



COUNTY OF SUMMIT
THE HIGH POINT OF OHIO
RUSSELL M. PRY, EXECUTIVE

**COUNTY OF SUMMIT
DEPARTMENT OF COMMUNITY AND ECONOMIC
DEVELOPMENT**

**ENERGY EFFICIENCY AND CONSERVATION BLOCK
GRANT PROGRAM
REVOLVING LOAN FUND APPLICATION**

Thank you for your interest in the Energy Efficiency and Conservation Block Grant Program (EECBG). EECBG is a federal funded program through the U.S. Department of Energy and is funded by the ARRA of 2009. This EECBG Revolving Loan Program is administered by the Summit County Department of Community & Economic Development.

This program establishes a revolving loan fund to assist for-profit businesses complete projects which increase their energy efficiency and reduce operating expenses. The loan fund will be capitalized with \$200,000 in EECBG funds. There will be a preference given to projects with a three-year cost recovery period. Applicants will be required to estimate proposed energy saved/ renewable energy utilized and upon project completion demonstrate energy results.

Applications must be submitted via certified mail to:

County of Summit
Department of Community and Economic Development
175 S. Main St. Room 207
Akron, Oh 44308

Attn: Connie Krauss Director, Department of Economic and Community Development

**** APPLICATION DEADLINE APRIL 18, 2011 BY 4:00 P.M.****

Facsimiles will not be accepted

Late applications will not be accepted

Please provide original application and four (4) copies. All applications should be unbound.

If you have any questions concerning this application, please contact:

Connie Krauss
Director, Department of Economic and Community Development
330-643-2893

COUNTY OF SUMMIT
EECBG REVOLVING LOAN FUND
2011 PROJECT APPLICATION FOR STRUCTURE ENERGY
RETROFITS AND LIGHTING RETROFITS

Applications must be TYPED and FULLY completed and submitted by the application
deadline, April 18, 2011 by 4:00 pm



COUNTY OF SUMMIT
THE HIGH POINT OF OHIO
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1. APPLICANT INFORMATION (The application score will be reduced by 5 points if not completed in full.)

Applicant Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Identification Number: _____

Name/Title of Contact Person: _____

Name/Title of Person Completing Application: _____

E-mail Address: _____ Phone: _____

Business Information:

NAICS Code: _____ Number of Employees: _____

Years in Business: _____ Annual Sales: _____

Brief Company History: _____

Executives and Key Senior Employees:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Applicability: This energy efficiency structure retrofit and lighting efficiency retrofit loan program is for businesses to make improvements to the facilities to increase their energy efficiency.

Projects Are Limited To: Installation of insulation; installation of efficient heating, venting, and air conditioning (HVAC) lighting retrofits, weather sealing; energy management, installation of ENERGY STAR appliances, installation of solar powered appliances such as solar hot water heaters and photovoltaic panels with improved efficiency; and replacement of windows and doors.

(a) Project Description – Energy Efficient Structure Retrofits

1. Type of Improvement (i.e. HVAC, windows, exterior doors, insulation, etc.)

2. Total EECBG funds requested \$ _____
3. Proposed total match funds provided by applicant \$ _____
4. Proposed total cost for project activities \$ _____
5. Annual Expected Estimated Energy Savings of All Measures _____ kWh
6. Annual total number of jobs created and/or retained _____
7. Annual total # of GHG emissions reduced (CO₂ equivalent) _____

(b) Project Description – Lighting Retrofits only

8. Total # of units to be retrofitted _____
9. Total wattage of existing lights to be retrofitted _____ kWh
10. Total # of new units proposed _____
11. Total wattage of proposed lights _____ kWh
12. Warranty _____ Years Expected Life _____ Years
13. Light usage monitoring system proposed? Yes ____ No ____
14. Type of monitoring system _____
15. Total EECBG funds requested: \$ _____
16. Proposed total match funds provided by applicant \$ _____
17. Proposed total cost for project activities \$ _____
18. Annual Expected Estimated Energy Savings _____ kWh
19. Annual total number of jobs created and/or retained _____
20. Annual total # of GHG emissions reduced (CO₂ equivalent) _____

4. BUDGET INFORMATION

Project Budget

This is a short summary of project costs. Detailed project costs should be provided in the quotes accompanying the application.

Project Budget for Energy Efficient Retrofits (excluding Lighting)

Item	Cost
1. Audit (optional)	\$
2. Equipment	\$
3. Engineering	\$
4. Site Preparation	\$
5. Installation	\$
6. Other	\$
Loan Request	\$
TOTAL COST OF PROJECT	\$

4. BUDGET INFORMATION (continued)

Project Budget for Energy Efficient Lighting Retrofits only

Item	Cost
1. Audit (optional)	\$
2. Equipment	\$
3. Engineering	\$
4. Site Preparation	\$
5. Installation	\$
6. Other	\$
Loan Request	\$
TOTAL COST OF PROJECT	\$

5. PROJECT TIMELINE

Project Timeline

Projects may not begin before grant award and projects must be completed by December 31, 2011. Please fill in the dates left blank below.

Action	Date
Application Deadline	April 18, 2011
Conduct Environmental review if necessary	
Project Bidding	
Contract Award	
Begin Project	
Project Complete	
Funds Drawn Down	Before December 31, 2011

6. ENERGY DATA

Historical Energy Usage

Calculate the total kWh/ MCF cost of energy consumption for the building that will be retrofitted and plug that info in the table below. If the proposed project will improve electrical efficiency only, then fill in columns below that pertain to date and kilowatt hours only (first 4 columns).

ELECTRICITY/ GAS USAGE DATA						
Month	(1) kWh	(2) Total Charge for kWh	(3) Average cost per kWh (Column 2 divided by 1)	(4) MCF	(5) Total Charge for MCF	(6) Average cost per MCF (Column 5 divided by 4)
Mar -10					\$	\$
April-10					\$	\$
May-10					\$	\$
June-10					\$	\$
July-10					\$	\$
Aug -10					\$	\$
Sept- 10					\$	\$
Oct - 10					\$	\$
Nov -10					\$	\$
Dec- 10					\$	\$
Jan - 11					\$	\$
Feb -11					\$	\$
Total					\$	\$
Average					\$	\$

Utility (s)	
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7. ECONOMIC PERFORMANCE

Economic Performance of Project

A1 and A2– As determined by energy audit or in-house evaluation

B1 – Referencing the table above, plug in the average cost per kWh for the whole year

B2 – Referencing the table above, plug in the average cost per MCF for the whole year

A1	Proposed kWh to be saved per year	kWh/yr
A2	Proposed MCF's to be saved per year (if applicable)	MCF/ yr
B1	Average cost of a kWh of electricity	\$ /kWh
B2	Average cost of a MCF of gas	\$ /MCF
C	Estimated annual savings (A1 x B1) + (A2 xB2)	\$
D	Total project cost	\$
E	Loan request	\$
F	Net project cost (D-E)	\$
G	Unsubsidized payback period (D/C)	years
H	Subsidized payback period (F/C)	years

8. FINANCIAL REVIEW

Current and Previous Government Debt: Complete the chart below if you, the applicant business, any principal of the applicant business, any affiliate of your business, or any business currently owned by a principal have applied for and received any loan from local, state, or federal government. All current or previous debt must be included. If you need more space, please add an additional sheet(s).

Agency Lender	Borrower	Loan Amount	Date Awarded	Loan Status	Outstanding Balance

Business Indebtedness: Please provide the following information on all outstanding installment debts, mortgages, notes, and contracts payable. *Note:* Funds awarded by the Summit County EECBG Grant Program Revolving Loan Fund must be used to pay for qualified retrofit activity and may not in any way be used to pay other business indebtedness.

Whom Owed	Original Amount	Balance	Interest Rate	Maturity Date	Monthly Payment	Secured by	Current or Past Due

9. GENERAL REQUIREMENTS

1. EECBG funds are provided on a reimbursement basis. Please complete the information below regarding the person responsible for submitting requests for reimbursement:

Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

2. ***Financial Accountability:*** Provide an audited copy of your most recent financial statements and a notarized statement by your Chief Financial Officer or Certified Public Accountant to confirm that your community or organization conforms to the financial accountability standards of 24 CFR 84.21 and also conforms to:

**OMB Circular A-87 (Government)

**OMB Circular A-122 (Nonprofit Organization)

**OMB Circular A-133 for auditing purposes

3. ***Real Property Ownership Information:*** Final approval of this loan application is conditioned on the borrower(s) demonstrating to the satisfaction of the Director of the County of Summit Department of Community and Economic Development ownership of the real property to be improved or the written consent of the owner of the real property, if different from the borrowers, to making improvements.

4. ***Attachments:*** All of these attachments must be included for a complete application. Please check when completed. The following items must be attached with the application.

A. **Authorization and Certification-- Attachment A.** must be completed by the individual completing the EECBG application. The certification also includes the acknowledgement of the following requirements.

1. Waste Stream Requirements
2. American Recovery and Reinvestment Act of 2009 Provisions
3. Davis Bacon Guidance
4. Buy American Guidance

B. **Project Specifications for All Proposed Retrofits** – Please use the template(s) attached to this application labeled “Attachment B.”

C. **Literature for selected technology** – Include all pamphlets and technical documents related to the chosen technology.

D. **Quotes** – Detailed budget quotes from installer (s) shall be included for the project.

E. **Documentation of financial means for local match** -- Please submit a certification signed by the applicant’s chief financial officer stating that all local share funds required for the project will be available before the contract award. Include all letters of funding commitment specifying the exact amount from outside sources, etc.

F. **Printout of completed EECBG Estimated Expected Benefit Calculator worksheet** – Please see page 3 of this document for more information.

G. **Environmental Checklist** – Please go to the following website to download the Environmental Checklist, http://www.energy.idaho.gov/stimulus/d/dae_checklist.pdf and fill out.

H. **Verification of Historic Review** – Please submit a letter from your highest governing official with assurances that the applicant has initiated the process for Section 106 review along with the date information was sent to the Ohio SHPO.

*The applicant is responsible for the investigation/ procurement of all relevant local permits as well as any environmental review needed prior to conduction the project.

Certification: By signing below, you certify that the all information contain herein is true and accurate to the best of your knowledge.

Signature

Date

Printed Name and Title (President/Sole Proprietor)

Attested by:

Signature

Date

Printed Name (Corporate Secretary or Counsel)

ATTACHMENT A

AUTHORIZATION AND CERTIFICATION

The undersigned certifies that:

1. **He/She is legally authorized to request and accept financial assistance from the County of Summit;**
2. To the best of his/her knowledge, all representations that are part of this application are true and correct;
3. All official documents and commitments that are part of this application have been duly authorized by the appropriate authority;
4. Should the requested financial assistance be provided, that in execution of this project, the borrower will comply with all assurances required by Federal laws that govern the EECBG Program of the Department of Energy and all assurances set forth in the contract to be signed with the County of Summit. The borrower also certifies that physical construction or property acquisition for the project as defined in the application has not begun and will NOT begin until a 2010 Program Year EECBG agreement with the County of Summit has been executed and any necessary Environmental review is completed. Action to the contrary may result in termination of the agreement.
5. Applicant acknowledges that project must follow waste stream policies established for the County of Summit EECBG program and verification provided to the County of Summit Department of Community and Economic Development.
6. Applicant acknowledges that this project will utilize "Stimulus Funding" made available by the American Recovery and Reinvestment Act of 2009 and that the project must comply with all regulations and provisions of the act.
7. Applicant acknowledges that the ARRA of 2009 Section 1605 is a Buy American stipulation and that the project will comply with this regulation.
8. Applicant acknowledges that the ARRA of 2009 Section 1512 is Recovery Act reporting and the applicant will provide all necessary reporting information to include but not limited to funds expended to date, jobs created or retained and energy conservation information when requested.
9. No part of the borrower net earning benefit any member, founder, contributor, or individual affiliated with the borrower.

Name of Certifying Representative: _____

Title of Certifying Representative: _____

Signature of Certifying Representative

Date Signed

ATTACHMENT B

Please fill out the sections applicable to your project. When estimating energy savings, energy cost savings, and payback periods, please estimate separately for each measure.

HVAC	Existing	Replacement
Manufacturer		
Model Number	(if known)	
Energy Star Rated?	(if known)	
Size of System (BTU's, tons, etc.)		
Efficiency Level	(SEER/AFUE)	(SEER/AFUE)
Expected Life	N/A	years
Warranty	N/A	years
Estimated Energy Savings: (HVAC only)	(kWh or BTU)	
Estimated Energy Cost Savings: (HVAC only)	\$	
Estimated Payback Period: (HVAC only)	years	

Insulation	Existing	Replacement
Method (blown, battery, etc.)		
Type (fiberglass, cellulosic, etc.)		
Manufacturer	(if known)	
R-value	(if known)	
Thickness		
Estimated Energy Savings: (Insulation only)	(kWh or BTU)	
Estimated Energy Cost Savings: (Insulation only)	\$	
Estimated Payback Period: (Insulation only)	years	

ATTACHMENT B continued

Energy Management Systems (EMS)	
Manufacturer	
Number of sensors	
Capability (Monitor, Control, etc.)	
Equipment to be Monitored (HVAC, lighting, etc.)	
Estimated Energy Savings: (EMS only)	(kWh or BTU)
Expected Life	years
Warranty	years
Estimated Energy Cost Savings: (EMS only)	\$
Estimated Payback Period: (EMS only)	years

Windows	
# of Windows to be replaced	
Manufacturer	
Year existing windows installed	
Expected Life of Replacement	years
Warranty of Replacement	years
Estimated Energy Savings: (Windows only)	(kWh or BTU)
Estimated Energy Cost Savings: (Windows only)	\$
Estimated Payback Period: (Windows only)	years

Windows Cont.	Existing	Replacement
Frame Material (aluminum, wood, vinyl, etc.)		
Glazing (single, double, clear, coated, tinted, etc.)		
U-Factor	(if known)	
Solar Heat Gain Coefficient	(if known)	
Visible Transmittance	(if known)	
Air Leakage	(if known)	

ATTACHMENT B continued

Solar Thermal Water Heater

1. What percentage (%) of the total annual load is the Solar Thermal Water Heater system designed to offset? _____
2. What if any, local zoning or siting restrictions may effect the project installation? (Zoning approval documentation must be attached) _____
3. Installers Name _____
4. Installers Telephone Number _____
5. To determine shading issues, your installer must use a Solar Pathfinder or equivalent and submit a Solar Site Analysis Report with this application. Describe ANY shading here: _____

Please fill out the sections below.

Solar Thermal Water Heater	Equipment Information
Solar Collector Manufacturer	
Collector Model Number	
Total Collector OG Rating kBtu/day (most recent Clear C conditions ratings update)	
Number of Collectors	
Total Rated Output kBtu/day (No. of Collectors x Collector OG -100 rating)	
Type of system: only Glycol-Filled type will be funded	
Expected Life	years
Warranty	years
Estimated Energy Cost Savings	\$
Estimated Payback Period	years
Estimated cost per k/Btu	
Storage tank manufacturer	
Storage tank Model Number	
Storage tank type	
Storage tank size	
Storage tank insulation	
Pump manufacturer	
Pump Model Number	
Pump type	
Pump PV Driven	Yes ___ No ___ if yes provide specs'
Solar Collector Location: Roof top	Yes ___ No ___
Solar Collector Location: Pole Mount	Yes ___ No ___
Solar Collector Location Ground Mount	Yes ___ No ___
Solar Collector Location Other	Explain
Solar Collector Orientation	degrees
Solar Collector Tilt	degrees

ATTACHMENT B continued

Solar Photovoltaic Energy System

1. What percentage (%) of the total annual load is the Photovoltaic system designed to offset? _____
2. What if any, local zoning or siting restrictions may effect the project installation? (Zoning approval documentation must be attached) _____
3. Installers Name _____
4. Installers Telephone Number _____
5. Is the system designed as “Building Integrated Photovoltaics” or BIPV? Yes ___
No ___ Explain: _____
6. To determine shading issues, your installer must use a Solar Pathfinder or equivalent and submit a Solar Site Analysis Report with this application. Describe ANY shading here: _____

Please fill out the sections below.

Solar Photovoltaic System	Equipment Information
1. PV Module Manufacturer	
2. Module Model Number	
3. Power Rating Per Module (refer to STC conditions)	DC Watts
4. Number of Modules	
5. Total Array Output (No. of Modules x power rating)	DC Watts***
6. Inverter Manufacturer	
7. Inverter Model Number	
8. Inverter’s Continuous AC Rating	AC Watts
9 .Number of Inverters	
10. Total Inverter Output (Inverter Continuous AC Rating x Number of Inverters)	AC Watts
11. Inverter’s Peak Efficiency (refer to manufacturer’s peak efficiency rating)	
12. System Rated Output (for utility interactive systems, multiply line 5 by line 11)	AC Watts

Solar Photovoltaic System (Cont'd)	Equipment Information
13. Expected Life	years
14. Warranty	years
15. Estimated Energy Cost Savings	\$
16. Estimated Payback Period	years
17. Estimated Cost per Watt	
18. Battery Manufacturer (if applicable)	
19. Battery Type and Model Number	
20. Storage Capacity	Amp-hours
21. Number of Batteries	
22. Total Storage Capacity (Storage Capacity x Number of Batteries)	Total Amp-hours
23. PV Array Location Rooftop	Yes ___ No ___
24. PV Array Location Pole Mount	Yes ___ No ___
25. PV Array Location Ground Mount	Yes ___ No ___
26. PV Array Location Other	Explain
27. PV Module Orientation	degrees
28. PV Module Tilt	degrees
29. PV Module Tracking Fixed	Yes ___ No ___
30. PV Module Single Axis	Yes ___ No ___
31. PV Module Double Axis	Yes ___ No ___
32. Inverter Location Indoor	Yes ___ No ___
33. Inverter Location Outdoor	Yes ___ No ___
34. System Type and Mode of Operation	Utility interactive (capable of backfeeding the meter)
35. System Type and Mode of Operation	Utility interactive with battery backup (capable of backfeeding the meter)
36. System Type and Mode of Operation	Dedicated circuit, utility power as backup (transfer switch)
37. System Type and Mode of Operation	Dedicated circuit, battery charging, utility power as backup (transfer switch)

***All projects must include a kilowatt-hour meter to monitor system production

***Having the Solar Photovoltaic System tie into the energy grid is highly encouraged, where feasible

ATTACHMENT B (Cont'd)

INSTALLATION OF ENERGY STAR APPLIANCES

Please fill out the sections applicable to your project. When estimating energy savings, energy cost savings, and payback periods, please estimate separately for each measure.

ENERGY STAR	Existing	Replacement
Type of Appliance		
Manufacturer		
Model Number		
Energy Star Rating		
Efficiency Level		
Expected Life	N/A	years
Warranty	N/A	years
Estimated Energy Savings:	(kWh or BTU)	
Estimated Energy Cost Savings:	\$	
Estimated Payback Period:	years	