entity, Sole Proprietor, Independent Contractor or Foreign entity:**

 [ ]  With OR [ ]  Without FEDERAL awards and we certify we comply with:

 [ ]  FAR Part 30 or 31; OR,

 [ ]  Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices

*and where our signature below certifies that the cost estimates and prices we provide to UT Austin are not greater than those prices charged our most favored customers for like quantities and conditions of sale.*

|  |
| --- |
|  |

 **Legal Name of Subrecipient:**

 **Subrecipient’s Financial Point of Contact:**

 **(This should be the person within YOUR institution/organization/business responsible for maintaining your audit reports)**

 **Title: Email Address:**

 **Mailing Address:**

 **City:** **State:** **Zip + 4: Country:**

 **Phone #:** **FAX #:**

 **Financial Fiscal Year:** to **Employer Identification Number *(*EIN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

month/day month/day

 **Commercial and Governmental Entity (CAGE)** or **NATO CAGE (NCAGE) Code:** **DUNS + 4 number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **System for Award Management (SAM):** Yes[ ] No[ ]  **Registration Valid until: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Date)

|  |
| --- |
|  |

**Part 2 – Representation of Financial Statements & Controls**

**Part 1 – SUBRECIPIENT** *(Please check all applicable boxes)*

 ***Please check the appropriate item and provide any required reports, as applicable:***

[ ]  Our audit report for the subject fiscal year has been completed and there

[ ]  **were** [ ]  **were not** material weakness(es) or instances of noncompliance, significant deficiency(ies), and/or findings regarding financial internal controls and any or all [ ]  **did** or [ ]  **did not** relate to any subaward(s) from The University of Texas at Austin. *If the audit was qualified, please provide a copy of the audit report.*

[ ]  Our audit report for the subject fiscal year has not yet been completed. We expect the audit to be completed on

 *(insert date)*. *Within thirty (30) days of completion, we will advise you of the results.*

[ ]  No audit report as a Sole Proprietor or Other Entity, but we adhere to Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices.

**Authorized Official’s Signature: ­­­­ Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date:**

Revised 08/16/2012