

# Payment Request

New Buildings Incentive Application Form 540<sub>PR</sub>



## OVERVIEW

A signed and complete copy of the **From 510A: Project Enrollment Application** and relevant **Incentive Application(s)** must accompany or precede this form. A signed copy of this **Payment Request** must be submitted to the New Buildings program (Program) along with all required accompanying documentation and **Project Owner's W-9**. The incentive check will be made payable to the **Legal Company Name** listed below.

## PROJECT OWNER PAYMENT INFORMATION

Incentive check will be made payable to the company below.

LEGAL COMPANY NAME (MUST MATCH W-9)		ASSUMED BUSINESS NAME (IF DIFFERENT)	
CHECK MAILING ADDRESS		CITY, STATE, ZIP	
OWNER REPRESENTATIVE	TITLE	PHONE	EMAIL

## PROJECT INFORMATION

BUILDING PROJECT INFO	PROJECT ID (IF KNOWN)
SITE ADDRESS	CITY, STATE, ZIP

## INCENTIVE PAYMENT TYPE

Select the **Incentive Application(s)** for which Project Owner is requesting payment and indicate the date the work was completed. **Incentive Applications** submitted for installation incentives are combined by Energy Trust into a single incentive reservation and payment. The total amount of installation incentives payable for a single project will never exceed \$499,999.

Installation Incentives	Date Completed	Other Incentives	Date Completed
<input type="checkbox"/> Standard Equipment Workbook	_____	<input type="checkbox"/> Early Design Assistance	_____
<input type="checkbox"/> Lighting Calculator	_____	<input type="checkbox"/> Energy Modeling Assistance	_____
<input type="checkbox"/> Market Solutions	_____	<input type="checkbox"/> Technical Assistance for Path to Net Zero	_____
<input type="checkbox"/> Modeled Savings	_____	<b>Studies Completed:</b>	
<input type="checkbox"/> Special Measure Calculator	_____	<input type="checkbox"/> Commissioning: Design Review	_____
		<input type="checkbox"/> Post-Occupancy for Path to Net Zero	_____
		<input type="checkbox"/> Energy Metering	_____
		<input type="checkbox"/> Net Zero Certification	_____
		<input type="checkbox"/> Other:	_____

### RETURN FORM TO:

Energy Trust of Oregon – New Buildings  
421 SW Oak Street, #300, Portland, OR 97204  
1.877.467.0930 **telephone**  
503.961.7642 **fax**  
newbuildings@energytrust.org **email**

### FOR PROGRAM USE ONLY:

OM:  
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### GRANT FUNDING

Did Project Owner receive any external funding from sources that directly reduced the final project costs incurred by Project Owner?

- Yes       No

(Examples include state/federal funding, grants, discounts, rebates, incentives, or other similar types of consideration.) Additional information may be required. The amount of Energy Trust incentive funding for a given efficiency measure may never exceed the final project cost minus Grant Funds.

If yes, did this external funding reduce the costs of the energy efficiency measures specified in any of the selected Incentive Application(s) for which Project owner is requesting incentives?

- Yes       No

### OHCS OR ODOE FUNDING

Did Project Owner receive any OHCS Multifamily Energy Program funding through Oregon Housing and Community Services or any ODOE Schools Program funding through Oregon Department of Energy for these measures? If so, additional information will be required.

- Yes       No

### UTILITY INFORMATION AND RELEASE

If you do not have account information at this time, you are required to provide it once accounts are established. Submit as an attachment if you need additional space. If you are requesting payment for an Installation Incentive (see the *Incentive Payment Type* section), this utility account information must be submitted before we will be able to determine incentive eligibility or process this payment request. Additional documentation may also be required.

#### Electric Utility Information

#### Account Number

- Portland General Electric (PGE)  
 Pacific Power  
 Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Gas Utility Information

#### Account Number

#### Rate Schedule

- NW Natural  
 Cascade Natural Gas  
 Avista  
 Other  
 No Gas

Account Number	Rate Schedule
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Energy Usage Release:** Project Owner authorizes Energy Trust and its representatives to access the utility energy usage data, including without limitation interval data, for the project's electric and gas utility accounts at the physical address of the site property and represents that it has full authority to grant this authorization. If Energy Trust does not have such utility data, Project Owner hereby authorizes its electric or gas utility representative to release such data to Energy Trust. Project Owner further grants Energy Trust permission to discuss its energy efficiency project with the applicable utility account representative(s) designated to the accounts. Project Owner agrees to provide Energy Trust with such other reasonable assistance as may be necessary to obtain the necessary utility account information.

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## SUBMITTAL

By signing and submitting this **Payment Request**, I represent to Energy Trust that (i) I have submitted all required documentation as described in the referenced **Incentive Application(s)**, including the Project Owner's signed W-9 stating the correct federal tax identification number and tax filing address, (ii) I am authorized to submit this **Payment Request** on behalf of Project Owner, including but not limited to authorizing the Energy Usage Release, (iii) the information in the submitted **Project Enrollment Application** agreement remains true and correct as of the date of this submission, (iv) all the information contained here and in any accompanying documentation is complete, truthful and accurate to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY

## FOR MORE INFORMATION

Please visit [energytrust.org/commercial](http://energytrust.org/commercial), call 1.877.467.0930, or email [newbuildings@energytrust.org](mailto:newbuildings@energytrust.org)

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