

HVAC New Equipment Programs Program Ally Application



APPLICANT INFORMATION

Business Name:		Business Type (Corp., Partner, Sole Prop.):		Tax ID#:	
Contact Name:		Contact Person's Title:		Contact Person's Telephone:	
Mailing Address:		Contact Email Address:			
City/Town:		State:	Zip:	Years in Business:	
Telephone:	Fax:		Web site:		

AREAS SERVED:

<input type="checkbox"/> Bloomington	<input type="checkbox"/> Decatur	<input type="checkbox"/> Galesburg	<input type="checkbox"/> Mount Vernon	<input type="checkbox"/> Other _____
<input type="checkbox"/> Carbondale	<input type="checkbox"/> St. Louis Metro East	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Peoria	_____
<input type="checkbox"/> Champaign	<input type="checkbox"/> Effingham	<input type="checkbox"/> Macomb	<input type="checkbox"/> Quincy	

TYPE OF ALLY:

<input type="checkbox"/> Contractor	<input type="checkbox"/> Supplier	<input type="checkbox"/> Other _____
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GENERAL PROGRAM ALLY RULES AND GUIDELINES

As an Act On Energy™ Program Ally I agree to the following guidelines:

- The Program Ally agrees to abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements and to install the eligible equipment according to manufacturer specifications.
- The Program Ally agrees that the use of the Ameren Illinois Utilities, or Act On Energy™ name or logo by Program Allies must follow established co-branding guidelines or be authorized in writing by program staff, prior to use. The Program Ally also agrees to allow their company name to appear on the Act On Energy Web site in the Program Ally list and to allow this list to be circulated to prospects.
- The Program Ally agrees to provide proof of insurance.
- The Program Ally must provide a completed W-9 tax form, which may be downloaded from www.irs.gov/pub/irs-pdf/fw9.pdf

IMPORTANT: Certificate of Insurance (COI) and W-9 MUST accompany application. COI MUST be made out in the following manner:

**Fax COI with application
to (309) 673-3370**

**Ameren Illinois Utilities
Conservation Services Group
40 Washington Street
Westborough, MA 01581**

**Fax COI with application
to (309) 673-3370**

- The Program Ally agrees to reduce the invoice to the Ameren Illinois Utilities gas or electric customer by an amount equal to the incentive and to show that reduction on the invoice, labeled as the "Act On Energy Incentive." Payment of the incentives will be made directly to the Program Ally on a six-week schedule based upon all complete applications received in the preceding accounting period.
- The Program Ally acknowledges that single family living units are eligible for no more than two incentives and that while individually metered multifamily properties are eligible for more than two incentives, the customer must request a reservation of funds and work should not begin until reservation is approved.
- The Program Ally agrees to random "spot check" inspections by an Ameren Illinois Utilities representative for verification purposes.
- The Program Ally will be responsible for the proper disposal of all materials, including hazardous materials.
- Participation in the Ameren Illinois Utilities Act On Energy HVAC New Equipment Programs is voluntary and may be terminated by either party at any time or for any reason without penalty.

By signing below, I agree to serve as a Program Ally and comply with the Ameren Illinois Utilities Act On Energy rules, guidelines, and published terms and conditions for HVAC New Equipment Programs.

Company name:	
Signature:	Date: