

PROGRAM ALLY APPLICATION

ENERGY MANAGEMENT PROGRAM

Please return completed form by email or mail to:

-  **FirstEnergy New Jersey
Energy Management Program
c/o Willdan Energy Solutions**
3910 Park Avenue, Suite 5
Edison, NJ 08820
-  877-831-5419
-  energysavenj@willdan.com
-  energysavenj-business.com

Thank you for your interest in becoming a Program Ally in the Jersey Central Power & Light (JCP&L) Energy Management Program. Please follow the steps below:

1. Send application to energysavenj@willdan.com and attach the following:


- Completed application
- Completed W-9
- Company's license/s (e.g. HVAC Contractor) applicable to the work you will perform under the program
- MWVBE Certificate (if applicable)
- Certificate of insurance from your insurer. Required insurance policy and coverage listed below:
 - General Liability Certificate of Insurance, employer's Liability, and Automobile Insurance with minimum of \$1 million coverage, \$4 million of excess of umbrella, and \$2 million professional liability.
 - Certificates must be provided for JCP&L, Willdan, and all other overlapping utility service territories where you intend to operate. See Participation Agreement for more information.
 - Workers Compensation Certificate of Insurance.
- Current Alternate Name form (dba) filed with the state of NJ, if applicable

2. Program Training: The Participating Contractor agrees to requiring at least one person from the Contractor's firm to participate in an initial program training session, plus additional training updates as needed. All training requirements for the Energy Management Program may be in addition to other training requirements for JCP&L administered programs.

If you have any questions, comments, and/or need clarifications regarding the Energy Management Program Ally application, please contact us at energysavenj@willdan.com.

We are looking forward to working with you, as we continue to leverage the Energy Management Program to assist you in building your business.

For additional questions about the Energy Management Program offered by FirstEnergy's New Jersey utility, please contact:

 877-831-5419

 energysavenj@willdan.com

 energysavenj-business.com

APPLICANT INFORMATION

Company Name: _____

Contact: _____ Title: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Cell: _____ Fax: _____

Website: _____

Years in Business: _____ Years under Current Ownership: _____ Number of Employees: _____ Number of Administrative Employees: _____

Check That Apply: Minority Owned Business Women Owned Business Veteran Owned Business

Federal Tax ID: _____ Corporation Partnership Individual/Sole Proprietor Exempt (Tax exempt/non-profit)

How Did You Hear about the Program? _____

COMPANY CONTACTS

Name: _____	Email: _____	Phone: _____	Position: _____
Name: _____	Email: _____	Phone: _____	Position: _____
Name: _____	Email: _____	Phone: _____	Position: _____
Name: _____	Email: _____	Phone: _____	Position: _____
Name: _____	Email: _____	Phone: _____	Position: _____

COMPANY INFORMATION

Business Type

Electrical Contractor	Manufacturer	Distributor	Architect	Consultant
Manufacturer's Rep	Retailer	Engineer	Mechanical Contractor (HVAC)	

Please Check What Measures You Are Interested in Providing. (Check all that apply)

Retro-commissioning	HVAC Controls	HVAC Tune-up	Strategic Energy Management
Refrigeration	Lighting		

Please Note Any Other Comments about Your Focused Specialties.

SUMMARY OF INSURANCE

As noted earlier, you will be required to provide Certificates of Insurance listing JCP&L, Program Implementer, and any overlapping utilities where you intend to operate as a condition of participation in this program. For this summary, it is acceptable to note if address and contact is the same for multiple policies.

INSURANCE INFORMATION- GENERAL LIABILITY

Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	Amount of Coverage: <i>(Must be at least \$1 million)</i>	

INSURANCE INFORMATION- EMPLOYER'S LIABILITY

Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	Amount of Coverage: <i>(Must be at least \$1 million)</i>	

INSURANCE INFORMATION- AUTO INSURANCE

Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	Amount of Coverage: <i>(Must be at least \$1 million)</i>	

INSURANCE INFORMATION- EXCESS UMBRELLA

Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	Amount of Coverage: <i>(Must be at least \$4 million)</i>	

INSURANCE INFORMATION- PROFESSIONAL LIABILITY

Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	Amount of Coverage: <i>(Must be at least \$2 million)</i>	

CUSTOMER REFERENCES

1	Company:	Describe Project:
	Contact:	
	Phone:	
2	Company:	Describe Project:
	Contact:	
	Phone:	
3	Company:	Describe Project:
	Contact:	
	Phone:	

LICENSES AND CERTIFICATIONS (Please list all applicable licenses and certifications held by your company)

1	Type:	Number:	Issuing Authority:	Date:
2	Type:	Number:	Issuing Authority:	Date:
3	Type:	Number:	Issuing Authority:	Date:
4	Type:	Number:	Issuing Authority:	Date:
5	Type:	Number:	Issuing Authority:	Date:

AGREEMENT AND SIGNATURE

By submitting of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion as a Energy Management Program Ally have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of the state of New Jersey unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion as a Energy Management Program Ally does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As an Energy Management Program Ally you acknowledge you are acting as an independent entity to provide energy efficiency services for the Energy Management Program and have not entered into a contractual agreement with JCP&L, Willdan, and all other overlapping utilities.

Authorized Representative:
(Please print)

Title:

Date:

Signature:



Costs of these programs may be recovered through customer rates in accordance with New Jersey law. For a complete list of commercial, industrial, residential and low-income energy efficiency programs, please visit energysaveNJ.com.

By participating in these energy efficiency and peak demand reduction programs, customers agree to allow their utility to retain ownership of all Capacity Rights which refers to the demand reduction associated with any energy efficiency and peak demand reduction measure for which incentives were provided by the Company. Your utility will aggregate these energy efficiency demand reduction attributes into the PJM capacity market with proceeds being used to offset the program costs.