

Technical Assistance Application Energy Partnership Program California Energy Commission

Eligible Applicants:

Cities, Counties, Special districts, public or non-profit hospitals, public or non-profit public care facilities

1. Applicant Information

Name of local government, public care facility, hospital or special district)	County:	
Mailing Address:	City:	Zip:
Street Address (if different):	City:	Zip:
Contact Person:	Title:	Department:
Phone Number:	Email:	

2. Attach the following information

- Governing Board Resolution (a sample template available at: <http://www.energy.ca.gov/efficiency/partnership/>)
- Copies of latest 12 months electric and gas or propane bills showing energy cost / detailed usage information for each facility listed in Table 5. **OR**
- Or Utility data release form - allowing the Energy Commission to access both 12 months of historical utility billing data and time-of-use interval data
- Hours of operation
- Any past energy studies (if applicable) within last 3 years
- Site map of facilities (e.g. 1As or a fire evacuation map)
- Only for facilities with on-site solar systems:

Provide the Solar/photovoltaic (PV) on-site electric production (kWh) for the same 12 month period reported above. Applicants may obtain this information as follows:

- 1) For facilities with power purchase agreement (PPA), provide the PPA bills which report the annually purchased kWh. **OR**
- 2) For applicants who own their solar system, provide the above information via a report from the solar production tracking system.

3. Project Description

Type of assistance needed. (Please choose **one**):

- Energy audit – evaluate energy efficiency opportunities at existing facilities
- Review existing proposals and designs
- Develop equipment performance specifications
- Review equipment bid specifications
- New construction – evaluation of new facility

Other (please describe):

Are there any specific equipment or proposed project(s) for which you are requesting technical assistance: (please describe)

Describe how you plan to implement the energy recommendations that may be identified:

Funding source:

Do you have any current (or upcoming) working relationships with consultants, energy services companies, utilities, architects, or others that pertain to this request for Technical Assistance? If yes, please describe:

What is the expected project start date: _____

What is the expected project completion date: _____

4. Project Team

Title	Name	Phone No	E-Mail
Project Manager			
Business Manager or Finance Officer			
Electric and Gas Utility Representative			
Consultant/Contractor (if known)			

5. Provide the following information

If you are requesting assistance for more than one facility, please prioritize from highest to lowest. Attach additional pages if needed.

Facility Name and Address	Year Built (excluding portables)	Estimated Building Size (sq. ft.)

I certify to the best of my knowledge that the data in this application are correct and complete.

Authorized Representative *

Name: _____ Title _____

Signature: _____ Date _____

* **Authorized Representative is the one designated by the governing body, in your Resolution, to execute documents in the name of the applicant.**

Edmund G. Brown Jr.
Governor



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California Energy Commission
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Executive Director
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