

MULTIFAMILY SHELL MEASURES Incentive Application



Please complete the application, attach required documentation and email to: **ResidentialEEApplications@ameren.com** . All projects will receive a reservation number via email. The reservation number is required prior to project start date. All program paperwork must be submitted within 30 days of the installation date.

Reservation Number: _____

SECTION 1: PROPERTY INFORMATION

Property Name:		Number of Buildings:	
Mailing Address:	City:	State:	ZIP code:
Owner/Manager Name:		Title:	
Phone:		Email:	

Energy Supplier Information

<input type="checkbox"/> Ameren Illinois GAS Customer (Account Number or Meter Number): _____ _____ - _____ (Max. 5 digits per box. Ex.: 12345 - 67890)		<input type="checkbox"/> Ameren Illinois ELECTRIC Customer (Account Number or Meter Number): _____ _____ - _____ (Max. 5 digits per box. Ex.: 12345 - 67890)	
Physical Address:		City:	State: ZIP code:
Number of Units:	Unit #: _____ to #: _____	Number of Stories:	Foundation: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Garage Under
Primary Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating System (check all that apply below): Manufacturer Year (or estimate): _____ AFUE (if gas): _____ HSPF (if heat pump): _____ <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Pump Other: _____		
Cooling System (check all that apply below): Manufacturer Year (or estimate): _____ A/C Efficiency (Nameplate SEER): _____ <input type="checkbox"/> No Cooling System present <input type="checkbox"/> Central AC <input type="checkbox"/> Window AC <input type="checkbox"/> Mini-Split <input type="checkbox"/> Chiller <input type="checkbox"/> Combination <input type="checkbox"/> Other: _____			

SECTION 2: PROGRAM ALLY INFORMATION

Program Ally Company Name:	Program Ally Contact Name:
Mailing Address:	City: State: ZIP code:
Phone:	Email:

SECTION 3: INCENTIVE MEASURE INFORMATION

Crew Chief:	Phone Number:	Project Completion Date:		
MEASURE	INCENTIVE RATE	QUANTITY	MAXIMUM	SUB-TOTAL
Air Sealing	\$0.50 per CFM50	CFM50	\$5,000	\$
Attic Insulation – R11 or less (Improved to R49 or greater)	\$0.70 per SF	SF	NA	\$
Attic Insulation – R12 - R19 (Improved to R49 or greater)	\$0.70 per SF	SF	NA	\$
Ameren Illinois Incentive Total: \$ _____				

SECTION 4: ATTACHMENTS

Combustion Safety Form for each unit.

I confirm the measures as listed above have been completed to my satisfaction and certify the information I have provided is true and correct and the tests performed abide by program guidelines.

Owner/Manager Signature: _____ Date: _____

Program Ally Signature: _____ Date: _____

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SECTION 5: INSTALLATION LOCATION

AIR SEALING (Measurements taken with a blower door test. Units to be cubic feet per minute (CFM) at 50 Pascals (CFM50).)

Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:
Location:	<input type="checkbox"/> Tested <input type="checkbox"/> Sample	Pre CFM50:	Post CFM50:	Reduction:

Total CFM50 Reduction:

ATTIC INSULATION

Blown Cellulose, Blown Fiberglass, or Spray Foam are the only approved materials. Please contact the Program for approval of any other insulation materials.

Existing Net Area Insulated:

New Net Area Insulated:		Depth in inches:	Insulation Type:	
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
Location:	SQ FT:	Pre-install R-value:	Post-install R-value:	Type:
TOTAL AREA SQ FT:				

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ATTIC AIR SEALING DETAIL (Check all air sealing work completed as part of the work scope)		
<input type="checkbox"/> Top Plates Sealed	<input type="checkbox"/> Attic Access(es) Sealed	<input type="checkbox"/> Air Barrier Installed Over Open Cavity(ies)
<input type="checkbox"/> Plumbing Wet Wall(s) Sealed	<input type="checkbox"/> Drop Soffit Area(s) Sealed	<input type="checkbox"/> HVAC Register(s) Sealed
<input type="checkbox"/> Chimney Penetration(s) Sealed	<input type="checkbox"/> Mechanical Chase(s) Sealed	<input type="checkbox"/> Fire Rated Wall(s) Sealed
<input type="checkbox"/> Recessed Lights Enclosed (Non-ICAT)	<input type="checkbox"/> Attic Level Transitions Sealed	<input type="checkbox"/> Knee Wall Transition Bypass Sealed
<input type="checkbox"/> Recessed Lights Sealed (ICAT)	<input type="checkbox"/> Bath Fans Sealed	
NOTES (describe any unusual conditions):		

Special Note: Form must be submitted completely and accurately and must be approved prior to work beginning. If approval is not received prior to work beginning, the incentive will not be paid. The form should be emailed to: ResidentialEEApplications@ameren.com. The subject line and file name must read: Program Ally Name_Homeowner Last Name_Homeowner First Name_Program Name (Ex: Insulators Inc_Jones_Mary). The reservation number will be emailed to you at the address listed above. The reservation number is not transferable and must be provided on all incentive forms. If the customer decides not to participate in the program, please email us immediately.

AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

- 1. Definitions** – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. **a) “Ameren Illinois”** shall mean Ameren Illinois Company d/b/a Ameren Illinois. **b) “Program Ally”** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. **c) “Application”** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. **d) “Customer”** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer’s Application by Ameren Illinois. **e) “Eligible Customer”** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between June 1, 2016 to May 31, 2017 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer’s address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. **f) “Program”** shall mean the energy efficiency plan or measure that is the subject of the Application. **g) “Program Manager”** shall mean the Ameren Illinois designee in charge of the Application. **h) “Reservation of Funds”**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally’s request for funds.
- 2. General** – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.
- 3. Procedures & Reporting** – Program Ally shall follow Program procedures of; **a)** verifying eligibility of Customer and work to be performed; **b)** reserving funds from Program in advance of the project commencing; and, **c)** submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.
- 4. Independent Contractor** – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.
- 5. Warranty of Work** – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer’s warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.
- 6. Quality Assurance** – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally’s work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.
- 7. Pre and Post Installation Verification** – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.
- 8. Incentive Payments/Limits** – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer’s invoice as “Ameren Illinois Energy Efficiency Program Incentive.”
- 9. Indemnification** – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney’s fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.
- 10. Changes In/Cancellation Of The Program** – **a)** Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. **b)** In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. **c)** Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds
- 11. Miscellaneous** – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.