# Energy Trust of Oregon Small Business Direct Install Installer Application

## Overview and Eligibility

Energy Trust of Oregon (Energy Trust) is an independent nonprofit organization dedicated to clean, affordable energy for everyone.

CLEAResult Consulting Inc. (CLEAResult) is the program delivery contractor responsible for providing Energy Trust's business lighting services and incentives ("Program") for Oregon customers of Portland General Electric and Pacific Power. The Small Business Direct Install (SBDI) offer provides no-cost lighting upgrades to eligible small commercial, industrial, and multifamily customers.

CLEAResult is accepting applications from lighting installation contractors across Energy Trust service areas (each referred to as a "Company" or "Applicant") that are interested in participating in the SBDI offer. CLEAResult will contract with selected applicants to:

1. Order approved materials from the Program's qualified product list (QPL) according to project work orders.
2. Install approved lighting and lighting controls measures.

Required and preferred qualifications can be found on Energy Trust Insider. Please contact the Program with questions via email at lighting@energytrust.org.

Enrollment is limited to open availability by region. Depending on availability and qualification scores, applicants may be placed in our waiting pool.

Para asistencia o preguntas en Español, por favor mande un correo electronico a lighting@energytrust.org.

## Section 1: Company and Applicant Contact Information

| | |
|---|---|
| Company Name | |
| Applicant Contact Name | |
| Applicant Contact Title | |
| Applicant Contact Email | |
| Applicant Contact Phone | |
| Company Years in Business | |
| Company Years Under Current Ownership | |
| Company Website | |
| Company Street Address<br>*Address determines enrollment region. Limit one region per Company.* | |

| | |
|---|---|
| Company City | |
| Company State | |
| Company ZIP | |

## Section 2: Company Details

| | | | |
|---|---|---|---|
| Company is an enrolled Energy Trust business lighting trade ally | ☐ Yes | ☐ No | ☐ Not sure |
| Company employs its own installation team | ☐ Yes | ☐ No | ☐ Not sure |

| | | | |
|---|---|---|---|
| Company Language(s)<br>*Indicate all customer languages supported by company* | ☐ Arabic | ☐ Cantonese | ☐ English |
| | ☐ French | ☐ German | ☐ Japanese |
| | ☐ Korean | ☐ Mandarin | ☐ Marshallese |
| | ☐ Russian | ☐ Spanish | ☐ Tagalog |
| | ☐ Thai | ☐ Ukrainian | ☐ Vietnamese |
| | List any other languages: | | |

| | | | | |
|---|---|---|---|---|
| Company Service Area<br>*Indicate counties served by company's direct installers (not subcontractors).*<br>*Any service area exceptions or travel conditions can be explained in Section 5.* | ☐ Baker | ☐ Benton | ☐ Clackamas | ☐ Clatsop |
| | ☐ Columbia | ☐ Coos | ☐ Crook | ☐ Deschutes |
| | ☐ Douglas | ☐ Gilliam | ☐ Hood River | ☐ Jackson |
| | ☐ Jefferson | ☐ Josephine | ☐ Klamath | ☐ Lake |
| | ☐ Lane | ☐ Lincoln | ☐ Linn | ☐ Malheur |
| | ☐ Marion | ☐ Morrow | ☐ Multnomah | ☐ Polk |
| | ☐ Sherman | ☐ Tillamook | ☐ Umatilla | ☐ Union |
| | ☐ Wallowa | ☐ Wasco | ☐ Washington | ☐ Yamhill |

## Section 3: Company References and Project Descriptions

Applicants must provide professional installation references for three commercial or industrial lighting projects installed by the company and located in Oregon. Applicants understand and agree that CLEAResult will contact the listed references.

Project description information must be detailed enough for CLEAResult to understand the lighting and lighting control components (as applicable) of the project as well as the company's role.

| | | |
|---|---|---|
| #1 | Reference Contact Name | |
| | Reference Business Name | |
| | Reference Contact Email | |
| | Reference Contact Phone | |
| | Project Description | |
| #2 | Reference Contact Name | |
| | Reference Business Name | |
| | Reference Contact Email | |
| | Reference Contact Phone | |
| | Project Description | |
| #3 | Reference Contact Name | |
| | Reference Business Name | |
| | Reference Contact Email | |
| | Reference Contact Phone | |

| | | |
|---|---|---|
| | Project Description | |

**Section 4: Licenses, Certifications, and Accreditations**

List all technical or professional licenses, certifications and accreditations held by company and individuals employed by company. Include license numbers and expiration dates where applicable.

| Individual or Company Name | License/Certification/Accreditation | Expiration Date | License Number |
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Identify all Company certifications from The Certification Office for Business Inclusion and Diversity (COBID), Federal contracting assistant program benefits or certifications managed by the U.S. Small Business Administration (SBA), and Business Oregon (OBDD).

If Company is eligible for a certification it does not currently hold, use the “Eligible” checkbox. If company is certified, check the certified box and provide the expiration date

| and license/registration number as applicable. Any other certifications can be listed in Section 5. | | | | |
|---|---|---|---|---|
| Eligible | Certified | Certification/Certifying Entity | Expiration Date | License/Registration Number |
| ☐ | ☐ | Minority Business Enterprise (MBE) | | |
| ☐ | ☐ | Women Business Enterprise (WBE) | | |
| ☐ | ☐ | Service-Disabled Veteran Business Enterprise (SDVBE) | | |
| ☐ | ☐ | Emerging Small Business (ESB) | | |
| ☐ | ☐ | Veteran Business Enterprise (VBE) | | |
| ☐ | ☐ | Oregon Small Business Enterprise (OSBE) | | |
| ☐ | ☐ | Small Disadvantaged Business (SDB) | | |
| ☐ | ☐ | Women-Owned Small Business (WOSB) | | |
| ☐ | ☐ | Economically Disadvantaged Women-Owned Small Business (EDWOSB) | | |
| ☐ | ☐ | 8(a) Business Development Program | | |
| ☐ | ☐ | Veteran-Owned Small Business (VOSB) | | |
| ☐ | ☐ | Service-Disabled Veteran-Owned Small Business (SDVOSB) | | |
| ☐ | ☐ | Historically Underutilized Business Zone (HUBZone) | | |
| ☐ | ☐ | Washington State Office of Minority and Women's Business Enterprises (OMWBE) | | |
| ☐ | ☐ | Supplier Clearinghouse (California Office of Public Utilities Commission) | | |
| ☐ | ☐ | National Minority Supplier Development Council (NMSDC) | | |

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | National LGBT Chamber of Commerce | | |
| ☐ | ☐ | Disability-owned Small Business (Disability:IN) | | |
| ☐ | ☐ | Women's Business Enterprise National Council (WBENC) | | |

**Section 5: Other Qualifications or References**

Use this section to describe any other qualifications, references, or conditions related to the applications required and preferred criteria.

**Section 6: Applicant Signature**

By signing below, I represent that I have completed this application truthfully and accurately to the best of my knowledge.

| | | |
|---|---|---|
| | | |
| *Authorized Applicant Signature* | *Authorized Applicant Name (printed)* | *Date* |