

# INCOME QUALIFIED EFFICIENCY FUND

## IQEF Program Phase 1 FY23 Checklist

**The IQEF application opens on August 8, 2022 and close on October 28, 2022.**

*Please return the following to expedite the IQEF Application approval process.*

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Signed IQEF application

Property Manager  
Contractor

Data Intake Form (completed by contractor)

Specification sheets for all corresponding measures (submitted by contractor)

Photos of existing measures

W-9 Tax Form (for contractors only)

PEPCO Utility Bill (12 months' worth)

Rent Roll - Please refer to [this document](#) for more information

Customer contribution

Full customer information

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If you have any questions feel free to contact the Low Income Program Manager at the DCSEU below:

**[Shayna Vayser - IncomeQualified@dcseu.com](mailto:ShaynaVayser@dcseu.com)**

*If we have not received these items within 8 business days of your application submission, your application will be withdrawn from the program.*

If you have any questions or for more information on other DCSEU services, visit [DCSEU.com](https://www.dcseu.com) or call us at 202.479.2222 today.

# INCOME QUALIFIED EFFICIENCY FUND

## FY 2023 Application Form

**Application Deadline: October 28, 2022**

Please review the application and fill out all sections with the requested information. Writing "see attachment" is not an acceptable substitute for providing the information herein.

Please include the following with this application:

- W9 (current version available here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Specification sheets for all corresponding measures
- Photos (if applicable)
- Data intake form

**Please identify who is filling out this application:**    CBE Contractor    Property Owner/Manager/Developer    Other

**If you are a CBE, please provide the following:**

CBE Certification Number:

Expiration Date:

## Part A: Organization and Contact Information

Name of Applicant Organization (Must be the full legal name of the organization as it appears on the IRS W9 tax form):

Project Street Address:

City: **WASHINGTON**    State: **DC**    Zip Code:    Phone:

Mailing Address (if different than project address):

City:    State:    Zip Code:

Authorized Representative (the individual who will sign the agreement):

Individual Preparing Application:    E-mail:

Contractor:    Contractor Address:

Contractor Point of Contact:    Contractor E-mail:

Project Onsite Point of Contact:    Onsite E-mail:

Does your organization have a Federal Tax Identification Number? (If selected for the fund, this number will need to be provided prior to project execution. The Federal Tax ID and organization name must match what is listed on your organization's IRS W9 form.)

FIN#:

## Part B: Proposed Project

Property Overview (to be completed by property owner): please provide the DCSEU with a brief description of the property where the project will take place. Please include a website address for reference, if possible.

The property is master-metered    yes        no        Number of dwelling units:

Total Income Qualified Efficiency Fund Request: \$

Total Funding Match/Leveraged Funds: Please list all funding matches (dollars, labor, supplies, administrative support, etc.) provided by the applicant organization or organizations other than DCSEU that are helping to fund the proposed energy efficiency project.

Funding Source	Description of Funding	Amount (\$)
<b>Total</b>		

*Please attach applications, award letters, or other documentation related to funding received for the project.*

**I affirm that funding documentation is attached to this application.**

Project Description (to be completed by contractor/installer): Please provide a brief summary of your project. The summary should include a detailed description of your proposed energy efficiency and/or weatherization measures. If your project is occurring in multiple locations, please clearly describe the work that will be occurring in each location (This section must be completed and should not state "see attachment.")

Please describe how Washingtonians would benefit from this project:

Please list any innovative measures featured in this project:

Cost Breakdown: Complete the following table describing each component of the project and its estimated cost. If you need additional space, please provide an attachment with this information. Please list the source of the estimate (vendor estimate, quotation, proposed installation cost, website, etc.). If available, please provide price estimate documentation as an attachment. Costs must include both materials and labor. This information is critical for the ranking of your application. This section must be completed and should not state "see attachment."

Line Item (type of equipment, labor, etc.)	Source of Price Estimate	Cost(\$)
<b>Total Cost of Project:</b>		
<b>Leveraged Funds:</b>		
<b>Total Funding Requested:</b>		

## Project Timeline

Date	Deadline
August 8, 2022	FY 2023 Income Qualified Efficiency Fund opens for applications.
October 28, 2022	Applications are due to the DCSEU by 5:00 P.M.
December 2, 2022	Applications decisions are announced (pending pre-inspection & analysis review).
April 14, 2023	All measures must be installed and final invoices are due to the DCSEU.

Project Timeline: Please list the expected completion date for project milestones. Construction and installation may begin as soon as contracts and works orders are issued. Your project must be completed by April 14, 2023, with final reports and invoices submitted to the DCSEU. Draft your project timeline accordingly to comply with the timeline listed above, taking into consideration scheduling concerns that may impact your organization (facility schedules, holidays, weather, etc.), as well as equipment and material lead times. Assume that December 20, 2022 is the earliest date that your potential funds will be available.

Eligibility Verification: The property manager, owner/developer understands and is willing to comply with request made by the DCSEU to provide income documentation, utility usage data. Please provide utility bills.

I attest and confirm that building located at \_\_\_\_\_ is income qualified and I understand that applying for this program does not guarantee approval. By submitting this application, the applicant agrees to submit utility usage data such as gas and electric utility bills and benchmarking data, as well as proof of income eligibility.

Authorized Applicant Signature (building owner):

Name:

Title:

Date: