



# FIRM SELECTION FORM

The Local Government Energy Audit Program provides funds to subsidize the cost of an energy audit and encourage the implementation of the recommendations in the energy audit report.

## CONTACT INFORMATION

Please complete the information below for the primary contact for this application.

<b>Primary Contact Name</b>		<b>Title</b>	
<b>Local Government Agency/Applying Entity</b>			
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Tax Identification Number</b>		<b>County</b>	
<b>Email</b>	<b>Phone</b>	<b>Fax</b>	

## APPROVAL REQUEST FORM CHECKLIST

Please check the following:

<input type="checkbox"/>	I am attaching the final RFP that was sent to the auditing firms.
<input type="checkbox"/>	I am attaching a list of all firms and their respective prices or responses.
<input type="checkbox"/>	I am attaching the complete Scope of Work Proposal from the selected firm.

The following are certifications. Both must be checked off for the form to be complete.

<input type="checkbox"/>	I certify price proposals were requested from each pre-qualified energy auditing firm.
<input type="checkbox"/>	I certify that the lowest priced firm, _____, (insert name of chosen audit firm) was selected, or, if not, I have described below why, _____, (insert name of chosen audit firm) a non-lowest priced firm, was selected.

Reason(s) for not selecting the lowest priced firm:

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If you have selected a non-lowest priced firm, your selection is subject to review and approval by the Market Manager and the Board of Public Utilities based on the justification provided.



**DISCLAIMER**

Acceptance into the Program is dependent on approval of the Scope of Work and cost proposal. Acceptance into the Program does not guarantee approval of the energy audit report. The Applicant must meet all Program rules to receive incentive funds from the Program. Neither the Commercial / Industrial Market Manager nor the Administrator is responsible for work performed by third parties.

**APPLICANT AUTHORIZATION**

*Authorization section should be signed by the Mayor, Business Administrator, Executive Director, or some comparable decision-maker at the applying entity*

<i>I certify that all information within this form is true. I understand the Local Government Energy Audit Program rules and procedures, including the requirement to reimburse 25% of the audit cost if an equivalent value of measures is not installed within twelve months of audit approval. I will not hold the Administrator or Market Manager responsible for work performed by a third party.</i>
<b>Applicant Representative Signature</b>
<b>Applicant Representative Printed Name</b>
<b>Applicant Representative Title</b>
<b>Date Submitted</b>

Please mail, fax, or email your completed application to:  
**New Jersey's Clean Energy Program**  
**c/o TRC Energy Services**  
**900 Route 9 North, Suite 104**  
**Woodbridge, NJ 07095**  
**Fax: 732-855-0422**  
**Email: [LGEA@trcsolutions.com](mailto:LGEA@trcsolutions.com)**

For further questions, please call 866-657-6278 x4 or visit our website at [www.NJCleanEnergy.com/LGEA](http://www.NJCleanEnergy.com/LGEA).

**STAFF USE ONLY**

Date Received: _____	Project No.: _____
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