

Updated --- March 1 2016

The following draft Sample Intake is being made available to potential applicants to provide visibility into the application process. This Sample is subject to change.

Note:

All ERB projects must comply with all applicable federal and state requirements relating to CDBG-DR funds.

A location is provided to upload attachments near the end of the application.

**Please be sure to hit "Save" and then "Next"**

**A. PROJECT NAME AND CONTACT INFORMATION**

**PROJECT NAME**

Project Name \_\_\_\_\_  
(Assigned by the Applicant to be used for reference purposes.)

**APPLICANT INFORMATION**

Applicant Organization Name \_\_\_\_\_  
(Official, legal name without abbreviations.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

New Jersey Tax Identification Number \_\_\_\_\_

DUNS Number \_\_\_\_\_

*All applicants, including governmental entities, must have a DUNS number to be eligible for federal assistance. Please call Dunn and Bradstreet at 1-866-705-5711, or visit <http://www.dnb.com/get-a-duns-number.html> to see if you already have a DUNS number, or learn how to obtain one.*

Organization Type - check the Organization Type below which best describes the Applicant.

- Municipality
- County
- Municipal Authority
- County Authority
- Non-profit
- For-Profit
- Other (please describe):

North American Industrial Classification System (NAICS) Code \_\_\_\_\_

*To find this number, look to the federal determination provided when the Applicant was formed, or visit the following link to determine based upon current business functions, <http://www.census.gov/eos/www/naics/>.*

## APPLICATION CONTACT

Primary Contact for Application

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## AUTHORIZED REPRESENTATIVE FOR APPLICANT

(Person authorized to enter into agreements on behalf of the Applicant. This person must be the Applicant signatory of certifications for this application.)

Do you, the Authorized Representative, or any staff working on this application or project require translation of documents or other communication in another language?

Yes  No

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## INSTALLATION INFORMATION

Installation Address

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from installation address)

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Provide Block and Lot Number of facility where the system will be constructed.

Block \_\_\_\_\_ Lot Number \_\_\_\_\_

## PROFESSIONALS

Have you spoken to or met with a member of the business development staff of the ERB?

Yes  No

The applicant is strongly encouraged to meet with a member of the business development staff of the ERB prior to submitting an Intake Form. Please call the Customer Care Line at 866-534-7789.

Do you have a Design Professional under contract?  Yes  No

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## B. PRE-APPLICATION ACTIVITY

Has a Local Government Energy Audit (LGEA), American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Level II audit or similar audit been conducted by a DPMC classified energy audit professional which includes the DER system?  Yes  No

**Y-** Please attach Local Government Energy Audit or ASHRAE Level II audit (newly completed or previously prepared) which includes the DER system, or any other feasibility study related to the project to section L Energy Audit and Technical & Feasibility Information .

**N-** The applicant is strongly encouraged to begin the process to attain an LGEA conducted by BPU's Clean Energy Program or a Level II ASHRAE Audit performed by a DPMC classified energy audit professional, as this information will be a requirement to complete the full application. Information on energy audits provided free of charge through the New Jersey Clean Energy Program can be obtained at <http://www.njcleanenergy.com/commercial-industrial/programs/local-government-energy-audit/local-government-energy-audit>.

Has the Applicant met with staff of the Office of Permit Coordination and Environmental Review (DEP's ONE STOP permit coordination)?  Yes  No

**Yes:** Provide date of meeting, list of needed permits, and any outstanding issues.

**No:** The applicant is strongly encouraged to meet with DEP's ONE STOP staff to identify needed permitting for the proposed project. Follow this link <http://www.nj.gov/dep/pcer/> for further information about ONE STOP. Describe the work conducted to date to investigate needed permitting.

Has the applicant completed a PJM interconnection application:  
<http://pjm.com/planning/rtep-development/expansion-plan-process.aspx> Attachment N  
 Yes  No

If yes, provide the Queue number: \_\_\_\_\_

(Please see manual 14a for the complete interconnection process):

<http://www.pjm.com/documents/manuals/manuals.aspx>

Has the Applicant met with their Electric Distribution Company (EDC) to confirm that the proposed system will be compatible with the EDC's infrastructure and to otherwise coordinate with the EDC on their interconnection?  Yes  No

**Yes: Provide date of meeting, summary of results, and any outstanding issues (include date and summary of results and outstanding issues)**

**No: The applicant is strongly encouraged to meet with their EDC to confirm that the proposed system will be compatible with the EDC's infrastructure and to otherwise coordinate on interconnection.**

## C. PROJECT DESCRIPTION

Project Type (technology or technologies):

Project Capacity/Total Project Size (kW or MW):

Annual Generation:

Project Operating Fuel:

ERB Financing Requested:

Total Financing as a Share of Total Project Cost (%):

Total Project Cost (\$):

Provide a brief description in the form of a short paragraph of the project to be undertaken. The description should include the general services provided by the applicant, existing DER systems or fixtures currently in place, current aggregate megawatt capacity and proposed changes and additions with reference to megawatt capacity changes. The brief description (approximately 500 words or less) also should include a general site description. Please indicate if any portion of the facility crosses county lines or is located in more than one county.

Please indicate if any portion of the facility crosses county lines or is located in more than one county.

Describe the status of the development process including predevelopment permitting and environmental review, estimated start and completion of construction and target in-service date.

## D. STORM-RELATED INFORMATION

Describe how the facility was impacted and provide the cost of damage caused by Superstorm Sandy or another qualifying disaster listed in Appendix A of the ERB Financing Program Guide. Direct impacts include physical damage to the facility caused by the eligible disaster. Describe other impacts of the Superstorm or other qualifying disaster on the Applicant facility(s) and its ability to function during and following the weather event. Include the duration of each impact and identify which weather event it pertains to.

Briefly describe any damage or detrimental impacts to the area surrounding the facility where the DER system will be constructed or expanded. Describe how the facility contributes to the local economy through its provision of services and any economic impacts that resulted from the facility's direct or indirect impact from Superstorm Sandy or other qualifying disaster. Please quantify to the extent possible.

Was the Applicant Organization required to obtain and maintain flood insurance pursuant to National Flood Insurance Program (NFIP) regulations due to the fact that it applied for and received flood-event-related assistance from any federal source for damage to the property for which ERB financing is sought for any previous Presidentially-declared disaster (occurring after September 14, 1984) that required the mandatory purchase and maintenance of flood insurance pursuant to NFIP regulations.

- Yes
- No

For which Presidentially-declared disaster(s) did the Applicant Organization receive funding?

Outline the requirements for obtaining and maintaining NFIP associated with each disaster listed.

Did the Applicant Organization obtain and maintain flood insurance for the federally required period associated with the federal funding it received?

- Yes
- No

**Note:** As a condition of receiving ERB financing, the Applicant Organization will be required to purchase and maintain flood insurance to the extent required by any applicable federal regulations.

**E. GENERAL APPLICANT INFORMATION**

Describe the service area of the Facility including street boundaries if less than whole municipal and/or county areas.

Fill out chart for each new position the Facility will create as a result of construction or expansion of the DER system. (This estimate relates to permanent Full-Time Equivalent (FTE) positions to be maintained after construction completion, and should not include construction jobs.)

Employee Title	Annual Salary	Hours Employee Will Work Per Week	Full- or Part-Time Employee

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## F. SYSTEM

**Check all that apply.**

- Fuel cells (Complete forms 1, 2, 3 & 3a)
  - Without heat recovery
  - With heat recovery
- Combined Heat and Power (CHP) Systems (Complete forms 1, 2, 3 & 3a)
  - Reciprocating Engine
  - Gas Turbine
  - Microturbine
- Solar PV Off-Grid Inverter and/or Batteries (See Notes) (Complete form 1)
- Microgrid
- The addition of islanding controls to meet the minimum resilient and critical load requirement (See Notes)
- The addition of blackstart fixtures to meet the minimum resilient and critical load requirement (See Notes) state type of fixtures.
- DER system/fixtures are new, commercially available and will be stationary or permanently installed on the customer side of the meter.
- The DER system is designed to provide energy to all designated critical loads during a seven-day grid outage without a delivery of fuel to emergency generators. Over the course of such an outage, facilities could plan on using emergency generators and fuel storage in conjunction with the resilient DER system.
- A separate performance meter is or will be installed that is capable of recording all renewable energy generation to verify the renewable energy certificates (REC) for renewable DER systems (CHP or fuels cells fueled with biogas or renewable hydrogen) or solar REC (SREC) for storage added to existing photovoltaic system.
- The CHP system achieves an annual efficiency of at least 65% based on the lower heating value (LHV)
- The electric only generation fuel cells achieve annual system efficiency of at least 50% electrical efficiency defined as the total useful electrical, thermal and/or mechanical power produced by the system at normal operating rates and expected to be consumed in its normal application divided by the lower heating value (LHV) of the fuel sources for the system.

CHP or Fuel Cell system warranty, service contract, or equivalent is all inclusive for at least ten years. The warranty covers all components that are financed under the ERB. The warranty covers the full cost of repair or replacement of defective components including all labor costs.

The application provides full documentation of the ability to operate at that capacity during the full year.

The design of the facility counts for all excess useful thermal energy identified in the feasibility study, energy audit and final design.

**Note:** Critical loads are the sum of the electrical load of the facility system/fixtures required to perform the facility's critical functions. The critical function should include any anticipated shelter function to provide a safe and secure facility for displaced employees, customers or residents in the event of a disaster or other emergency. This may include microgrid capabilities to connect additional buildings or facilities.

**Note:** For Retrofits, only the incremental expansion of DER system/fixtures to generate electricity or useful thermal energy is eligible

**Note:** All electric storage projects must be capable of meeting the resiliency criteria to operate during a continuous seven-day electric grid outage.

**Note:** The ERB will not finance the cost or installation of solar photovoltaic panels or any of the balance of system costs except for off-grid or dynamic inverters and battery storage. Any solar electricity storage must be paired with other distributed generation technology to meet the resiliency criteria.

**Note:** For solar storage, this system can be paired with an on-site emergency or back-up generator with fuel storage. The ERB will not finance any of the components of the on-site emergency or back-up generators.

## G. PROJECT INFORMATION

### COST SUMMARY

Total Project Cost \$ \_\_\_\_\_

Total Financing Requested \$ \_\_\_\_\_

Fill out the Summary Sources and Uses of Funds Chart that includes at least the items below, as applicable. Total Project Costs for each column should be equal.

### Summary Sources and Uses of Funds Chart

<b>SOURCES</b>		<b>USES</b>	
(Include funding in hand, committed and expected)		<b>Generation System Component Cost</b>	\$0.00
Insurance proceeds (for storm damage repairs)	\$0.00	<b>Design/Engineering</b>	\$0.00
SBA (for storm damage repairs)	\$0.00	<b>Construction/Installation</b>	\$0.00
FEMA (for storm damage repairs)	\$0.00	Fuel Line Install/Modification	
Department of Energy (DOE) (for storm damage repairs)	\$0.00	Electrical/Mechanical Tie in/Interconnections	
Other Govt Sources (for storm damage repair)		Permitting Fees	
Bank Financing	\$0.00	<b>Contingency</b>	\$0.00
Equity	\$0.00	<b>Acquisition</b>	\$0.00
Other Govt. Sources	\$0.00	<b>Other Eligible Costs</b>	\$0.00
Other Sources	\$0.00	<b>Other Costs not Eligible for ERB Financing</b>	\$0.00
<b>ERB Financing Request</b>	\$0.00		
<b>TOTAL PROJECT SOURCES</b>	\$0.00	<b>TOTAL PROJECT COST</b>	\$0.00

For each identified source of funding in the Sources and Uses Chart above, other than the ERB Financing, describe status of application, commitment or approval.

Provide an explanation of why project costs cannot be funded by other sources of conventional or bond financing or by rate increases?

The total project cost must reflect all other activities being undertaken at the facility concurrent with and/or dependent on those for which ERB funding is being requested. Please identify any additional federal funding that is included in the total project cost.

### Third Party Permission Form

Please complete and upload to Section L: Attachments

## DEBARMENT

Applicants are required to answer the following background questions of certain actions that can lead to debarment or disqualification from eligibility under State or Federal law.

At any time during the past ten years has the Applicant:

1. Had an injunction, order or lien entered against it in favor of any governmental agency including but not limited to judgments or liens based on taxes assessed or fines and penalties imposed by any government agency?

Yes  No

If yes, provide complete details, including when, where, and why.

2. Been convicted and/or found guilty and/or pled guilty and/or found liable in any court to any of the following: antitrust statutes; racketeering statutes; environmental laws; laws banning workplace discrimination; laws governing wages, hours or labor standards; laws governing the conduct of occupations, professions or regulated industries; embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice, and/or any law indicating a lack of business integrity or honesty?

Yes  No

If yes, provide complete details, including when, where, and why.

3. Paid a fine or otherwise paid to settle any of the allegations made by an agency of government of any of the following: antitrust statutes; racketeering statutes; environmental laws; laws banning workplace discrimination; laws governing wages, hours or labor standards; laws governing the conduct of occupations, professions or regulated industries; embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice and/or any laws indicating a lack of business integrity or honesty:

Yes  No

If yes, provide complete details, including when, where, and why.

4. Presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offences enumerated in (3).

Yes  No

If yes, please provide details.

5. Been denied a license, permit or other similar authorization required to engage in the business concern's trade(s) or professional discipline(s) or had any such license permit or similar authorization been suspended or revoked by any agency of federal, state or local government?

Yes  No

If yes, provide complete details, including when, where, and why.

6. Been suspended, debarred, disqualified, denied a classification rating or prequalification or otherwise been declared not responsible to bid on or to perform work on any public contractor subcontract?

Yes  No

If yes, provide complete details, including when, where, and why.

7. Been required or agreed, pursuant to any agreement or settlement with any governmental agency to refrain from submitting any form of prequalification, from bidding or from proposing on any public contract?

Yes  No

If yes, provide complete details, including when, where, and why.

8. Violated the terms of a public agreement or transaction so seriously as to affect the integrity of an agency program?

Yes  No

If yes, provide complete details, including when, where, and why.

9. Has any owner, stockholder, officer, partner, or employee of this organization ever been suspended, disqualified, or debarred by this state or any other state or the federal government or by any subdivision thereof?

Yes  No

If yes, provide complete details, including when, where, and why.

10. Are you currently named as a party in any pending litigation relating to any of the above categories?

Yes  No

If yes, please describe.

If not already covered by the above, provide a description of any liens, judgments, pending lawsuits or other legal claims, tax claims, or other outstanding financial claims against the Applicant, its parent or any of its related entities.

## DISCLAIMER

Under the provisions of the Federal Privacy Act, set forth in 5 U.S.C. 552a, you are not legally required to provide your Social Security number to the Authority in order to apply for financial assistance under this disaster recovery program. The failure to provide your Social Security number to the Authority may not affect any right, benefit or privilege to which you are entitled by law. However, EDA uses Social Security numbers to distinguish between people with a similar or the same name. Voluntarily providing this number makes it easier for EDA to more accurately identify to whom adverse credit information applies and to keep accurate financing documentation.

## ACKNOWLEDGEMENTS

Check each box below indicating that you have read, understand and will comply with the following.

### NOTICE REGARDING AFFIRMATIVE ACTION

1. An Affirmative Action Program of Equal Opportunity, in support of P.L. 1975, C 127, the New Jersey "Law Against Discrimination" as supplemented and amended, as well as in accordance with Executive Order No. 11246 promulgated by the President of the United States, September 24, 1965 and Executive Order No. 11625, promulgated by the President of the United States, October 13, 1971, has been or will be adopted by this organization to ensure that applicants are employed, and employees are treated without regard to their race, creed, color, national origin, nationality, gender, affectional or sexual orientation age, ancestry, marital status, handicap or disability and that the selection and utilization of contractors, subcontractors, consultants, material suppliers and equipment lessors shall be done without regard to their race, creed, color, national origin, nationality, gender affectional or sexual orientation, age, ancestry, marital status, handicap or disability. Said Affirmative Action Program addresses both the internal recruitment, employment and utilization of minorities and the external recruitment policy regarding minority contractors, subcontractors, consultants, material suppliers and equipment lessors.

2. All documentation required by the Affirmative Action Program of Equal Opportunity, as evidence of compliance, may be inspected at the office of the individual, partnership or corporation submitting this application.

I have read, understand and will comply with the Notice above.

### NOTICE REGARDING PREVAILING WAGE

For any construction work undertaken in connection with Energy Resilience Bank funding, the Applicant funding recipient will be required to comply with, and require all contractors and subcontractors used by it in relation to the Project to comply with, all Federal, State and municipal laws, rules and regulations applicable to all activities performed by, or on behalf of, Applicant funding recipient in pursuit of and in relation to the Project. These laws and regulations include, but are not limited to: N.J.S.A. 34:1B-5.1 (Prevailing Wage) and prevailing wage requirements as set forth under Davis Bacon, 40 U.S.C. sec. 3141 et seq., and related acts, where applicable; and implementing regulations and guidelines.

I have read, understand and will comply with the Notice above.

## NOTICE REGARDING SECTION 3

For any construction work undertaken in connection with the Energy Resilience Bank funding; the Applicant/Subrecipient, contractors, and all subcontractors in relation to the Project (if applicable) will be required to comply with Section 3 of the Housing and Urban Development Act of 1968 (24 C.F.R., Part 135) relating to employment and economic opportunities.

I have read, understand and will comply with the Notice above.

## VERIFICATION AND ACKNOWLEDGEMENTS

**By clicking on the box below, you are submitting your full application. Once your application is submitted, no further changes can be made. Any further edits should be made in coordination with your Business Development Officer.** Prior to selecting this box, be sure to have the CEO review all information in this application, sign the CEO Application Certification, and upload it in Attachment Section # 6 – Certifications.

I verify that I am authorized to commit my organization and to submit this Full Application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments, are true and correct to the best of my knowledge. I understand that this Full Application may be disqualified if it does not contain all required information. I understand that all materials submitted as part of the Full Application are subject to disclosure. I acknowledge and agree that the ERB has no obligation, and retains the discretion to fund or not to fund the project described herein, and that the ERB's receipt of the Full Application does not imply any promise of funding at any time.

## ATTACHMENTS

### [CEO Intake Certification](#)

Note: Applicant must upload a signed CEO Certification in order to successfully process the Intake Form. Any other additional documentation to be uploaded to this intake form can be done [so here](#).

Add Document