





Multi-Family Energy Savings Income Eligible and Public Housing Health and Safety Rebates Application

Program Dates: January 1, 2024 - December 31, 2024

Applications must be received within 30 days of installation or by December 31, 2024, whichever comes first.

Health and Safety conditions are defined as either immediate hazards or circumstances that have the potential to impact the health and/or safety of the building occupants, on-site contractors, and/or program staff. These may include fire hazard, air quality and/or life safety issues.

Rebates must be pre-approved and are dependent on the completion of qualifying energy efficiency improvements.

Instructions for use

- 1. Eligibility is limited to qualifying multi-family buildings in the ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas territories that are income eligible or owned/managed by public housing authorities. Health and Safety projects must receive a pre-inspection and written pre-approval from the program **BEFORE** project installation begins.
- 2. If you have any questions or would like to schedule a pre-inspection, please call 855-993-0940. The Health and Safety projects that are eligible for rebate are described in pages 3-7.
- 3. Review terms and conditions on page 8 of this application and have the customer sign the acceptance of terms on page 2. Customer must also sign the Payment Release Authorization section on page 2 to indicate that the customer understands the rebate will be deducted from the invoice and paid directly to the contractor.
- 4. Submit this completed and signed application with the required supporting documents listed below:
 - A clear, legible copy of the invoice made out to Multi-Family Energy Savings showing contractor name, installation date and address, customer name, and total project cost including labor.
 - Specification sheets for material used need to accompany the application at preapproval.
 - All Health and Safety rebates will be made payable to the contractor in order to lower upfront costs for the customer.
 - The invoice must show that the rebate was deducted from the total project cost and not charged to the customer.
 - Please provide a copy of the customer's most recent utility bills.
 - For proposals exceeding \$50,000, provide quotes from three vendors, indicating that the lowest cost, qualified bid will be used for the project.
- 5. IMPORTANT: Photocopy your entire submission to keep for your records.

Submission Information

Applications can be delivered via one of the following methods.

- Scan and email to: <u>MFES@franklinenergy.com</u>
- Print and mail to: c/o Franklin Energy 5440 N. Cumberland Ave., Ste. 135 Chicago, IL 60656

Account holder information - Must match information listed on the cu	stomer's utility bill. <i>Fields belo</i> u	w are required.	
Installation Address:	City:	State: IL ZIP:	
Mailing Address:	City:	State: ZIP:	
Electric Account Information:			
Account Holder's Name:			
Account #:			
Email:	Pho	ne:	
Electric Utility: ComEd Other (please specify)			
Gas Account Information:			
Account Holder's Name:			

Account #:	
Email:	Phone:
Gas Utility: ☐ Nicor Gas ☐ Peoples Gas ☐ North Shore Gas ☐	Other (please specify)
On site contact information	
First Name: Last Na	me:
Email:	Phone:
Installing contractor information	
Contractor Company Name:	Contact Name:
Mailing Address: Cit	y: State: ZIP:
Email:	Phone:
Certifications and signature - <i>required</i>	
Please sign and complete information below. Customer signature is required for payment.	Total Health and Safety Conditions Cost:
I, the utility account holder, hereby certify that: 1. The information contained in this application is accurate and complete. 2. All rules of this rebate program have been followed. 3. I have read and understand the terms and conditions included within this definition.	Owner Cost:
Utility Account Holder's Signature:	
Payment release authorization - <i>required</i>	
authorizing that the rebate payment be sent to the contractor named on page 2, and I understand I will not be receiving the rebate payment as directly. Lalso understand that my release of payment to a third party	nis project was paid for by the utility account owner and the ontractor has deducted the rebate amount from the total project cost indicated on the invoice. gn below for third party payment authorization.
Utility Account Holder's Signature:	Date:///
Property Information	
Property Information: Year Built: Total Indoor Sq Ft: Number of Buildings: Number of Floors: Property Type: □ Apartment □ Senior Living Facility □ Other Program Path: □ Income Eligible □ Public Housing (If unsure about the elegistic Heating System Information: Year Installed: Efficiency: System Type: □ Furnace □ Boiler □ Electric Baseboard □ Heat Pump □ Cooling System Information: Year Installed: Efficiency: Efficiency: Cooling System Information: Year Installed: Efficiency:	Total Units: ligibility path, please contact the program team by calling Size (BTU):
System Type: ☐ Central A/C ☐ Window Units ☐ Ductless Mini-Split ☐ H	

Condition: Unsafe electrical			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Gran	nd Total (including labor, supplies, etc.)	
Condition: Gas leak			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Gran	nd Total (including labor, supplies, etc.)	
Condition: Combustion appliance exhau	ust spillage		
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to show how your approach is cost competitive (optional).			
	Gran	nd Total (including labor, supplies, etc.)	
		(nage	Subtotal: \$

Condition: High carbon monoxide in combustion appliance flue gases			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
•			
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Cvan	ad Tatal (in aluding labor supplies ata)	
	Gran	nd Total (including labor, supplies, etc.)	
Condition: Improper flue venting			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Gran	nd Total (including labor, supplies, etc.)	
	Giai	ia retat (inetaanig taber) sappuse, ete.,	
Condition: Suspected asbestos containing	ng building materials (ACBMs)		
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to show how your approach is cost competitive (optional).			
The state of the s			
Grand Total (including labor, supplies, etc.)			
Grand Total (including labor, supplies, etc.)			
			- () Cubtotal: C
		(page	e 4) Subtotal: \$

Condition: Mold remediation			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Gran	nd Total (including labor, supplies, etc.)	
Condition Full-out form			
Condition: Exhaust fans			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to show how your approach is cost competitive (optional).			
	Gran	nd Total (including labor, supplies, etc.)	
Condition: Foundation/roof leak/bulk w	ater		
Description of existing conditions and			
location: Description of correction:			
Cost work sheet below:			
	Number of Units	Linit Cost	Total
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to show how your approach is cost competitive (optional).			
Grand Total (including labor, supplies, etc.)			
(page 5) Subtotal : \$			

Condition: Exhaust fan not properly terr	ninated to the exterior			
Description of existing conditions and location:				
Description of correction:				
Cost work sheet below:				
Unit Description	Number of Units	Unit Cost	Total	
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).		
<u> </u>				
	Grai	nd Total (including labor, supplies, etc.)		
		3 11 1		
Condition: Inadequate/missing carbon r	nonoxide/smoke detectors			
Description of existing conditions and				
location:				
Description of correction:				
Cost work sheet below:	Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total	
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).		
	Gra	nd Total (including labor, supplies, etc.)		
			,	
Condition: Infestation, pets, and avian				
Description of existing conditions and location:				
Description of correction:				
Cost work sheet below:				
Unit Description	Number of Units	Unit Cost	Total	
Provide the cost explanation below to show how your approach is cost competitive (optional).				
Grand Total (including labor, supplies, etc.)				
-				
(page 6) Subtotal : \$			ς	
		(page	e of Subtotal.	7

Condition: Ceiling mitigation and reinfo	rcement		
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Gra	nd Total (including labor, supplies, e	tc.)
Condition: Other			
Description of existing conditions and location:			
Description of correction:			
Cost work sheet below:			
Unit Description	Number of Units	Unit Cost	Total
Provide the cost explanation below to sh	now how your approach is cost compet	itive (optional).	
	Grai	nd Total (including labor, supplies, e	tc.)
		Page 3 Subtotal \$	
		Page 4 Subtotal \$	
Page 5 Subtotal \$			
		Page 6 Subtotal \$	
Page 7 Subtotal \$			
Subtotal Health and Safety Improvements Cost \$			
If Subtotal Health and Safety Improvements Cos If Subtotal Health and Safety Improvements Cos \$50,000 which is lower.			st below). d at 50% of Total Energy Efficiency Project Cost o
	Total Energy Effic	ciency Project Cost \$	
		(Multiply by .50) \$	
	Total Health and Safety I	mprovements Cost \$	

Valid January 1, 2024 - December 31, 2024

Rebate offer: Health and Safety rebates are available for income eligible and public housing customers through ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas and are dependent on the completion of energy efficiency improvements that are subject to a separate application that must be approved prior to or simultaneously with this application and must result in reduced natural gas and/or electricity use at the multifamily building subject to this application (the "Energy Efficiency Project"). This program is available from January 1, 2024 to

December 31, 2024 to eligible ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas customers ("Customers"). Health and Safety rebate applications must be received within 30 days of installation date to be eligible, and no later than December 31, 2024.

Eligibility: Eligibility is limited to qualifying multi-family buildings in ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas service territories. Health and Safety improvements must be new and completed in a qualifying residential dwelling that is serviced by ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas in Illinois. In order to qualify, all Health and Safety measures must be installed by program approved contractors. Your eligibility for this offer is subject to approval

Compliance:

- All projects must comply with applicable federal, state, and local laws and regulations, including building codes and their referenced standards
- Health and Safety projects must be installed in an existing building.
- Not available for new construction, building additions, or major renovations.
- · Only one rebate will be granted for each project.

by our designated program administrator.

Delivery:

Applications can be delivered via one of the following methods:

- Scan and email to: MFES@franklinenergy.com
- Print and mail to: c/o Franklin Energy
 5440 N. Cumberland Ave., Ste. 135 Chicago, IL 60656

Applications: Submissions must have complete information and include:

- The entire completed application signed by the Customer.
- A copy of the Customer's most recent natural gas and electric utility bills may be requested.
- A clear, legible copy of the invoice showing contractor name, installation date and address, Customer name, and total project cost including labor.
 - -All Health and Safety rebates will be made payable to the contractor in order to lower upfront costs for the Customer. The invoice must show that the rebate was deducted from the total project's cost and not charged to the Customer.

Payment: Improvement level rebates cannot exceed the installed cost of the improvement. Rebate payments are paid out based on quantity of improvements installed. Program contractor may not receive additional payment from customer for improvements that are fully incentivized by the program.

Once completed paperwork is submitted, rebate payments are usually made within 4 weeks or 30 days. Incomplete applications will either delay payments or result in denial of the application. ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas reserve the right to refuse payment and participation if the Customer or contractor violates program terms and conditions.

Property Owner Authorization Agreement:

- Property owner, on behalf of itself and its heirs, executors, successors, or assignees, shall not increase Tenant's monthly rent solely as the result of the improvements completed on the building as agreed to in the Installation Agreement for a period of 12 months from the date of the completion of final inspection. HUD/Section 8 annual rental restructuring increases are exempt and may still be applied as a rental increase;
- 2. If property owner sells, assigns, or conveys any interest of the building within 12 months from the date of final inspection of the installation of measures, property owner shall require the new owner interest holder to comply with the obligations outlined in this Authorization and Agreement.
- If property owner is in breach of the Authorization and Agreement, property owner shall reimburse the cost of the energy efficiency improvements completed at the property address to the Offering.

Inspection: Program staff reserves the right to conduct on-site pre-inspections and post-inspections of proposed and installed projects.

Tax information: Rebates may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability. ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas are not responsible for any tax liability imposed on the Customer or contractor as a result of the payment of rebates.

Publicity: ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas reserve the right to publicize participation in this program, unless Customer specifically requests otherwise in writing.

Program discretion: Rebates are available on a first-come, first-served basis. Rebate amounts and offerings are subject to change or termination without notice at the discretion of ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas.

Logo use: Customers or contractors may not use the ComEd, Nicor Gas, Peoples Gas, and/or North Shore Gas company and program names, or logos in any marketing, advertising or promotional material without written permission.

Disclaimers: The Customer will defend, hold harmless, and release Commonwealth Edison (ComEd), Nicor Gas Company,

Peoples Gas Light and Coke Company, and North Shore Gas and each company's affiliates, officers, directors, shareholders, agents, employees, contractors, and representatives from any and all claims, liabilities, fines, interest, costs, expenses, and damages (including attorney's fees and court costs) incurred by the Customer or its contractors or any third party for any damage, injury, death, loss, or destruction of any kind to persons or property, to the extent the damage, injury, death, loss, or destruction arises out of or is related to the acts or omissions of ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas or each company's affiliates, officers, directors, shareholders, agents, employees, contractors, or representatives or to the rebate program. ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas do not endorse any particular manufacturer, product, labor, or system design by offering these programs.

The customer shall be entitled to the energy cost savings realized by the customer that result from the installation of Energy Conservation Measures (ECMs) at the customer's site. In consideration of the services provided by ComEd as part of this program, the customer agrees that ComEd is entitled to 100% of the rights and benefits associated with the measures, including, without limitation: PJM products and all other







Energy Efficiency Program



NORTH SHORE GAS®

Terms and conditions

attributes, credits or products associated therewith under any regional initiative or federal, state, or local law, program or regulation, and customer waives, and agrees not to seek, any right to the same.

COMED, NICOR GAS, PEOPLES GAS, AND/OR NORTH SHORE GAS DO NOT EXPRESSLY OR IMPLICITLY WARRANT THE PERFORMANCE OF ANY EQUIPMENT OR ANY CONTRACTOR'S QUALITY OF WORK. NO WARRANTY OF ANY KIND, WHETHER STATUTORY, WRITTEN, ORAL, OR IMPLIED (INCLUDING WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE OR MERCHANTABILITY) WILL APPLY. (Contact your contractor or equipment supplier for any warranties.)

Release of customer information: Customer agrees to the release by ComEd, Nicor Gas, Peoples Gas and/or North Shore Gas of any Customer data, including personally identifiable information, to any contractor or other vendor providing services or support under the program.

Verification: Any Customer receiving a rebate may be contacted by an evaluator to verify service/equipment installation or be asked to complete a Customer survey.

Payments will be transmitted within 4 weeks or 30 days of the date your complete application was received. Rebates are paid in U.S. dollars according to the payment option selected. It is required that rebate checks be cashed within 90 days of the issuance date on the check. All submitted materials become property of rebate sponsor and will NOT be returned. For questions, please call 855-993-0940.







Energy Efficiency Program





Valid January 1, 2024 - December 31, 2024