



Energy Project Lease Financing

Authorized by the CPUC

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1. Agency's Name

Applicant/Legal Name

Type of Entity

- City
 County
 Public School/Public College
 Public Hospital/Public Care Institution
 Water District

Other (please specify) _____

Mailing Address

City

ZIP

Street Address
(Project Location)

City

ZIP

County

Contact Person

Title

E-mail Address

Phone

Names of Utility Providers

Electric

Water

Gas (or other)

Authorizing Signature:

The undersigned acknowledges that submission of this completed application, along with the herein defined additional documents, will be considered an application for lease financing. Preliminary approval will be subject to final acceptance in terms and conditions by the authorized representative, as acknowledged by governing board approval.

Signature

Date

Printed Name and Title

2. Project Summary Schedule

Provide a summary of projects, including expected useful life of any improvement (please attach separate pages if necessary).

| Project <i>(Brief name and description - please use unique names; add project address if different than mailing address)</i> | Project Installation Site <i>(address)</i> | Expected Useful Life | Expected Installation Date | Expected Installation Completion Date |
|---|---|----------------------|----------------------------|---------------------------------------|
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| | | | | |

3. Project Budget

| Project (Brief name from section 2) | Equipment Cost (Maximum Expected) | Installation Cost (Maximum Expected) | Expected Rebates/ Incentives |
|---|--------------------------------------|--|--|
| | \$ | \$ | \$ |
| | | | |
| | | | |
| | | | |
| TOTALS: | \$ | \$ | \$ |
| Total Lease Amount Requested (Not to exceed) | \$ | Is requested amount net of rebates/incentives? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | If not, do you want lease payments to include rebates/incentives in repayment schedule? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Contractor Information

Please provide names and addresses of contractors involved, as well as a brief description of their roles.

| Name of Contractor | Performance Guarantee Requested? | Performance Insurance Quote Requested? | Address | Project Role |
|--------------------|--|--|---------|--------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

5. Outstanding Obligations

| Do any of the buildings/sites with proposed projects to be installed have encumbrances with existing liens, mortgages, or site leases? <i>If yes, please list the buildings below, along with a summary of each encumbrance.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|
| Building/Site Information | Summary of Encumbrance |
| | |
| | |
| | |

6. Application Documents

| | | |
|---|---|--|
| Completed applications should include all of the following for consideration of lease approval: | <input type="checkbox"/> Completed application | <input type="checkbox"/> Most recent interim financial statements and current budget |
| | <input type="checkbox"/> Last three years of audited financials | <input type="checkbox"/> Other project related attachments |

Program Contact

| | |
|---|--|
| Please direct all questions regarding the application and funding process to the following: | The Energy Network 47 Discovery, Suite 250, Irvine, CA 92618 855-700-Network info@theenergynetwork.com |
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