

**ENERGIZECT HEALTH & SAFETY**

**REVOLVING LOAN FUND APPLICATION**

The attached fillable form including checklist and listed attachments are required for all applications. Each of the elements within the application and checklist are expected to be addressed. However, additions may be made where necessary for purposes of clarification or amplification.

**Executive Summary**

1. Narrative background/resume of Applicant, including history of the project, company and/or principals.

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1. Narrative description of proposed project and financing. Include a description of the planned energy improvements and the health and safety improvements needed to implement the energy improvements.

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1. Describe the expected energy and cost savings benefits of the energy improvements.

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1. Include in the application any other information you may deem relevant or helpful in Green Bank's evaluation.

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**Parties**

Property Name: (if any)

Property Address:

Contact Info

Name:

Address:

Phone:

Email:

Owner Name:

SS or EIN#:

(if Borrower or continuing ownership)

Contact Info

Name:

Address:

Phone:

Email:

Management Agent:

Contact Info

Name:

Address:

Phone:

Email:

Years managing property:

Borrower Name: (if different from Owner)

Contact Info

Name:

Address:

Phone:

Email:

Relationship to Property or Owner:

1. **Property Information**

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| --- | --- |
| Building Type: |  |
| Building Age: |  |
|  |  |
| # of Buildings: |  |
| # of Floors: |  |
| # of Apartments/Units: |  |
| Other structures: |  |
| Gross SF: |  |
| Unit Mix |  |
| Studio: |  |
| 1BR: |  |
| 2BR: |  |
| 3BR: |  |
| Other: |  |
| Commercial SF: |  |
| Years in Current Ownership: |  |
| Apartments: | \_\_\_\_\_ |
| Condos: | \_\_\_\_\_ If yes, please supply organizational documents. |
| Cooperative: | \_\_\_\_\_ If yes, please supply organizational documents. |
| Building(s) occupied: | \_\_\_\_\_ |
| How Long? | \_\_\_\_\_ |

How long do you plan to own property? \_\_\_\_\_ (i.e. selling for redevelopment, repair for sale, long term)

Are you considering using solar PV as part of your energy upgrade? \_\_\_\_\_

What is the age of the roof? \_\_\_\_\_

Has the property had previous energy upgrades? \_\_\_\_\_

If so, describe work and timeframe:

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Are you planning to pursue other major building renovations at this time or in the near future? If so, please describe:

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**Project Summary**

Describe funding for both the health and safety work and the energy improvement work requested from the Green Bank?

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What is your anticipated construction start date? \_\_\_\_\_

What is your anticipated completion date for this project? \_\_\_\_\_

List all technical service providers.

(Include full contact information. Describe scope of work. Include agreements in Attachment 5.)

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Other Information for consideration including constraints and plans for the property:

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**Please complete EnergizeCT Health and Safety Revolving Loan Fund – Application Financial Spreadsheet. (Excel document)**

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1. **Certifications by the Owner/Borrower**

I certify the following:

* That the Owner and its Principals (greater than a 10% Interest) are not debarred from doing business with the Federal Government or the State of Connecticut.
* That the mortgage payments are current, and that mortgage(s) are not in default or if payments are not current or if any mortgages are in default for any other reasons, a plan is attached to bring them current.
* That the Owner and the property are in compliance with any relevant regulatory agreements.
* That the property taxes or PILOT payments are current. If taxes are not current, a plan is attached to bring them current.
* That appropriate property insurance is in place and that the payments are current.
* Disclosure of any litigation against the property or the Owner is attached.
* All information provided to the Green Bank in connection to this application is true, accurate and complete.

Signed by:

Title:

Date:

1. **REQUIRED ATTACHMENT CHECKLIST**

Attached (file name) NA - reason

**Borrower Information:**

* 2 years of audits or financial statements for the Owner/Borrower.

(Balance Sheet and Income & Expense)

* 2 years of tax returns for the Owner/Borrower.
* Current year financial statements for the Owner/Borrower.

(Balance Sheet and Income & Expense)

* Resume or statement of experience for the Owner/Borrower.

**Project Information:**

* Contracts, quotes, proposals or other documentation supporting the cost and scope of health and safety as well as energy upgrades. Include preliminary project documents (approvals, architectural plans and specification, cost estimates, etc.)
* Copy of Audit or Green Physical Needs Assessment that includes anticipated payback analysis and enumeration of required health and safety measures, 2 years of audits or financial statements for the property. (Balance Sheet and Income & Expense)
* 2 years of tax returns for the property
* Current year financial statements for the property.

(Balance Sheet and Income & Expense)

* Detailed Budget Sources and Uses for the entire project (if available).
* Detailed after rehab operating proforma for the property (if available).
* A detailed post construction or rehabilitation operating proforma (if available).

**Contingent or optional attachments:**

* Identification of qualified disadvantaged and minority contractors and subcontractors (if available).
* Financing interest or commitments letters.
* Plan for bringing tax payments current.
* Plans for curing mortgage defaults or arrears.
* Litigation disclosure.
* Condominium or Cooperative Organizational Documents (if appropriate).

***Please submit attachment files electronically in a single file organized and numbered as per the attachment list preceding and labeled with the project name.***

**CONTRACT FORMAT**

**The contract for this program will include the following elements.**

**STATE OF CONNECTICUT**

**CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE**

**AUTHORIZED TO EXECUTE CONTRACT**

*Certification to accompany a State contract, having a value of $50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy’s Executive Order 49.*

**INSTRUCTIONS:**

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

**CERTIFICATION:**

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contractor Name

Connecticut Green Bank

Awarding State Agency

State Agency Official or Employee Signature Date

Printed Name Title

**Subscribed and acknowledged before me this**  **day of , 20**

**Commissioner of the Superior Court**

**(or Notary Public)**

**My Commission Expires**

**STATE OF CONNECTICUT**

**NONDISCRIMINATION CERTIFICATION — Affidavit For Contracts Valued at $50,000 or More By Entity**

*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at $50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of

an oath. I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , an entity

Signatory’s Title Name of Entity

duly formed and existing under the laws of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

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Authorized Signatory

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**Subscribed and acknowledged before me this**  **day of , 20**

**Commissioner of the Superior Court**

**(or Notary Public)**

**My Commission Expires**

**STATE OF CONNECTICUT**

**GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

*Written or electronic certification to accompany a State contract with a value of $50,000 or**more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P.*

*Malloy’s Executive Order 49.*

**INSTRUCTIONS:**

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

**CHECK ONE:** Initial Certification

12 Month Anniversary Update (Multi-year contracts only.)

Updated Certification because of change of information contained in the most

recently filed certification or twelve-month anniversary update.

**GIFT CERTIFICATION:**

As used in this certification, the following terms have the meaning set forth below:

1. “Contract” means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2. If this is an Initial Certification, “Execution Date” means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, “Execution Date” means the date this certification is signed by the Contractor;
3. “Contractor” means the person, firm or corporation named as the contactor below;
4. “Applicable Public Official or State Employee” means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or

(ii);

1. **“Gift”** has the same meaning given that term in C.G.S. § 4-250(1);
2. “Principals or Key Personnel” means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign** **contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all** **lawful** **campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

|  |  |  |
| --- | --- | --- |
| Contribution Date Name of Contributor Recipient | Value | Description |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Lawful Campaign Contributions to Candidates for the General Assembly:**  Contribution Date Name of Contributor Recipient | Value | Description |

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

|  |  |  |
| --- | --- | --- |
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Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Contractor Name **Printed Name of Authorized Official**

**Signature of Authorized Official**

**Subscribed and acknowledged before me this**  **day of , 20**

**Commissioner of the Superior Court**

**(or Notary Public)**

**My Commission Expires**

**STATE OF CONNECTICUT**

**CONSULTING AGREEMENT AFFIDAVIT**

*Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.*

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):**  Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant’s Name and Title Name of Firm (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date End Date Cost

Description of Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Former State Agency Termination Date of Employment

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| Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Bidder or Contractor **Signature of Principal or Key Personnel Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name (of above) Awarding State Agency |

**Subscribed and acknowledged before me this**  **day of , 20**

**Commissioner of the Superior Court**

**(or Notary Public)**

**My Commission Expires**