

GUARANTEED SAVINGS CONTRACT PROVIDER APPLICATION

State Form 55883 (7-15) DEPARTMENT OF LOCAL GOVERNMENT FINANCE

All questions must be addressed by the provider in order for this qualification form to be properly completed. If a question or directive does not pertain to your organization in any way, please indicate that fact with the symbol N/A. If more space is needed, attach additional pages and indicate the reference number (i.e., 12a, 12b, etc.) to correspond with each question. This application is to be e-mailed to gesc_reports@dlgf.in.gov.

Contact Information

1.	Firm Name		
2.	Business Address (number and street)		
	City State	ZIP Code County	
3.	Names and titles of two contacts		
		Telephone ()	
		Telephone ()	
4.	Submitted by		
	Parent Company	Subsidiary	
	Division	Branch Office	
5.	Date prepared (month, day, year)		
6.	Type of Firm Corporation	Sole Ownership	
	Partnership	☐ Joint Venture	
7. F	ederal Employer Identification Number		
8. Y	/ear firm was established		
9. N	lame and address of parent company, if a	pplicable (number and street, city, state, and 2	IP code)
10.	Former firm name(s), if applicable		

Corporate Background/Historical Data

- 2. Indicate all other names by which your organization has been known and the length of time known by each name.
- 3. How many years has your firm been involved in the energy-related business? ______ years
- 4. Please identify all states in which your firm is legally qualified to do business.

Project History

On separate sheets of 8 ½ x 11 paper, please briefly describe ten (10) energy performance contracts or related projects that your firm has managed. These projects should be similar to projects that your firm would manage for a Guaranteed Savings Contract. Please provide the following information for each project: *(See attached form.)*

- Project title
- Building(s) owner
- Location
- Project dollar amount (installed project costs)
- Source of funds
- Type of contract (i.e. guaranteed savings, lease purchase, etc)
- Designer and name(s) of primary technical design personnel
- Start and end dates

- Projected Annual Energy Savings (Therms, KWH, KW, Gallons)*
- Achieved Annual Energy Savings (Therms, KWH, KW, Gallons)*
- Projected Annual Operating Cost Savings*
- Achieved Annual Operating Cost Savings*
- Any special notes or comments
- Names and telephone numbers of the facility representatives with whom you have worked

ENERGY SAVINGS DATA

(Reproduce these pages as needed.)

Project Information

- 1. Project: ______
- 2. Contact Person: _____
- 3. Location: _____
- 4. Telephone Number: _____

Energy Savings

Achieved Annual Energy Savings Years 1, 2, 3, 4, 5 combined	Guaranteed Level of Energy Savings
KWH	KWH/year
Therms	Therms/year
KW	KW/year
GAL	GAL/year

Operating Costs Savings

Achieved Operating Costs Savings Years 1, 2, 3, 4, 5 combined	Guaranteed Annual Operating Costs Savings
\$	\$/year

Authorization:			
Dated at this	day	of	_20
Name of organization:			
By:			
Title:			
No	tary Statemen	it	
Mr./Ms he/she is the [title] of [firm's name] and all statements therein containe	and that answ	vers to the f	oses and says that oregoing questions
Subscribed and sworn before me th			20
Notary Public			
My commission expires 20			