

# RESIDENTIAL PROGRAM ALLY Application



Please complete the application, attach required documentation and email to: **ResidentialEEApplications@ameren.com**.

## SECTION 1: COMPANY INFORMATION *(If your company has multiple locations in Illinois, please complete an application for each location)*

|  |  |  |           |
|--|--|--|-----------|
| Program Ally Type: <input type="checkbox"/> Contractor <input type="checkbox"/> Distributor <input type="checkbox"/> Independent Auditor   |  | Company Ownership (if applicable): <input type="checkbox"/> Minority <input type="checkbox"/> Veteran <input type="checkbox"/> Woman |           |
| Year Company Established:  |  | Number of Employees at this Location:  |           |
| Company Name:  |  |  |           |
| Address:   |  |  |           |
| City:  |  | State:   | Zip code: |
| Company Email Address:   |  | Company Website:   | Phone:    |
| Have you participated in Ameren Illinois Energy Efficiency Programs previously? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |           |
| Services Offered: <input type="checkbox"/> Insulation and Air Sealing <input type="checkbox"/> HVAC <input type="checkbox"/> Energy Ratings <input type="checkbox"/> Home Performance Testing <input type="checkbox"/> General Contracting |  |  |           |
| <input type="checkbox"/> Other (please describe): _____  |  |  |           |

## SECTION 2: SERVICE AREAS *(Select the areas that this company's location primarily services)*

|                                      |                                     |   |                                       |                                      |
|--------------------------------------|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bloomington | <input type="checkbox"/> Charleston | <input type="checkbox"/> Harrisburg       | <input type="checkbox"/> Mount Vernon | <input type="checkbox"/> Quad Cities |
| <input type="checkbox"/> Cairo       | <input type="checkbox"/> Decatur    | <input type="checkbox"/> Macomb           | <input type="checkbox"/> Peoria       | <input type="checkbox"/> Quincy      |
| <input type="checkbox"/> Carbondale  | <input type="checkbox"/> Effingham  | <input type="checkbox"/> Metro East North | <input type="checkbox"/> Peru         | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Champaign   | <input type="checkbox"/> Galesburg  | <input type="checkbox"/> Metro East South | <input type="checkbox"/> Pontiac      | <input type="checkbox"/> Taylorville |

## SECTION 3: EMPLOYEE TRAINING AND CERTIFICATION *(If applying for the HVAC program only, please skip to section four.)*

| BPI COURSE  | # OF EMPLOYEES TRAINED | # OF EMPLOYEES CERTIFIED | BPI COURSE                   | # OF EMPLOYEES TRAINED | # OF EMPLOYEES CERTIFIED |
|---|------------------------|--------------------------|------------------------------|------------------------|--------------------------|
| Building Analyst  |                        |                          | Heating                      |                        |                          |
| Envelope Professional   |                        |                          | Multifamily                  |                        |                          |
| Residential Building Envelope Whole House Air Leakage Control Installer |                        |                          | Air Conditioning/ Heat Pumps |                        |                          |

### BUILDING PERFORMANCE INSTITUTE (BPI) OR HOME ENERGY RATING SYSTEM (HERS) CERTIFICATION INFORMATION *(Please provide copies of both sides of the BPI badge for each staff member listed below.)*

| CHECK ONE   | CERTIFIED STAFF NAME | IDENTIFICATION NUMBER | EXPIRATION DATE |
|---|----------------------|-----------------------|-----------------|
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |
| <input type="checkbox"/> BPI<br><input type="checkbox"/> HERS |                      |                       |                 |

OFFICE USE ONLY: Program Participation:  HEP-IQ  Heating and Cooling  Multifamily

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## SECTION 4: COMPANY CONTACT INFORMATION *(Please list individuals at this location that should receive program updates and information. If you need more space, please attach a separate document.)*

|                         |            |                   |           |
|-------------------------|------------|-------------------|-----------|
| Primary Contact Name:   |            | Title/Department: |           |
| Phone Number:           | Extension: | Cell Phone:       |           |
| Email Address:          |            | State:            | ZIP code: |
| Secondary Contact Name: |            | Title/Department: |           |
| Phone Number:           | Extension: | Cell Phone:       |           |
| Email Address:          |            | State:            | ZIP code: |

## SECTION 5: DOCUMENTATION NEEDED

W-9 Form     
  Workers' Compensation Insurance     
  Commercial General Liability Insurance     
  Automobile Liability Insurance  
 Copy of both sides of the BPI badge for each staff member listed in Section 3     
  New Vendor Form     
  Program Ally Code of Conduct  
 Certificate of Insurance (COI)  
 Certificates of Insurance should be submitted with the following Certificate Holder Listed:  
 Ameren Illinois  
 300 Liberty Street, 4th Floor  
 Peoria, IL 61602

I certify the information I have provided is true and correct. I understand by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have provided. I understand my participation in the Ameren Illinois program is not approved until I have completed and/or submitted the necessary documents and the Program has reviewed and executed this Agreement. Ameren Illinois reserves the right to deny a Program Ally's application. Program Ally may be asked to complete and submit a new application on an annual basis. If the Program Ally's contact or business information changes it is the Program Ally's responsibility to make Ameren Illinois aware of these changes. Changes can be mailed or emailed to the address provided below. I understand the provisions of this Agreement are effective from the date the Agreement is executed by Ameren Illinois through the end of the program year.

Authorized Company Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

| OFFICE USE ONLY:                                     |   |
|--|---|
| <input type="checkbox"/> Approved                    | Documentation Received<br><input type="checkbox"/> W-9 Form <input type="checkbox"/> Workers' Compensation Insurance <input type="checkbox"/> Commercial General Liability Insurance <input type="checkbox"/> Automobile Liability Insurance<br><input type="checkbox"/> Copy of both sides of the BPI badge for each staff member listed in Section 3 <input type="checkbox"/> New Vendor Form <input type="checkbox"/> Program Ally Code of Conduct<br><input type="checkbox"/> Certificate of Insurance (COI)<br>Certificates of Insurance should be submitted with the following Certificate Holder Listed:<br>Ameren Illinois<br>300 Liberty Street, 4th Floor<br>Peoria, IL 61602 |
|  | <input type="checkbox"/> Denied      Reason(s): _____   |
| Authorized Program Representative: _____ Date: _____ |   |

## AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

- 1. Definitions** – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. **a) “Ameren Illinois”** shall mean Ameren Illinois Company d/b/a Ameren Illinois. **b) “Program Ally”** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. **c) “Application”** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. **d) “Customer”** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer’s Application by Ameren Illinois. **e) “Eligible Customer”** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between June 1, 2017 to December 31, 2017 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer’s address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. **f) “Program”** shall mean the energy efficiency plan or measure that is the subject of the Application. **g) “Program Manager”** shall mean the Ameren Illinois designee in charge of the Application. **h) “Reservation of Funds”**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally’s request for funds.
- 2. General** – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.
- 3. Procedures & Reporting** – Program Ally shall follow Program procedures of; **a)** verifying eligibility of Customer and work to be performed; **b)** reserving funds from Program in advance of the project commencing; and, **c)** submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.
- 4. Independent Contractor** – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.
- 5. Warranty of Work** – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer’s warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.
- 6. Quality Assurance** – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally’s work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.
- 7. Pre and Post Installation Verification** – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.
- 8. Incentive Payments/Limits** – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer’s invoice as “Ameren Illinois Energy Efficiency Program Incentive.”
- 9. Indemnification** – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney’s fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.
- 10. Changes In/Cancellation of the Program** – **a)** Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. **b)** In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. **c)** Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.
- 11. Miscellaneous** – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.