

APPENDIX A: APPLICATION OUTLINE

Below you will find an outline of the application for the Small Business Energy Audit Fund. Applications are accepted on a rolling basis through our online Grants Management System (www.nhcdfragrants.org). Hard copy or emailed applications will not be accepted.

I. General Information

- **Primary Contact**
- **Authorized Official/Authorized Official email**
- **Organization Information**
- **EUI#/Executive Council District/**

II. Organization Information for Eligibility

Please describe your organization including the ownership structure, the type of organization (e.g. 501 (C) 3, LLC, Partnership, etc.); years in business and a detailed explanation of what you do. Please note the USDA eligibility requirement mandates a small business be either an agricultural producer or located in a rural area. Contact CDFA for more details.

- **Briefly describe your business.**
- **NAICS code for applicant (see www.census.gov/naics - then use "Search" feature on left)**
- **Number of Full Time Employees**
- **Number of Part Time Employees**
- **Annual Revenues**
- **Related entities** List and describe all entities related to the applicant and how they are structured/connected (i.e. subsidiary, other businesses owned by same entity/individual, etc).
- **Provide name and contact for energy auditor company.**

III. Ownership Information

- **Owner Name(s) and % Ownership**

IV. Property Information

- **Add the following property information for each building related to the project**
 - Legal Owner of building
 - Name of building and Address of Building
 - Year Constructed
 - Historical Significance
 - Square Footage of Conditioned (heated and cooled) space
 - Owned or Leased?

V. Required Documents

- **Recent Electric Bill (All Pages)**
- **Recent Natural Gas Bill (All Pages)**
- **12 months of delivered fuel bills (oil, propane, wood pellets) or spreadsheet overview**
- **Energy Audit Proposal**

VI. CERTIFICATION – Electronic Signature

Prior to application submission, CDFA requires an Authorized Official of the applicant organization to sign a certification.

I certify that I am one of the persons named above and am authorized by the applicant organization to submit this application. I certify that all statements are true and accurate to the best of my knowledge.

I acknowledge this application is being submitted with the full knowledge and approval of the organization's Board of Directors and that the organization will comply with:

- New Hampshire conflict of interest laws as defined by RSA 7:19-a and RSA 292:6-a; and

- CDFA's Privacy Policy by which you acknowledge all information and documents created, accepted or obtained by, or on behalf of, CDFA are potentially subject to disclosure in compliance with RSA 91-A, New Hampshire's Right-to-Know law.