

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). Sign _____
 - If your company participated in the program in 2024, 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. Sign _____
2. **Sign and Review:**
 - A. SMB Program Manual Sign _____
 - B. ACH / Direct Deposit Authorization Agreement Sign _____
3. **Completed W-9 Form:** Sign and Return to Participating Contractor Manager Sign _____
4. **MWBE Certificate:** (*Sign only if applicable*; Send Certificate Copy to Participating Contractor Manager) Sign _____
5. **Certificate of Insurance (COI)** - Required policy and coverage listed below. See example COI in Program Manual. Sign _____
 - i. Commercial General Liability Insurance: Coverage amount no less than \$1 Million
 - ii. "Willdan Group and their respective officers and employees are included as Additional Insured as respects the General Liability policy reference herein as required by written contract"
 - iii. The certificate holder should be listed as:

Consolidated Edison, Inc.
4 Irving Place
New York, NY 10003
6. **Participating Contractor Orientation:** Attend/Review a Participating Contractor Orientation Training. Please send an email to ConEdSMB.PCManagers@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 [Small Business & Nonprofit Energy Efficiency Program website](#).

Attendee 1

Attendee 2

Name: _____

Name: _____

Email: _____

Email: _____

Phone Number: _____

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.
- The training is approximately 2 hours and will cover our project management system and building projects basics.
- After completion, your company will be provided with [SMART](#) and/or [ViewPoint](#) login credentials and the current survey audit tool (SMART).

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					
Company Name:					
Contact:		Title:		Email:	
Mailing Address:		City:		State:	Zip:
Office phone:		Cell:		Fax:	
Website:					
Years in Business:		Years under current Ownership:		Number of NY employees:	
Check All That Applies:	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business		<input type="checkbox"/> Veteran Owned Business	
Certificate Reference Number:		Expiration Date:			
Federal Tax ID:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Exempt (Tax exempt/non-profit)	
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					
Name	Email Address	Phone	Position		
Company Information					
Business Type					
<input type="checkbox"/> Electrical Contractor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Architect	<input type="checkbox"/> Mechanical Contractor (HVAC)	
<input type="checkbox"/> Manufacturer's Rep	<input type="checkbox"/> Retailer	<input type="checkbox"/> Engineering	<input type="checkbox"/> Consultant		
Please check what measures you are interested in providing (check all that apply)					
<input type="checkbox"/> Lighting	<input type="checkbox"/> Gas Measures	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> HVAC	<input type="checkbox"/> Building Envelope	
<input type="checkbox"/> Lighting Controls				<input type="checkbox"/> Heat Pumps	
Services Area (check all that apply)					
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Bronx	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island	<input type="checkbox"/> Westchester County
Insurance Information					
Company:					
Mailing Address:		City:		State:	Zip:
Contact Name:		Phone:	Type of Coverage:	Amount of Coverage:	

Small-Medium Business Energy Efficiency Program

Customer References			
1	Company:	Describe Project:	
	Contact:		
	Phone:		
2	Company:	Describe Project:	
	Contact:		
	Phone:		
3	Company:	Describe Project:	
	Contact:		
	Phone:		
4	Company:	Describe Project:	
	Contact:		
	Phone:		
Licenses and Certifications (Please list all applicable licenses and certifications held by your company)			
Type	Number	Issuing Authority	Date
Agreement and Signature			
<p>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.</p>			
Authorized Representative (please print):		Title:	Date:
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			
Participating Contractor Manager Name:		Title:	Date:
Signature:			

Return completed form by email to:
 Con Edison Small-Medium Business Energy Efficiency Program
 c/o Willdan Energy Solutions
 Email: ConEd-SMBProgram@willdan.com

Willdan Group, Inc.
Accounts Payable
2401 East Katella, Suite 300
Anaheim, CA 92806-5909
WGIAP@willdan.com

ACH / Direct Deposit Authorization Agreement

Electronic Funds Transfer (EFT) payment option is now available

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.

Date ____ / ____ / ____

Company Name: _____

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

Bank Name:		
Bank Address:		
City:	State:	Zip/Postal Code:
Transit ABA (Routing Number):	Account Number:	

VENDOR INFORMATION

Vendor ID:		Name of Business:	
Address:			
City:	State:	Zip/Postal Code:	
Email Address (for Remittance Detail):			
Signature of Authorized Representative of the Business:			

<i>Written Signature Required</i>		<i>Printed Name</i>	<i>Phone</i>

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

DATE (MM/DD/YYYY)
01/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED]	CONTACT NAME [REDACTED] PHONE (A.C. No, Ext) [REDACTED] FAX (A.C. No) [REDACTED] E-MAIL ADDRESS [REDACTED] ADDRESS [REDACTED]
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE INSURER A [REDACTED] NAIC # [REDACTED] INSURER B [REDACTED] INSURER C [REDACTED] INSURER D [REDACTED] INSURER E [REDACTED] INSURER F [REDACTED]

COVERAGES
CERTIFICATE NUMBER: [REDACTED]
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL SUBR (NSD / W/D)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLS PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	[REDACTED]	08/20/2019	08/20/2020	EACH OCCURRENCE \$ 1,000,000 ★ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV NJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY NJURY (Per person) \$ BODILY NJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAMS-MADE DED [REDACTED] RETENTION \$ [REDACTED]					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP ETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability, Claims Made Retro Date: 02/05/2009					Each Claim Aggregate Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 (B) Professional Liability: Claims Made Retroactive Date: 02/05/2009
 (C) Fidelity/Employee Theft of Client Property Single Loss Limit: \$1,000,000 / Deductible: \$10,000

Willdan Group and their respective officers and employees are included as Additional Insure as respects the General Liability policy referenced herein as required by the written contract. ★

CERTIFICATE HOLDER Consolidated Edison, Inc. ★ 4 Irving Place New York, NY 10003	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [REDACTED]
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★ REQUIRED