



MEASURES IMPLEMENTED FORM

The Local Government Energy Audit Program Energy Audit Incentive Request Form is used to report on measures implemented after the audit. This form must be submitted for each building where measures were implemented.

CONTACT INFORMATION

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

Primary Contact Name	Title
Applying Entity	
Address	
Phone	Fax
Email	

INCENTIVE INFORMATION

Complete the information below to request your incentive payment.

- I have completed and attached the Measures Implemented Worksheet.
- I have attached a copy of the contractor/vendor invoices for the energy efficiency measures installed.
- I have attached a copy of the Market Manager's incentive approval letter(s) for all NJ Clean Energy Program incentives for the energy efficiency measures installed. The Market Manager will determine whether or not the net cost of the installed measures exceeds the level of investment required for this rebate.

As all incentives are evaluated on a per-building (or per-application) basis, please complete the following to evaluate your incentive for each application:

A	B	C	D
Application Number (from LGEA Approval letter)	Approved Audit Cost (from LGEA Approval letter)	25% of Approved Audit Cost .25 x B	Net Cost of Energy Efficiency Measures Installed (From Measures Implemented Worksheet)



A	B	C	D
Application Number (from LGEA Approval letter)	Approved Audit Cost (from LGEA Approval letter)	25% of Approved Audit Cost .25 x B	Net Cost of Energy Efficiency Measures Installed (From Measures Implemented Worksheet)



If for any application, the 25% of the audit cost (Column C) is greater than the net cost of energy efficiency measures (Column D), a repayment of 25% of the cost of the audit for that application is owed to the Program.

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. I will not hold the Administrator or the Market Manager responsible for work performed by a third party.</i>
Applicant Representative Signature
Applicant Representative Printed Name
Date Submitted

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

For further questions, please call 866-657-6278 x4 or visit our website at www.NJCleanEnergy.com/LGEA.

STAFF USE ONLY

Date Received: _____	Project No.: _____
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