



Fiscal Year 2025

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# Income Qualified Efficiency Fund IQEF Program FY25 Checklist

# **Application Instructions:**

Please submit every item on the list below for your application to be processed.

| The IQEF application opens on December 3, 2024 and close on February 14, 2025. |
|--|
| 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 both contractors and building owners)                        |
| PEPCO Utility Bill (12 months' worth)  |
| Rent Roll*   |
| Customer contribution  |
| Full customer information  |
|  |
|  |

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

#### Shyaam Simpson - IncomeQualified@dcseu.com

\*Please note that you can pre-qualify your property with a current rent roll but you will be required to submit an updated rent roll in FY 2025 dated between October 1, 2024 - September 30, 2025 to participate in IQEF in FY 2025. Please refer to our <u>Affordable Housing</u>, <u>Shelters & Clinics Pre-Qualification Guide</u> for additional information about acceptable forms of income verification documentation for affordable multifamily properties, shelters, and clinics.

If we have not received the above items within 8 business days of your application submission, your application will be withdrawn from the program.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 <u>DCSEU.com</u> or call us at 202.479.2222 today.





#### Fiscal Year 2025

# **Income Qualified Efficiency Fund FY 2025 Application Form**

### Application Deadline: February 14, 2025

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

Contractor FIN#:

| <ul><li>Photos (if c</li><li>Data intak</li></ul> |   |                    | _                         | _         |                  |                        | _  |
|---|---|--------------------|---------------------------|-----------|------------------|------------------------|--|
| _   | y who is filling out                      |                    | n: Contractor             | Pro       | perty Owner/M    | lanager/Developer      | Other  |
| If you are a CB                                   | E, please provide t                       | he following:      |                           |           |                  |                        |  |
| CBE Certificatio                                  | on Number:                                |                    |                           |           |                  | Expiration Date:       | //   |
| Part A: Or  | ganization a                              | nd Contac          | t Information             |           |                  |                        |  |
| Name of Applic                                    | cant Organization (N                      | lust be the full l | egal name of the organ    | ization a | as it appears or | n the IRS W9 tax form) | :  |
| · ·   | rty Owner/Manager<br>he IRS W9 tax form): | -                  | on (If different than the | applica   | nt org info abo  | ove. This must be the  | full legal name of the organization as                                       |
| Project Street A                                  | Address:                                  |                    |                           |           |                  |                        |  |
| City/State:                                       | Washington DC                             | Zip Code:          | V                         | Ward:     |                  |                        |  |
| Cell Phone:                                       | ( )                                       | Email:             |                           |           |                  |                        |  |
| Mailing Address                                   | s (if different than                      | oroject address    | ):                        |           |                  |                        |  |
| City/State:                                       | Washington DC                             | Zip Code:          | V                         | Ward:     |                  |                        |  |
| <br>Individual Prep                               | paring Application:                       |                    |                           |           | Email            | :                      |  |
| Contractor:                                       |   |                    |                           | Contr     | ractor Address   | :                      |  |
| *Contractor Po                                    | int of Contact:                           |                    |                           | Coi       | ntractor Email   | :                      |  |
| Project Onsite I                                  | Point of Contact:                         |                    |                           |           | Onsite Email     | :                      |  |
| Project Owner/                                    | Manager Point of C                        | ontact:            |                           |           | Email            | :                      |  |
|   | erty Owner/Manag<br>s it appears on the   |                    |                           | the app   | licant org info  | above. This must be    | the full legal name of the   |
|   |   |                    |                           |           |                  |                        | provided prior to project execution I<br>on your organization's IRS W9 form. |

Project Owner/Management FIN#:

## **Part B: Proposed Project**

| Property Overview (to be completed by p place. Please include a website address for  |   | U with a brief description of t | he property where the project will take |  |  |
|--|---|---------------------------------|---|--|--|
| place. I lease metade a website address to   | or reference, ii possiste.                |                                 |   |  |  |
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|  |   |                                 |   |  |  |
| The property is master-metered: Yes  | No Number of dwelling units:              |                                 |   |  |  |
| Total Income Qualified Efficiency Fund Re  | equest: \$                                |                                 |   |  |  |
| Total Funding Match/Leveraged Funds: Pl<br>organization or organizations other than I<br>30% of the total project cost.  |   |                                 |   |  |  |
| Funding Source   | Description of Fu                         | unding                          | Amount (\$)                             |  |  |
|  |   |                                 |   |  |  |
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|  |   |                                 |   |  |  |
|  |   | Total                           |   |  |  |
| Please attach applications, award letters,   | or other documentation related to funding | g received for the project.     |   |  |  |
| I affirm that funding documentation is   | • •                                       |                                 |   |  |  |
| 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.") |   |                                 |   |  |  |
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| se describe how Washingtonians would benefit from this project: |  |  |  |  |
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**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<br>(type of equipment, labor, etc.) | Source of Price Estimate | Cost (\$) |  |  |  |
|---|--------------------------|-----------|--|--|--|
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|   | Total Cost of Project:   |           |  |  |  |
|   | Leveraged Funds:         |           |  |  |  |
|   | Total Funding Requested: |           |  |  |  |

| <b>Project Tir</b>             | meline   |  |
|--------------------------------|--|--|
|                                | Date   | Desired Deadlines  |
| December 3                     | , 2024   | FY 2025 Income Qualified Efficiency Fund opens for applications.   |
| February 14                    | , 2025   | Applications are due to the DCSEU by 5:00 P.M.   |
| April 14, 202                  | 25   | Applications decisions are announced (pending pre-inspection & analysis review).   |
| August 29, 2                   | 025  | All measures must be installed and final invoices are due to the DCSEU.*   |
| * If proposed p                | project(s) cannot be completed by the desired project comple   | etion date, please note this in your application.  |
| orders are issu accordingly to | ued. Your project must be completed by August 29, 2025, with comply with the timeline listed above, taking into considera                                  | stones. Construction and installation may begin as soon as contracts and work if inal reports and invoices submitted to the DCSEU. Draft your project timeling tion scheduling concerns that may impact your organization (facility schedule ume that May 1, 2025 is the earliest date that your potential funds will be |
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|                                | fication: The property manager, owner/developer understand<br>on, utility usage data. Please provide utility bills.  | ds and is willing to comply with request made by the DCSEU to provide income   |
| is income qual                 | nfirm that building located at life and I understand that applying for this program does no usage data such as gas and electric utility bills and benchman | ot guarantee approval. By submitting this application, the applicant agrees to rking data, as well as proof of income eligibility.   |
| Authorized An                  | plicant Signature (building owner):  |  |
| Signature:                     | pricant signature (building owner).  |  |
| Name:                          |  |  |
| Title:                         |  |  |

Date: