**APPLICATION TEMPLATE**

1. **Summary**

#### **Program Title (**Add a title for your program of no more than 15 words)

#### **EECBG Program Categories** (Select one or more of the eligible categories below)

[ ]  Category 1: Strategy Development and Implementation

[ ]  Category 2: Retaining Technical Consulting Services

[x]  Category 3: Residential and Commercial Building Audits

[ ]  Category 6: Energy Efficiency and Conservation Programs for Buildings and Facilities

[ ]  Category 7: Conservation of Transportation Energy

[ ]  Category 8: Building Codes and Inspection

#### **Contact Information**

#### **Applicant Organization:**

#### **Applicant Address:**

**Primary Point of Contact: Name, Telephone, and Email Address:**

1. **Federal Funds Questions**

**Are you registered in SAM? Yes or No**

**If yes, Federal Unique Entity Identifier (UEI):**

**If not, will your organization be able to get a UEI before receiving an award?**

**Is there any reason your organization cannot accept federal funds?**

1. **Program Narrative, Workplan & Timeline**

#### **Narrative**

Include information on the work to be completed, as well as the specific information requested below.

#### **Disadvantaged Communities Impact**

Provide information describing the location of the community according to the DOE Energy Justice Dashboard, CJEST, and VT Energy Burden Report.

#### **Preliminary Planning/Project Development Work**

Describe any planning or project development that has already been completed for the project, such as an energy audit or feasibility study.

#### **Name, Title, Phone, and Email of Authorized Negotiator(s)**

#### **Signature of Authorized Representative(s)**

Signature of Authorized Representative

Date

1. **Personnel**
2. Key Personnel

Name and title of primary project personnel and their role in the project plus qualifications/experience relevant to the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **First Name** | **Last Name** | **Title** | **Role, Qualifications, and Prior Experience** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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| **6** |  |  |  |  |
| **7** |  |  |  |  |

#### Sub-Contractors Contact Name, Address, and Email Address

List subcontractors including firm name, name of principal, work to be subcontracted, and nature of subcontractor’s abilities**.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Firm Name** | **Address** | **City** | **State** | **Zip Code** | **Principal Contact Person and email**  | **Description of Work to be Subcontracted** | **Descriptive information concerning subcontractor’s organization and abilities** |
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1. **Budget**

#### Project Costs

**EECBG Funds Requested: $**

**Other Funding Contributions: $**

**Total Project Budget: $**

**Cash Match Required:** None

#### Proposed Budget Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Item** | **Grant Funded ($)** | **Non-Grant Funded ($)****(not required)** | **Total Budgeted ($)** |
| Personnel  |  |  |  |
| Fringe Benefits  |  |  |  |
| Travel (mileage cannot exceed the prevailing state rate at the time of travel) |  |  |  |
| Supplies  |  |  |  |
| Consultants/Contracts |  |  |  |
| Other (specify) |  |  |  |
| Total Direct Costs |  |  |  |
| Indirect Costs  |  |  |  |
| **BUDGET TOTAL** |  |  |  |

#### Budget Narrative

* Personnel (by position, rate, hours)
* Fringe Benefit Rates
* Supplies description
* Consultants/Contracts description (list each consultant/contractor by firm, personnel, rate, hours)
* Other
* Indirect Costs