Con Edison’s Small-Medium Business Energy Efficiency Program
Participating Contractor Qualifications & Application Process

Initial

1. **Participating Contractor Application:** All new applicants must complete an application and include 3 customer references (pg. 2-3).
   - If your company participated in the program in 2022, there is no need to fill out a completely new application (pg. 2-3). Instead, please initial this line and return this page along with the following items: #2A, #2B, a current Certificate of Insurance (item #5), and fill out item #6 below; include initials for each on this page.

2. **Sign and Review:**
   - SMB Program Manual
   - ACH / Direct Deposit Authorization Agreement
   - Completed W-9 Form; Sign and Return to Participating Contractor Manager

3. **MWBE Certificate** (Send Certificate Copy to Participating Contractor Manager if applicable)

4. **Certificate of Insurance (COI)** - Required policy and coverage listed below. See example COI in Program Manual.
   - Commercial General Liability Insurance: Coverage amount no less than $1 Million
   - “Willdan Group, Consolidated Edison and their respective officers and employees are included as Additional Insured as respects the General Liability policy reference herein as required by written contract”
   - The certificate holder should be listed as:
     Willdan Energy Solutions
     61 Broadway, Suite # 2010
     New York, NY 10006

5. **Participating Contractor Orientation:** Attend/Review a Participating Contractor Orientation Training. Lighting contactors, please email to ConEd-SMBProgram@willdan.com and HVAC, refrigeration, and building envelope contactors, please email to SMB_HVACR@willdan.com with the information requested below, after completing the onboarding steps above. If you would like to obtain more program information, please visit the SMB Energy Efficiency Program website.

   **Attendee 1**
   - Name: ____________________________
   - Email: ____________________________
   - Phone Number: ______________________

   **Attendee 2**
   - Name: ____________________________
   - Email: ____________________________
   - Phone Number: ______________________

   • Your SMB application must be approved before you can register for the onboarding training. *(The review of the application will be completed within 5-7 business days.)*
   • Training for new SMB participating contractors is held periodically on a needed basis. Assigned contractor managers will provide each participating contractor with training materials covering all aspects of the program.
   • This is an in-person training that is hosted at the Willdan Manhattan office. *(Due to the current COVID-19 situation, we are organizing the training sessions virtually, to ensure everyone’s safety.)*
   • The training is approximately 2 hours and will cover SMART project management system and survey audit tool basics.
   • After completion, your company will be provided with SMART login credentials and the current survey audit tool.

Once onboarded, Participating Contractors must ensure Good Standing in the program, as only participating contractors in good standing, consistent with the program requirements, will be permitted to participate in the program.

To stay in good standing, Participating Contractor should:
   • Attend SMB Energy Efficiency Program Participating Contractor Quarterly Meetings
   • Adhere to the Participating Contractor program requirements

Sign _______
# Small-Medium Business Energy Efficiency Program

## Applicant Information

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Title:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Office phone:</td>
<td>Cell:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Website:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Years in Business:</th>
<th>Years under current Ownership:</th>
<th>Number of NY employees:</th>
</tr>
</thead>
</table>

Check All That Applies:
- ☐ Minority Owned Business
- ☐ Women Owned Business
- ☐ Veteran Owned Business

<table>
<thead>
<tr>
<th>Certificate Reference Number:</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Federal Tax ID:</th>
<th>Corporation</th>
<th>Partnership</th>
<th>Individual / Sole Proprietor</th>
<th>Exempt (Tax exempt/non-profit)</th>
</tr>
</thead>
</table>

How did you hear about the Program?

Would you like to be listed on the ConEd website to receive customer leads? If so, please fill out this form.

## Company Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Phone</th>
<th>Position</th>
</tr>
</thead>
</table>

## Company Information

### Business Type

- ☐ Electrical Contractor
- ☐ Manufacturer’s Rep
- ☐ Manufacturer
- ☐ Retailer
- ☐ Distributor
- ☐ Engineering
- ☐ Architect
- ☐ Consultant
- ☐ Mechanical Contractor (HVAC)

### Please check what measures you are interested in providing (check all that apply)

- ☐ Lighting
- ☐ Lighting Controls
- ☐ Gas Measures
- ☐ Refrigeration
- ☐ HVAC
- ☐ Building Envelope
- ☐ Other

### Services Area (check all that apply)

- ☐ Brooklyn
- ☐ Bronx
- ☐ Manhattan
- ☐ Queens
- ☐ Staten Island
- ☐ Westchester County

## Insurance Information

<table>
<thead>
<tr>
<th>Company:</th>
<th>Mailing Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Phone:</td>
<td>Type of Coverage:</td>
<td>Amount of Coverage:</td>
<td></td>
</tr>
</tbody>
</table>

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# Small-Medium Business Energy Efficiency Program

## Customer References

<table>
<thead>
<tr>
<th></th>
<th>Company:</th>
<th>Describe Project:</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
<td></td>
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<td></td>
<td></td>
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<td>4</td>
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</table>

## Licenses and Certifications

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Issuing Authority</th>
<th>Date</th>
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## Agreement and Signature

By submission 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 to the Participating Contractor Network have been examined and to the best of their 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 New York City, Westchester County and New York State 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 on the Participating Contractor Network does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Program Participating Contractor, you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Con Edison Small-Medium Business Energy Efficiency Program and have not entered into a contractual agreement with Con Edison of New York or any entity of Willdan Energy Solutions.

Authorized Representative (please print):

Signature:

Authorized Representative (please print):

State of New York, County of__________________:

__________________________, being duly sworn, deposes and says: I am the person signing on behalf of the applicant described herein and who executed the foregoing application, and the several matters therein stated are in all respects true.

Subscribed and sworn to before me this ___________ day of _____, 20____

Notary Public

## Willdan Energy Solutions Use Only

<table>
<thead>
<tr>
<th>Participating Contractor Manager Name:</th>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Return completed form by email or mail to:
Con Edison Small-Medium Business Energy Efficiency Program
c/o Willdan Energy Solutions
61 Broadway, Suite #2010, New York, NY 10006
Tel: (718)-683-961 Email: ConEd-SMBProgram@willdan.com

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Dear Valued Supplier:

This notification is to inform you that we have started the process of transitioning payments made by paper check, to now offering electronic payments (EFT) as a payment option. While we still offer payment by check, we encourage that you consider changing to EFT, which provides the most efficient payment of invoices.

EFT payments will provide the following benefits to our vendors:

- Funds will settle in your account on a predictable day
- Ensures that funds are available for use immediately
- Eliminates the possibility of lost checks or check fraud
- Paperless remittance advice via e-mail including invoice number, date, and amount

If you would like to begin receiving electronic payments (EFT), please complete and return the section below, along with a VOID check (not deposit slip) from your account or a letter from the servicing bank.

To ensure delivery of remittance emails from Willdan Group, please add WGIAccounting@willdan.com to your email’s safe list. This is a DO NOT REPLY email setup for the purposes of remittance notification only.

If you wish to return your completed form or contact us via email, please use AP@willdan.com.

The information on the next page is required for all suppliers to process their ACH / Direct Deposit setup.
We hereby authorize, Willdan Group, Inc., to initiate Automated Clearing House (ACH) electronic funds transfer (EFT) to our account as indicated below:

**BANKING INFORMATION**
Type of Account: Checking Account ☐ / Savings Account ☐

<table>
<thead>
<tr>
<th>Bank Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Bank Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Transit ABA (Routing Number):</td>
<td>Account Number:</td>
</tr>
</tbody>
</table>

**VENDOR INFORMATION**

<table>
<thead>
<tr>
<th>Vendor ID:</th>
<th>Name of Business:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip/Postal Code:</td>
</tr>
</tbody>
</table>

Email Address (for Remittance Detail):  

**Signature of Authorized Representative of the Business:**

__________________________  ___________________________  _______________________
Written Signature Required  Printed Name  Phone

Submit a copy of a voided check or a letter from the servicing bank with this form

If you change banks or accounts, please provide at least thirty (30) days written notice.

Respectfully submitted,

WILLDAN GROUP, INC.

**SAMPLE OF CERTIFICATE OF LIABILITY INSURANCE**
# Certificate of Liability Insurance

**Con Edison Small-Medium Business Energy Efficiency Program**

**Participants Participating Contractor**

**Application**

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### Certificate of Liability Insurance

**Date:** 01/16/2020

**Producer:** [Name redacted]

**Insured:** [Name redacted]

**Coverages Certificate Number:** [Certificate number]

**Revision Number:** [Revision number]

**A. Commercial General Liability**

- **Type of Insurance:** [Type redacted]
- **Limit:** $1,000,000
- **Policy Number:** [Policy number]
- **Policy Exp.:** 08/20/2020

**B. Automobile Liability**

- **Limit:** [Limits redacted]

**Certificate Holder**

- **Willdan Energy Solutions**
  - 61 Broadway, Suite 2010
  - New York, NY 10006

**Cancellation**

**Should Any of the Above Described Policies Be Canceled Before the Expiration Date Thereof, Notice Will Be Delivered in Accordance with the Policy Provisions.**

**Authorized Representative:** [Redacted]

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**Willdan Group, Consolidated Edison and their respective officers and employees are included as Additional Insured as respects the General Liability policy referenced herein as required by written contract.**

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**Required**

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[Signature]

**ACORD 25 (2015/03)**

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