

MAY 24 2018.

Andy Goleman  
SANGAMON COUNTY AUDITOR

**Resolution No. 11-1**

**WHEREAS**, the Sangamon County Department of Community Resources (the Department) is seeking the approval of the Sangamon County Board (the Board) to establish a weatherization program in partnership with Ameren of Illinois through December 31, 2018.

**WHEREAS**, the Income Qualified Initiative is sponsored by Ameren Illinois to provide financial assistance to install eligible energy efficiency measures in existing single-family homes with household incomes up to 200% of the poverty level that meet the Illinois Home Weatherization Assistance Program (IWAP) single-family income eligibility requirements.

**WHEREAS**, the Department shall receive approximately \$162,119 from Ameren to provide weatherization measures to either gas and/or electric Ameren homes including health and safety, light bulbs, insulation, air sealing and Ashrae 62.2 (exhaust bath, kitchen and wall fan kits).

**WHEREAS**, The Department must comply with program standards, processes and procedures outlined in the program description, the IHWAP Program Operations Manual, and safety guidelines which form the basis of Acceptable Practice for the Program that the Department must comply with to participate in the program.

**WHEREAS**, the Board agrees to allow their name to appear on participating agency lists that might be offered on the program website and on other program marketing materials. The use of the Ameren Illinois name by the Department must be approved and authorized in writing, prior to use by the Department.

**WHEREAS**, Ameren will issue payment to the Department for completion on eligible retrofit projects, such as energy efficiency and health and safety projects, in the form of an incentive check made directly to the agency.

**WHEREAS**, the Department will make every attempt to protect Ameren Illinois' customer data and may not release or disseminate to anyone other than Ameren employees authorized by Ameren except in the case as required by the Freedom of Information Act.

**WHEREAS**, the Department will adhere to industry and program safety standards while traveling to and from project sites and performing any and all work associated with the program.

**NOW, THEREFORE BE IT RESOLVED**, by the members of the Board of Sangamon County, Illinois in session this 12 day of JUNE, 2018 that the County is authorized to enter into a contract with Ameren to provide specific weatherization services to income-eligible customers in Sangamon County.

Respectfully submitted, *Linda L. Sulgenzi* Chairman

**FILED**

MAY 25 2018

*Don May*  
Sangamon County Clerk



### Exhibit 3 - Signature Page

The provisions in this Participating Agency Agreement are effective as of the date of approval by Company and/or Ameren Illinois. Agency will be subject to the terms of the Agreement and all Program-specific terms and conditions for participation. Approval will continue from the date of Company and/or Utility approval and will expire on December 31, 2018 unless terminated or extended at the discretion of Company or Ameren Illinois beforehand in accordance with this Agreement. Any subcontractor(s) contracted by the Agency shall also be subject to, and conform with, all applicable terms and conditions of the Participating Agency Agreement

Agency acknowledges that participation in the Program is a privilege, and Company or Ameren Illinois may take action to suspend the Agency's participation in the Program at any time, and for any reason. Failure to comply with the requirements of the Agreement shall constitute a reason to suspend the Agency's participation in the Program. In all cases involving Agency's status or denial of Program Incentives, Company and/or Ameren Illinois' decision is final.

Company and/or Ameren Illinois may terminate this Agreement at any time and for any reason upon thirty (30) calendar days' notice to Agency. Agency may at any time and for any reason terminate this Agreement by providing thirty (30) days written notice to Company. All work in progress shall be completed according to the terms of the Agreement, unless Company elects to relieve Agency of responsibility for incomplete work. Termination of this Agreement shall not relieve Agency of any warranties or other obligations expressed herein which by their terms are intended to extend beyond termination.

Company's failure to enforce any provisions of this Agreement shall not constitute a waiver of such provisions, nor does it limit Company's or Ameren Illinois' ability to enforce such provisions in the future.

#### SIGNATURES

By signing this Participating Agency Agreement, I represent that (i) I am duly authorized to submit this on behalf of the company identified in this Participating Agency Agreement; (ii) I certify, under the penalties of law that the statements made on this Participating Agency Agreement have been examined by me and are true, accurate, and complete; (iii) I have read this Participating Agency Agreement, including all supporting policies described or referenced therein, in its entirety; (iv) I understand and accept the terms and conditions and all requirements contained in this Participating Agency Agreement, including all supporting policies described or referenced therein; (v) I understand that by signing this Participating Agency Agreement, I consent to any other inquiry to verify or confirm the information I have given; and (vi) I further understand and accept that approval or rejection of this Participating Agency Agreement is in the sole discretion of Company and/or Utility, and that only upon receipt of any Approval Notice will the Agency be an Agency in the Program.

#### Participating Agency

#### Company

Resource Innovations

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Income-Qualified Offering

**Community Action Agency**  
Participating Agency Agreement



## INTRODUCTION

The Income Qualified Initiative ("the Program") is sponsored by Ameren Illinois (the "Utility") and managed by Resource Innovations, LLC. ("the Company"). The Program provides financial assistance ("Incentives") to install eligible energy efficiency measures in existing single-family homes with household incomes up to 200% of Poverty Level that meet the Illinois Home Weatherization Assistance Program (IHWAP) single-family income eligibility requirements ("Income Qualified"). Customers must meet the minimum income qualifications and be current residential natural gas and/or electric service customers of Ameren Illinois ("Customers"). A detailed description of the Program is provided in **Exhibit 1 – Program Description**.

This Participation Agreement (" the Agreement") and its exhibits set forth the terms and conditions that Community Action Agencies ("Agency") must meet to participate in the Program. The Agreement is effective for the period commencing with the signature and acceptance by Company through December 31, 2018. The Agreement may be extended or modified by Company at its discretion via an addendum.

Agency must complete **Exhibit 2 - Applicant Information Form** and **Exhibit 3 - Signature Page** to complete the Agreement. Company reserves the right to deny applications at its sole discretion.

## COMPANY ROLE

Company is the Program Implementer. The Program Implementer is the designated representative of Ameren Illinois. Company and its subcontractor, the Illinois Association of Community Action Agencies ("IACAA"), are responsible for developing an Agency network and administrative process to support delivery of energy efficient upgrade services to Income Qualified customers. Company also coordinates a Program-wide quality control process managed by Leidos Engineering (Leidos) to monitor Agency compliance with the Agreement. Leidos is contracted directly by Ameren Illinois to manage implementation of Ameren Illinois energy efficiency portfolio. Company and IACAA will provide Program oversight, process incentive requests from the Agency, conduct quality assurance trainings, complete in-home quality control inspections on a selection of completed homes, and provide general support to the Agency for successful participation in the Program.

## AGENCY ROLE

Agency is responsible for Program promotion and marketing in collaboration with Company and/or the Utility, Customer enrollment, intake and scheduling of the assessment, completing the in-home assessment, scoping and specifying Retrofit projects, managing installation of energy efficiency measures, combustion safety testing, following Program-provided safety protocols and coordinating quality assurance and control activities with Company and/or its designated representative.

## ACCEPTABLE PRACTICE

Participating Agencies must comply with the Program standards, processes and procedures outlined in the following Exhibits to the Agreement.

- **Exhibit 1 – Program Description**
- **Exhibit 4 – IHWAP Program Operations Manual**
- **Exhibit 5 – Safety Guidelines**

Exhibits 1, 4, and 5 form the basis of Acceptable Practice for the Program that Agency must comply with to participate in the Program. Company reserves the right to exclude Agency from participating in the Program if Agency does not comply with the Acceptable Practices. Company may also withhold Incentive payments from Agencies with Weatherization projects that do not comply with Acceptable Practice.

Agency shall be responsible for the proper disposal of all materials, including any hazardous material when applicable.

## MANDATORY ORIENTATION

A management-level representative employed by Agency must attend a Program Orientation Meeting provided by Company before the Work commences. Company may deny payment of Incentives to Agency or exclude Agency from participation in the Program if this requirement is not met. The Program Orientation Meeting will include training on the Program Terms and Conditions and Acceptable Practice as outlined in Exhibits 5, 6, and 7 of the Agreement.

## AMEREN ILLINOIS PROGRAM ALLY STATUS

Agency must register and be approved as a Residential Program Ally through Ameren Illinois. Agency must agree to and meet all requirements required of Residential Program Ally and be an active Program Ally to be eligible to receive incentive payments. In addition, all subcontractors contracted by Agency to complete weatherization projects, must also be registered as a Residential Program Ally with Ameren Illinois and be an active Program Ally at time of completion of work. The program ally application can be found in Exhibit 7 – Ameren Illinois Program Ally Application.

## MARKETING

Company will provide Program collateral, customer education and promotional materials, and website content to support Agency marketing and Customer enrollment efforts. Agency may only use collateral materials provided by the Program for the express purpose of promoting the Program. Agencies may propose to create supplemental marketing tactics for use promoting the Program, subject to review and pre-approval in writing by Company before public release or use. Company will respond to requests for pre-approval of marketing tactics within ten business days of receipt. Company reserves the right to exclude Agency from participation in the Program for failure to secure written pre-approval of marketing tactics from Company.

## NAME AND LOGO USE

Agency agrees to allow their company's name to appear on Participating Agency lists that might be offered on the Program website and on other Program marketing materials. The use of the Program's name and/or any logo by Agency must be approved and authorized in writing, prior to use, by Company and Ameren Illinois. Furthermore, all print and web marketing and advertising of the Program ("Advertising Materials") containing Ameren Illinois' trademarked Program name(s), slogan(s) and logo(s) ("Marks"), whether in print or electronic form, must be approved by Company and the Ameren Illinois prior to any use, distribution or dissemination by Agency.

Failure to do so will constitute grounds for suspension from the Program. If Agencies are suspended from the program, they agree to cease using Ameren Illinois' and the Program's name, advertising materials, slogans, and logos immediately upon suspension.

## INCENTIVE PAYMENTS

Company will issue payment to Agency for completion of eligible Retrofit projects, such as energy efficiency and health and safety projects, in the form of an incentive check. The eligible Retrofit projects are outlined in Exhibit 6 – Ameren Illinois Agency Incentive Allocations. Incentive payments will be made directly to Agency. Agency is solely liable for payment of costs associated with performance of the Work. Agency must request payment of Incentives by submitting an Incentive Claim to the Ameren Illinois Energy Efficiency Program. Payment is contingent upon compliance with Acceptable Practices and requirements outlined in the Incentive Claim.

Company and the Utility reserve the right to adjust Incentive budgets during the Program term. Once total funding available for the Program is exhausted within the Program term, no further Incentive payments will be made for any Work completed in that Program term. Contractor must adhere to initial Incentive allocations provided by Company as outlined in Exhibit 6 - Ameren Illinois Agency Incentive Allocations to ensure available Incentive funding for all projects prior to commencing Work.

If the project is randomly selected for a Quality Control Inspection, the project must successfully pass the inspection to retain the pending or already-paid Incentive. Agency is responsible for resolving any deficiencies identified during the Quality Control Inspection and may be subject to withheld Incentive payments for subsequent projects if deficiencies are not resolved.

If after payment of any Incentive by Company, Company, a court or an arbitrator (or panel of arbitrators) determines that any part of the price for the Work was not earned or must be rebated for any reason, Agency shall rebate the unearned or rebated amount to Company within ten (10) business days of receiving notice of the determination.

Incentive Payments will be received no later than 30 days after a completed Incentive Claim is provided to Ameren Illinois by CAA. Ameren Illinois will make every effort to reduce payment timelines and will work with agency to improve process throughout program term. Incentive Payments may be delayed due to findings of QA/QC inspections for individual homes.

Neither Company nor Ameren Illinois shall be responsible for any taxes that may be imposed on Agency, its subcontractors or customers because of receiving Incentives through the Program.

### **AGENCY INCENTIVE ALLOCATIONS**

This Agreement includes the initial Agency Incentive Allocation ("Budget") to the Agency based on 60% of the potentially available funding from the Utility for the Program Term January 1 – December 31, 2018. Agency agrees to make every effort to spend the full Budget, while managing participation within the Budget. Company is not responsible for Agency expenditures beyond the Budget, unless otherwise agreed to in writing by the Company and Agency.

Company and Agency will monitor Agency's progress to the Budget during the course of this Agreement. Company and Agency will reconcile monthly, at a minimum, actual expenditures against the Budget. When the Agency has forecasted a complete spend of the Budget, which the Company deems reasonable to achieve, an additional allocation to the Agency may be provided based on performance.

In the event the Company and/or Agency forecast the Agency spending less than the Budget, and the Agency is unable to develop or achieve a reasonable plan of action to address the shortfall, the Company may reallocate any or all of the remaining Budget away from the Agency to ensure the Company's goals are achieved.

### **TECHNICAL CREDENTIALS**

Agency must hold the IHWAP-required technical credentials, as outlined in the IHWAP Program Operations Manual.

Agency is responsible for maintaining records that demonstrate obtainment of the required Technical Credentials by its designated employee and will provide copies to Company upon request. Agency must notify the Program within 5 business days of a change in the status of staff that provided for Agency's compliance with Technical Credential requirements. Company reserves the right to exclude Agency from participation in the Program and deny Incentive payments for failure to meet the Technical Credential requirements.

### **LICENSING, LAWS AND STANDARDS**

Agency shall maintain any relevant licenses required by federal, state, county, or municipal governments or any other agencies for work in the trades undertaken in the Program. Agency shall abide by all local, state, and federal guidelines, applicable laws, building codes, and regulations; and perform work in accordance with the Program standards. Agency shall be fully responsible for their own employees and/or subcontractors, including but not limited to direction, supervision, discipline, training, compensation, tax withholdings, benefits, insurance, classification, and verification of work status.

The Agreement is subject to federal and state laws and regulations regarding nondiscrimination. As a material term of this contract, Agency agrees to comply with all such applicable laws and regulations. The terms and provisions of the Equal Opportunity Clause, Sections 60-1.4, 250.4 and 741.4 of Chapter 60 of Title 41 of the Code of Federal Regulations, regarding "Nondiscrimination in Employment by Government Agencies and Subcontractors," are incorporated by reference and made a part of this Agreement. In addition, Agency agrees to comply with the provisions of 29 CFR Part 470. Upon request, Agency shall supply Company with a certificate demonstrating compliance with the foregoing.

Agency shall comply with all applicable provisions of and regulations under the Occupational Safety and Health Act of 1970, as amended, and all laws, rules and regulations applicable to the hiring of disabled veterans, veterans of the Vietnam era, Uniformed Services member, and individuals with physical or mental disabilities.

## INSURANCE

Agency shall procure and maintain, at its expense, the following insurance coverage that shall continue in effect for all claims arising during the term of this Agreement:

- Worker's Compensation as required by applicable statutory code for all applicable federal and state laws.
- Employers Liability Insurance at a minimum of the amounts required by IHWAP. Agency and its underwriter shall provide a waiver of subrogation against Company and Ameren Illinois.
- Comprehensive General Liability Insurance with a minimum combined single limit per occurrence and in the aggregate of the amounts required by IHWAP. Such insurance shall be primary as respect to Company over any other insurance available to Company. Agency and its underwriter shall name Company and Ameren Illinois as additional insureds and waive all rights of subrogation against Company and Ameren Illinois.
- Automobile Liability Insurance covering all owned, hired and non-owned vehicles and equipment, in amounts satisfactory to Company, minimum combined single limit per occurrence and in the aggregate of the amounts required by IHWAP.

Agency shall furnish Company with certificate or policies, satisfactory to Company, as evidence that above insurance is in force prior to conducting the Work. Coverage afforded under the policies will not be canceled, allowed to expire or the limits in any manner reduced until at least thirty (30) days after written notice to Company.

## WARRANTY

Agency shall provide the property owner associated with the Work with a written warranty on labor and materials for a minimum period as established by IHWAP protocols. Equipment and materials installed shall carry manufacturer's warranty, plus any extended warranty coverage, if applicable. Agency shall deliver the written warranty by leaving it affixed to a readily visible location in the attic where possible and notifying the Customer of its location, or otherwise providing written documentation of warranty to the customer upon completion of the Work.

## MECHANIC'S LIENS

Agency shall keep each customer's property free of liens and claims associated with the Work and shall defend, indemnify and hold Company, Ameren Illinois and any Customer harmless from all expenses and losses incurred because of liens or claims filed by subcontractors and vendors of subcontractors and others claiming by or through Agency.

Agency, in compliance with the Mechanic's Lien Act (770 ILCS 60), shall provide the customer with a signed statement listing all companies that provided services for the project. This will always include the Agency's own company and any subcontracted companies that worked on the project.



## CONFIDENTIALITY, TRADE SECRETS AND OWNERSHIP OF MATERIALS

Agency must make every attempt to protect Ameren Illinois' customer data and may not release or disseminate to anyone other than Company employees or parties authorized by Company, the results of the Work or information obtained through the course of the Work performed under the Agreement. Reports, correspondence, and other documents relating to the Work are Company and Ameren Illinois' property and are to be considered as proprietary and confidential during the term of the agreement. Agency shall maintain intellectual property rights in its self-created training materials or other created materials whose use in this program is not specific to performing the obligation of this Agreement alone, except in the case as required by the Freedom of Information Act (FOIA).

## INDEMNIFICATION AND LIMITATION OF LIABILITY

Agency shall indemnify, reimburse, defend and hold harmless, to the extent permitted by Illinois law, the Company, Ameren Illinois and their respective affiliates, and their respective officers, directors, and employees, from and against all claims by a third party for losses, damages, costs or liability of any kind (including expenses and attorneys' fees) arising from, in connection with or relating to any of the following:

- Negligent acts or omissions of Agency or its personnel or subcontractors in the performance of the Work under this Agreement including, but not limited to, those that cause bodily injury or death or physical damage to tangible property;
- Agency breach of its obligations regarding confidential information;
- Any theft or other misappropriation of Ameren Illinois' or Company's information, property or funds by Agency or its personnel or subcontractors; and
- Any non-compliance with laws.

In no event, whether based upon contract, indemnity, warranty, tort (including negligence), strict liability or otherwise, shall Ameren Illinois or Company be liable to Agency for any direct, special, indirect, incidental, punitive, or consequential damages whatsoever including, without limitation, loss of profits or revenue, cost of capital, or penalties imposed by governmental authorities of any kind except where the Utility or Company have exercised gross negligence or willful misconduct..

## SAFETY

Safety is Company and Ameren Illinois' top priority. Agency shall adhere to industry and Program safety standards while traveling to and from project sites and performing any and all Work associated with the Program. Agency shall submit to Company upon request a copy of Agency's safety plan.

In the event any of the following occur while the Agency is performing services for the Program, Agency shall notify the Company within 48 hours:

- a) OSHA recordable incident or injury, regardless of the party at fault
- b) Motor vehicle accident, regardless of the party at fault
- c) Vehicular moving violation
- d) Damage to Customer property
- e) Any other incident that negatively effects a Customer or garners unwanted or negative media attention

## DATA SECURITY

Agency shall protect and hold each Customer's personal data and information as confidential at all times. In the event a Customer's personal data or information is breached, lost or jeopardized, Agency shall notify the Company contact within 24 hours.

## PROFESSIONAL CONDUCT

Agency shall treat all customers fairly and attempt in good faith to deliver promised services in a timely, respectful, and responsible manner. Failure to adhere to generally accepted principals of Professional Conduct may result in Agency being excluded from participation in the Program.

## PROFESSIONAL COURTESY

Agency shall conduct themselves in a professional, respectful and reasonable manner when interacting with any Ameren Illinois, Company or affiliated Program staff. Agencies shall not engage in behavior that adversely impacts Ameren Illinois or Company, tarnishes their service marks, and/or diminishes the profession or service in the eyes of the public. Failure to adhere to generally accepted principals of Professional Courtesy may result in Agency being excluded from participation in the Program.

## PROGRAM REPRESENTATIONS

Agency shall properly represent themselves as a "Participating Agency in the Ameren Illinois Income Qualified Initiative". Agency participation implies that Agency has met all obligations under the Agreement.

Agency participation DOES NOT imply that Agency has been endorsed by Company or Ameren Illinois, or that Agency is an employee of the Program, Company or Ameren Illinois. Agencies shall NOT represent themselves as approved by or certified by Ameren Illinois or Company. This Agreement does not create an employment or independent Agency relationship with Company, nor does it create a joint venture, partnership, or any other legal relationship between Agency, Company or Ameren Illinois.

## CONTRACTING WITH CUSTOMERS

The Program will offer eligible Customers Retrofits no-cost to the Customer per IHWAP standards. Agency will enter into a Project Scope Agreement with eligible Customers, which requires Customer signature prior to Work commencing, and will serve as a Project Contract.

This Agency Agreement includes measure-level costs that will be paid to Agency following completion of eligible Retrofit projects for eligible Customers as outlined in **Exhibit 6 – Ameren Illinois Agency Incentive Allocations**.

## QUALITY CONTROL

The primary goal of the Quality Control process is to verify that the Work meets Acceptable Performance requirements while maintaining healthy and safe living conditions for customers. Agencies will be subject to Probation, Suspension and Termination from the Program for failure to meet the terms of the Agreement and Acceptable Performance requirements.

The Quality Control process for the Program includes an administrative and programmatic review and Technical Field Inspections of the Work. Company and/or the party responsible for conducting inspections, will contact Customers, schedule and conduct Quality Control Inspections with prior notification to the Agency. Agency shall not inhibit or discourage property owners or tenants from participating in the Program Quality Control process and shall make a good faith effort to facilitate the Program Quality Control process as requested by Company or its designated representative. The goal is to conduct Quality Control Inspections within 30 days of project completion. Company will coordinate with the IHWAP program and target inspecting 100% of the first five jobs,

a minimum of 20% of the next 20 jobs, and 5% of jobs thereafter. The coordinated inspection process will minimize the number of customers that would receive inspections from both IHWAP and the Company. These inspections will be separate from the Agency post-installation inspections and the Agency shall conduct a post-installation inspection of 100% of completed jobs, regardless of the Program Quality Control process and project selection.

Agency shall allow random field inspections by the Program, or a designee, of work performed by Agency, and be able to share a weekly schedule, including installation date and job location, of upcoming jobs with the Program to facilitate in-progress field inspections. Company and/or Ameren Illinois are the sole authority in determining whether the Work meets Acceptable Practice requirements. Agency, upon request by Company, and at no additional cost to Company, Ameren Illinois or the Customer, shall make reasonable repairs or corrections to the Work to bring such work into compliance with Acceptable Practices. Company and/or Ameren Illinois shall have sole authority in determining the necessary remedies to correct faulty work. Company and/or Ameren Illinois shall use reasonable standards in determining any repairs or corrections to be performed and shall first seek to have Agency pass the costs of such repairs or corrections on to the subcontractor who performed the weatherization construction.

Agency shall remedy any defects of a non-emergency nature within 15 business days and any defects of an emergency nature immediately, within 24 hours, upon notice by the Customer or Company. Examples considered to be emergencies are those that include, but are not limited to: conditions that might impact occupant health or safety (e.g., potential fire hazards, drafting issues), those that would impact proper operation of any existing mechanical systems (e.g., disconnection of or damage to any mechanical equipment), etc.

Agency acknowledges that any inspection of its work performed by or on behalf of Company shall not relieve Agency of responsibility for its own work and is not a substitute for inspection by a state or local government inspector.

The bases for Quality Control Inspections are detailed in Exhibit 4- IHWAP Program Operations Manual.

**AGENCY STATUS DESIGNATIONS**

Agency status is intended to identify Agencies' standing in the Program and provide Program management guidance regarding Agencies' ability to successfully deliver Program services. Status will identify when Agency has violated tenets of the Agreement or whose performance does not meet the high-performance expectations of Company or Ameren Illinois. Status changes will only be from Provisional to Active, from Provisional to Probation, from Active to Probation or from Probation to Suspension, or vice versa. Agency will be notified by phone, letter or email when a change of status occurs.

**PROVISIONAL STATUS ("PROVISIONAL AGENCY")**

Agencies will gain Provisional Status by executing the Agreement and meeting the terms and conditions outlined in the Agreement. In addition to agreeing to comply with the rules of the Program, Agency must provide proof of insurance, any necessary licensing and/or certifications, and company information necessary to receive Incentives and be an active participating Agency.

While in Provisional Status Agencies will have 100% of their first 5 jobs inspected by Company and/or the IHWAP program. The Agency will be moved to Active Status if no issues are found. Agency will be placed in the Probation Status if it is discovered that the Work on any home does not comply with Acceptable Practice requirements.

**ACTIVE STATUS ("ACTIVE AGENCY")**

To achieve Active Status Agency must successfully pass Quality Control inspection of its first 5 jobs. To maintain Active Status, Agency must maintain work quality consistent with the Acceptable Practices requirements. Once on Active Status, Agency will be placed in the Probationary Status if quality control inspections indicate the standard is not being met through ongoing inspections. Active Status Agencies will

have 20% of jobs 6 through 25 inspected by Company and/or the IHWAP program. If no issues are found the Agency work will be inspected at a rate of 5%.

**PROBATION STATUS ("PROBATIONARY AGENCY")**

Agencies, currently in the Provisional or Active Statuses, who do not meet Acceptable Practice standards will be placed into the Probation Status. All work undertaken by an Agency on Probation must be inspected by the Program and a clear work plan for moving to Active Status will be presented to and agreed to by the Agency. This work plan will be prepared by Company in consultation with Ameren Illinois and Agency.

If an Agency is placed on Probation for leaving a home in a serious health and safety situation, the Program will undertake additional retroactive inspections to ascertain whether the issue is isolated or part of a pattern of problems. Patterns of problems could be grounds for moving to Suspension. If an Agency is placed on Probation for alleged fraud, and it is found that the allegations are substantiated, the Agency shall be suspended.

**SUSPENSION STATUS ("SUSPENDED AGENCY")**

If Agency fails to improve after being placed on Probation, Agency will be suspended ("Suspended Agency"). At the point Agency is suspended, Agency shall no longer be eligible to receive Incentive payments for new projects, defined as those which have not completed the project installation as of the date of Suspension. If Suspended Agency desires to re-enter the Program, Agency must provide evidence that the problems resulting in suspension have been corrected and, upon approval by Company and Ameren Illinois, will re-enter the Program as a Provisional Status Agency. Company and Ameren Illinois have the sole authority to allow a Suspended Agency to re-enter the Program. Agencies may be suspended for failing to meet certain vital health and safety, regulatory, or Program requirements articulated elsewhere in the Agreement. If the Agency has committed fraud, the Agency shall be suspended from the Program and shall reimburse the Program for any and all Program funds found to have been fraudulently obtained. If Agency is suspended from the Program, Agency agrees to cease using Ameren Illinois' and Program's names, advertising materials, slogans, and Marks immediately upon suspension.

**Exhibits**

**EXHIBIT 1 – PROGRAM DESCRIPTION**

**EXHIBIT 2 - APPLICANT INFORMATION FORM**

**EXHIBIT 3 - SIGNATURE PAGE TO COMPLETE THE AGREEMENT**

**EXHIBIT 4 – IHWAP PROGRAM OPERATIONS MANUAL**

**EXHIBIT 5 – SAFETY GUIDELINES**

**EXHIBIT 6 – AMEREN ILLINOIS AGENCY INCENTIVE ALLOCATIONS**

**EXHIBIT 7 – AMEREN ILLINOIS RESIDENTIAL PROGRAM ALLY  
APPLICATION**

# Exhibit 1 – Program Description

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The Income Qualified Initiative ("Program") is offered in partnership with the Illinois Home Weatherization Assistance Program ("IHWAP"), administered by the Office of Community Assistance ("OCA"). The Program leverages the existing operations and funding of IHWAP, while establishing a dedicated relationship with each participating Agency. The Program strives to achieve greater customer participation within the income eligible segment, enhance the services, products and home improvements offered to each customer, and support each Agency's success in the Utility's energy efficiency portfolio.

## PROGRAM SERVICES

The Utility, in collaboration with the Agency, will offer income-eligible customers the following services at no-cost to the customer.

- Customer engagement, eligibility verification and enrollment
- Home energy assessment and home retrofit project scoping
- Direct installation of energy-saving products
- Installation of comprehensive home retrofit measures
- Quality assurance and quality control inspections

The Program and all services will adhere to IHWAP operations and standards, in addition to Program policies and procedures that may be adapted and implemented during the Program Year in collaboration with the Agency network and OCA. The Program will work with the Agency network to develop and incorporate Program and/or Utility branding into Agency marketing efforts to the extent possible.

The Agencies will accept incoming customer inquiries and other customer referrals, conduct an income and utility account eligibility verification, and schedule the customer for an assessment. Agencies will conduct an in-home assessment and comprehensive retrofit project scoping, including the installation of free and eligible energy-saving products. Following the scoping of a comprehensive project, if approved by the customer to move forward, the Agency will schedule the customer for an installation appointment. Agencies, using either qualified internal crews or third-party installers that adhere to IHWAP and Program requirements, will install eligible weatherization and HVAC measures, and conduct necessary home repairs to facilitate the project, in the second visit.

## CUSTOMER ELIGIBILITY

The Program will serve existing single-family homes, which includes detached homes and attached homes, including duplexes, condominium tenant spaces, and other similar properties.

All single-family properties must be verified as receiving electric and/or natural gas service from Ameren Illinois using existing systems that verify LIHEAP eligibility to receive financial contribution at the measure level, as detailed below in receive its financial contribution at the measure level, as detailed below in Table 1 of Exhibit 6 – Program Incentive Allocation.

To be eligible for electric incentives, applicants must be a residential electric customer of Ameren Illinois (electric delivery service rates DS- 1) and have an Energy Efficiency Demand Response surcharge on their Ameren Illinois bill. To be eligible for gas incentives, applicants must be a residential gas customer of Ameren Illinois (gas delivery service rates GDS-1) and have a Gas Energy Efficiency Cost Recovery surcharge on their Ameren Illinois bill.

Electric incentives include LED lighting, smart power strips and, if the home has electric domestic hot water, showerheads, aerators, and pipe insulation, and if the home has central air conditioning and/or electric central heating, air sealing, insulation, and health and safety measures. Electric central heating includes wall mounted baseboard heaters, radiant heat, electric furnaces with duct systems and heat pump systems.

Gas incentives include showerheads, aerators, and pipe insulation if the home has natural gas domestic hot water, and air sealing, insulation, and health and safety measures if the home has central natural gas space heating.

The Program will serve customers with incomes up to 200% of Poverty Level in partnership with IHWAP, leveraging IHWAP funds.

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## ADDITIONAL REQUIREMENTS AND EXPECTATIONS

Agencies will be responsible for procuring products and materials that match product specifications and minimum expectations, as determined by the IHWAP requirements. The energy-saving products may be modified during the Program Year, with sufficient time for the Agencies to procure the new product or material, and the required operations and procedures to be updated.

A post-installation inspection will be completed by the Agency's inspector for each completed project. A sampling of all completed projects will be inspected by the Program, as outlined in the Agreement.

The Program will work with each Agency on a plan to achieve the annual savings and spending goals of the Program. Each Agency is provided an initial incentive allocation at the start of a Program Year that is intended to serve approximately 60% of the Agency's annual Program participation. Additional funds may be allocated during the Program Year at the discretion of the Program. Payment of the incentive allocation is not guaranteed and is dependent on the Agency's ability to complete the necessary projects to spend the funds available.

The Program will monitor Agency activity and collaborate with the Agency, no less than monthly, to determine additional resources that may be required to achieve the Program targets (e.g., marketing support, training series for new staff, additional installation contractors, etc.). If the Agency forecasts achieving the savings and spending targets, and the Program finds the forecast reasonable, an additional incentive allocation may be provided to the Agency for use in the remainder of the Program Year. Alternatively, if the Agency is unable to achieve the targets, previously-provided incentive allocations may be redistributed to one or more Agencies upon written notice to the Agency, to ensure the Program achieves the full annual savings and spending goals.

The Program aims to achieve high customer satisfaction through quality program delivery. Agencies are expected to provide each customer with a high level of customer service. The Program strives to:

- Return all customer inquiries within 24 hours of receipt, either via phone or email. All non-emergency customer inquiries received on the weekend should be returned by COB on Monday of the following week. Agency must have process to address emergency customer complaints immediately during all times.
- Resolve all customer escalations and complaints within two business days of receipt
- Avoid damage to customer property and minimize the potential for accidents
- Maintain customer confidentiality and protect customer information provided to the Program at all times
- Provide customers with professional, courteous, high quality and customized interactions and services
- Achieve a 4.5 out of 5.0 on customer satisfaction surveys

The Program additionally strives to continually improve and enhance the services offered and internal operations and procedures. Each Program partner, including the Participating Agencies, will serve as key contributors for the necessary input and recommendations to continue improving the Program.

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## Exhibit 2 – Applicant Information Forms

Exhibit 2 consists of Exhibit 2a – Participating Agency Information, which is required of all applicants, and Exhibit 2b – Subcontractor Information, which is required for each Subcontractor used by the Agency to fulfill the work associated with this Agreement.



### Exhibit 2a - Participating Agency Information

Company Background					
Name:		Type: <input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietor	
Years in Business:		<input type="checkbox"/> Partnership		<input type="checkbox"/> Other (specify):	
Mailing Address:				Tax ID #:	
Main Phone:		Main Fax:		Website:	
Contact Information					
Name:			Title:		
Email:					
Office Phone:			Cell phone:		
Counties Served (Write all counties that are served by the Agency)					
Proof of Business Standing					
<u>Applicant will provide the Program proof of all the following:</u>					
<input type="checkbox"/> Firm has an Illinois Good Standing Certificate					
<input type="checkbox"/> Firm has a business license from at least one municipality					
<u>Applicant will provide the Program any three of the following:</u>					
<input type="checkbox"/> A satisfactory Dun and Bradstreet Rating;			<input type="checkbox"/> Confirmation that the firm has been in the same business for at least three years;		
<input type="checkbox"/> A satisfactory banking reference;			<input type="checkbox"/> Confirmation that the principals in the business have a satisfactory individual credit score with no judgments or a bankruptcy within the last seven (7) years.		
<input type="checkbox"/> Two satisfactory professional/trade references, such as from suppliers of materials, tools, or credit dated within one year of the execution date;					
<input type="checkbox"/> BPI Accredited Company		Accreditation Issued by:		Expiration Date:	
<input type="checkbox"/> DCEO Duct Diagnostic Testing Certified					
<input type="checkbox"/> Energy Efficiency Measure Installer Certification (ICC-Required Contractor Certification)					

Staff: Certification and Training		
Certifications	# Employees Certified	# Employees Trained
IHWAP Assessor Certification		
IHWAP Inspector Certification		
BPI Building Analyst		
BPI Building Envelope Professional		
BPI Manufactured Housing		
BPI Heating		
BPI Air Conditioning / Heat Pumps		
<input type="checkbox"/> Attached copy of both sides of BPI Badge(s) for certified employees		
BPI Assessment		
Does your company offer an Assessment of Residential Properties following BPI Standards (including but not limited to: Blower Door Test and Thermal Imaging)		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
What is the range of cost for the assessment?		
Use of Subcontractor(s)		
<input type="checkbox"/> The company will <i>not</i> use a subcontractor provider to perform program eligible work		
<input type="checkbox"/> The company will use a subcontractor provider to perform program eligible work		
<input type="checkbox"/> If so, must submit Subcontractor Information Form for each Subcontractor ( <i>see the following page</i> )		

### Exhibit 2b - Subcontractor Information

Company Background		
Name:	Type: <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor
Years in Business:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (specify):
Mailing Address:	Tax ID #:	
Main Phone:	Main Fax:	Website:

Contact Information	
Name:	Title:
Email:	
Office Phone:	Cell phone:

Disadvantaged Business Enterprise (DBE) Certification (if applicable)	
Type of DBE: <input type="checkbox"/> Minority-Owned (MBE) <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned	Does your organization hold a certification for your DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Certification issued by:	

Company Technical Credentials		
<input type="checkbox"/> BPI Accredited Company	Accreditation Issued by:	Expiration Date:
<input type="checkbox"/> IHWAP-Required Contractor	Certifications:	
<input type="checkbox"/> Energy Efficiency Measure Installer Certification (ICC-Required Contractor Certification)		

Staff: Certification and Training		
Certifications	# Employees Certified	# Employees Trained
IHWAP Assessor Certification		
IHWAP Inspector Certification		
BPI Building Analyst		
BPI Building Envelope Professional		
BPI Manufactured Housing		
BPI Heating		
BPI Air Conditioning / Heat Pumps		

Subcontractor attached copy of both sides of BPI Badge(s) for certified employees.

BPI Assessment	
Does your company offer an Assessment of Residential Properties following BPI Standards (including but not limited to: Blower Door Test and Thermal Imaging)	
<input type="checkbox"/> YES	<input type="checkbox"/> NO What is the range of cost for the assessment?

**Subcontractor Agreement**

By submitting the above Subcontractor Information for participation, Subcontractor agrees to adhere to all applicable Program requirements as outlined in this Participating Agency Agreement. It is the responsibility of the Participating Agency to ensure Subcontractor has reviewed and accepted the terms of this Agreement, and to monitor Subcontractor performance under these terms.

# Exhibit 4 – IHWAP Program Operations Manual

Included as an attachment to this agreement.

## Exhibit 5 – Safety Guidelines

### INTRODUCTION

Ameren Illinois and Resource Innovations are committed to safety as the number one priority when delivering, implementing and overseeing the Income Qualified Initiative ("Program") for all contractors, subcontractors, customers and other program participants. As a Program partner, each Community Action Agency agrees to support the Program in this mission by implementing a comprehensive safety plan, monitoring operations for improvements, minimizing risks and hazardous conditions, and providing the proper training and resources to all staff working on the Program.

Each Agency is expected to be knowledgeable of and in compliance with all applicable laws, regulations and OSHA requirements pertaining to daily operations. Agency Staff must be properly trained and provided with sufficient time, resources and guidance to personally support the Agency's safety mission during Program operations.

The Program reserves the right to suspend or disqualify an Agency from participation in the Program in the event minimum safety requirements are not met, and/or an Agency fails to remedy any situation or procedure that has been deemed unsafe.

This Safety Guidelines document is not comprehensive, and does not supersede any established or existing IHWAP, Agency or Installing Contractor safety guidelines, requirements or expectations. It is ultimately the Agency's responsibility to fulfill and comply with all relevant safety requirements and regulations. The Program agrees to support the Agency in implementing and improving safe operations throughout the duration of the Program. Agency feedback and recommendations to the Program on improving safety standards and operations are encouraged and expected. The Program will provide regular safety tips, recommendations and reminders to the Agency in support of the safety mission.

### GENERAL GUIDELINES AND EXPECTATIONS

The Program requires each Participating Agency to adhere to all relevant Illinois Home Weatherization Assistance Program ("IHWAP"), organization and industry-standard safety protocols when providing services on behalf of the Income Eligible Retrofits Program. Minimum expectations are established and outlined, below.

**Responsibility and Accountability:** The Agency is ultimately responsible for providing a healthy and safe workplace for all Agency staff and any subcontractors working on the Program. "Workplace" for the Program is defined as the Agency office, any satellite or field offices (including warehouse locations, if applicable), participating customers' homes, and the vehicles used to travel to, from and between project sites. Field Staff, including Assessors, Inspectors and other staff who may interact with customers or visit customers' homes, have a further obligation to comply with all safety protocols and instructions given by Agency, IHWAP and the Program, as applicable.

**Safety Plan:** Each Agency will develop and use a comprehensive safety plan (the "Agency Safety Plan") in all operations related to the implementation of the Program. The Safety Plan should include, at a minimum, the following safety requirements and guidelines:

- Environmental and occupational health and safety rules
- Job hazard identification protocols and mitigation strategies
- Safe driving practices
- Personal Protective Equipment (PPE) requirements and instructions for use
- Walk-away policies for unsafe conditions and situations
- Reporting and tracking procedures

**IHWAP and Industry Standards:** Agency will adhere to all IHWAP safety protocols, as well as any relevant industry standards applicable to Program operations. Agency agrees to advise fully all its internal staff, subcontractor and/or contractor personnel, and any other staff working at each job site ("Field Staff"), of the risks and all necessary environmental, safety, and health procedures, as applicable and required.

**Continuous Monitoring, Evaluation and Improvements:** Agency is expected to have a comprehensive monitoring and evaluation process to ensure and verify safety protocols are adhered to during Program operations. The Agency will also have a feedback and improvement process to identify, address and further prevent deficiencies and gaps in safety protocols, with the goal of reducing the number of safety incidents and near-misses that happen during Program operations.

**Incident Handling:** Agency is expected to have a written process for handling incidents. In addition to reporting incidents as required to IHWAP, Agency agrees to adhere to the protocols outlined in the Community Action Agency Agreement.— Safety section for reporting incidents to Resource Innovations.

**OSHA Compliance:** Agency is responsible for being aware of and maintaining compliance with all applicable regulations established by the Occupational Safety and Health Association (OSHA) under the Federal Occupational Safety and Health Act of 1970 and the American National Standards Institute, and any applicable amendments or revision thereof whether associated with the furnishings or equipment and/or systems, the construction of facilities, the performance of services, or any other similar contractual relations.

## COMMUNITY ACTION AGENCY FIELD OPERATIONS

Agency will adhere to IHWAP Assessment Protocols and follow all relevant industry standards for safe operating procedures and protocols. Agency Assessors and Inspectors must be Training and Certification Program (TCP) certified within one year of employment as, specified in the PY-18 IHWAP Operations Manual.

Agency will adhere to IHWAP, industry and Program safety standards while traveling to and from project sites, and while performing any and all Work associated with the Program.

Agency is expected to designate a responsible member of its organization at each work site who will enforce the Agency Safety Plan, identify opportunities for improvement in operations, track near-misses and incidents, and report any issues to the Program Manager or supervisor.

The Program recommends the Agency include a professional code or standards within the Agency Safety Plan to establish expected professional behavior on job sites for Field Staff.

Field Staff are required to follow all manufacturer guidelines and recommendations when installing measures and will practice caution when handling potentially hazardous materials and equipment.

Agency representatives and all Field Staff will train staff on and adhere to OSHA Safe Driving Practices for Employees<sup>1</sup> guidelines, and, as appropriate, institute other OSHA safe driving training and techniques, as found on the OSHA website<sup>2</sup>. In the event a driving incident occurs when traveling to, from or between customer sites, Agency will follow guidelines in the Community Action Agency Agreement – Safety section for reporting incidents to Resource Innovations.

Additionally, to further support safe driving, Agency is encouraged to instruct all staff to:

- Conduct a visual inspection of the vehicle prior to each use;
- Use well-maintained vehicles, free of defects and damage;
- As possible, avoid driving during inclement weather when unsafe driving conditions occur or are possible during the work-day;
- Take extra precaution while driving in inclement weather and use good judgment to determine whether it is safe to drive; and
- Allow sufficient time for travel, understanding a late arrival to a customer's home is preferable to unsafe or reckless driving.

Field Staff are expected to establish and support a safe working environment for themselves, as well as for other Field Staff and customers they may encounter (e.g., Agency staff, Assessors and Inspectors; Installing Contractor staff; household members and visitors). Field Staff will:

- Assess each work environment for potential hazards, resolve potential hazards prior to commencing work and not commence work if the hazard cannot sufficiently be resolved;
- Maintain a safe, tidy, and organized work environment;
- Look after their personal safety and well-being on project sites;
- Notify customers and other Field Staff of potential hazards;
- Keep all equipment safe and secured, well maintained, and in good working order;
- Only use equipment and tools that have been tested, are in good working order and are free of defects;
- Strive to eliminate or reduce risk of slips, trips, and falls by being aware of and correcting or resolving, as possible:
  - Uneven surfaces, hole in floors, carpet edges, drop-clothes or changes in floor surface level and
  - Ladders, equipment and other obstacles that may be present in the work area;
- Wear and/or use all relevant personal protective equipment (PPE) as determined by IHWAP, OSHA and/or industry standards, and be trained in its proper use; and
- Adhere to Agency walk-away protocols for unsafe conditions, environments or situations.

<sup>1</sup> [https://www.osha.gov/Publications/Safe\\_Driving\\_Practices.pdf](https://www.osha.gov/Publications/Safe_Driving_Practices.pdf)

<sup>2</sup> [https://www.osha.gov/Publications/motor\\_vehicle\\_guide.html](https://www.osha.gov/Publications/motor_vehicle_guide.html)

## Exhibit 6 – Ameren Illinois Agency Incentive Allocations

### INCENTIVE ALLOCATION METHODOLOGY

The Agency incentive allocations were determined based on the proportion of the IHWAP grant funding that was received by the Agency in comparison to the other Agencies within the Ameren Illinois territory. Additionally, for Agencies that have a portion of customers in Ameren Illinois territory and a portion of customers served by other utilities, an approximate percentage of Ameren Illinois customers within the Agency's territory was utilized to determine the appropriate proportion of total Ameren Illinois incentive funding for the Agency.

This Agreement includes the initial Agency Incentive Allocation to the Agency based on 60% of the potentially available funding from the Utility for the Program Term January 1 – December 31, 2018.

Included below is a generic example of how the Ameren Illinois incentive allocations were determine for each Agency.

Agency Name	State / IHWAP Allocation	Potential Annual Incentives	Initial Allocation Percentage	Initial Incentive Allocation
Agency ABC	2.25%	\$225,000.000	60%	\$135,000.00

### AMEREN ILLINOIS MEASURE LEVEL FINANCIAL CONTRIBUTION

The Utility, via Company, will fund Agency for 50% of the true grant expenditure incurred by the Agency for the qualifying measure categories and measures listed below as determined by the Acceptable Practices in this Agreement. Agency will allocate OCA and IHWAP grant funds and/or invoice OCA, per existing IHWAP protocols, for the remainder of the true grant expenditure at the measure level. Measures within the following measure categories noted below are eligible for an incentive from Ameren Illinois. The measures below are examples of measures that would qualify for Ameren Illinois incentives, but do not include all eligible measures. The Company will work with each Agency to note exactly which measures from the Agency measure catalog that would qualify. Window and door replacement projects are not eligible for Ameren Illinois incentives. Priority should be made to install projects with highest Savings to Investment Ratio. Agency will be responsible for managing the Program project and measure-level costs to the Initial Agency Incentive Allocation, below, as outlined in the Agreement.

Health and Safety	Base/Light Bulbs	Insulation	Air Sealing	Ashrae 62.2
Co Detector	LED Bulbs	Cellulose Attic Insulation	Door Mod Kit	Exhaust Bath Fan
Smoke Detector	Faucet Aerator	Cellulose Sidewall Insulation	Door Sweep	Exhaust Kitchen Fan
Dryer Vent	Shower Head	Fiberglass Attic/Crawlspace	Door Weather-Strip	Exhaust Wall Fan
Aluminum Flashing	Power Strips	Fiberglass Knee Walls	Attic Hatch Insulation	Fan Kit
Fire Extinguisher		Pull Down Attic Stairs	Build Attic Hatch and Seal	
Drip Leg		Insulate and Seal Existing Attic Access	A/C Cover	
Gas Shut Off		Insulate and Seal Existing Crawl Access	Openings and Sill Plate	
Insul Shield		Insulate and Seal Existing Knee Wall Access	Crawlspace Vents	
Water Heater Pipe Insulation		Visqueen Barrier Crawlspace/Knee Wall	Floor Juncture Open Joist	
Chimney Liner		Attic Ventilation Baffles	Caulk	
Water Heater Discharge Pipe		Insulate Bandjoist	Two Part Foam Bandjoist	
Lead Safe Work Practices			Seal Attic Before Insulating	
Correcting/Repairing Leaking Fuel Supply Lines				
Correcting/Repairing Improper Or Ineffective Water Heater Venting				

### AMEREN ILLINOIS PER HOME FINANCIAL CONTRIBUTION

To ensure that increased IHWAP funds in total are used to provide services to additional customers in need, the current maximum spending caps per home for the IHWAP program state and federal grants will not be changed and will be inclusive of the additional Ameren Illinois funding.

In the event that the average energy savings achieved per total incentive paid to the agencies exceeds the planned values for each agency, a maximum incentive per home may be instituted during the program year.



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# AMEREN ILLINOIS AGENCY INCENTIVE ALLOCATION

CAA	Total IHWAP Program Funding	Percent of IHWAP Funding for Ameren IL Territory	Percent of Ameren IL Customers for Agency	Adjusted Utility Territory IHWAP Program Funding	Percentage of Adjusted Utility Territory Funding	Ameren IL 2018 Total Incentive Allocation	Ameren IL 2018 Initial Incentive - 60% of Total
BCMWW	\$44,837	3.0%	100%	\$ 448,370	3.3%	\$ 122,831	\$ 73,699
CAPCIL	\$425,842	2.8%	100%	\$ 4,258,420	3.2%	\$ 116,695	\$ 70,017
CEFS	\$784,842	5.2%	100%	\$ 7,848,420	5.8%	\$ 214,886	\$ 128,932
CHAMPAIGN COUNTY RPC	\$734,268	4.9%	100%	\$ 7,342,680	5.4%	\$ 201,168	\$ 120,701
CROSSWALK	\$640,895	4.3%	100%	\$ 6,408,950	4.7%	\$ 175,531	\$ 105,319
DECATUR-MACON	\$392,887	2.6%	100%	\$ 3,928,870	2.9%	\$ 107,585	\$ 64,551
EAST CENTRAL	\$539,859	3.6%	90%	\$ 5,398,590	3.6%	\$ 133,065	\$ 79,839
EMBARRAS	\$946,818	6.3%	100%	\$ 9,468,180	7.0%	\$ 259,400	\$ 155,640
FULTON	\$168,860	1.1%	100%	\$ 1,688,600	1.3%	\$ 46,290	\$ 27,774
ILLINOIS VALLEY	\$398,836	2.6%	100%	\$ 3,988,360	3.0%	\$ 109,269	\$ 65,561
KANKAKEE	\$382,801	2.5%	10%	\$ 3,828,010	0.3%	\$ 10,490	\$ 6,294
KENDALL/GRUNDY	\$266,869	1.8%	10%	\$ 2,668,690	0.2%	\$ 7,314	\$ 4,388
KNOX COUNTY	\$237,832	1.6%	100%	\$ 2,378,320	1.8%	\$ 65,049	\$ 39,030
MADISON	\$768,874	5.1%	100%	\$ 7,688,740	5.7%	\$ 210,429	\$ 126,258
MCS	\$281,875	1.9%	100%	\$ 2,818,750	2.1%	\$ 77,088	\$ 46,253
MID-CENTRAL	\$564,845	3.7%	70%	\$ 5,648,450	2.9%	\$ 108,249	\$ 64,949
PEORIA	\$616,802	4.1%	100%	\$ 6,168,020	4.6%	\$ 168,876	\$ 101,325
PROJECT NOW	\$708,883	4.7%	90%	\$ 7,088,830	4.7%	\$ 174,693	\$ 104,816
SANGAMON	\$591,838	3.9%	100%	\$ 5,918,380	4.4%	\$ 162,119	\$ 97,271
SHAWNEE	\$495,872	3.3%	100%	\$ 4,958,720	3.7%	\$ 135,854	\$ 81,512
ST. CLAIR	\$896,881	6.0%	100%	\$ 8,968,810	6.6%	\$ 245,582	\$ 147,349
TAZWOOD CSI	\$421,875	2.8%	90%	\$ 4,218,750	2.8%	\$ 104,023	\$ 62,414
TRI-COUNTIES	\$1,257,839	8.4%	50%	\$ 12,578,390	4.7%	\$ 172,250	\$ 103,350
TWO RIVERS	\$455,835	3.0%	100%	\$ 4,558,350	3.4%	\$ 124,776	\$ 74,865
WABASH	\$579,892	3.8%	100%	\$ 5,798,920	4.3%	\$ 158,654	\$ 95,192
WESTERN EGYPTIAN	\$604,801	4.0%	100%	\$ 6,048,010	4.5%	\$ 165,533	\$ 99,320
WIRC	\$446,801	3.0%	100%	\$ 4,468,010	3.3%	\$ 122,301	\$ 73,380
<b>TOTAL</b>	<b>\$15,055,059</b>			<b>\$ 13,505,121</b>		<b>\$ 3,700,000</b>	<b>\$ 2,220,000</b>

## AMEREN ILLINOIS AGENCY INCENTIVE ALLOCATION

The 2018 Ameren Illinois Incentive Allocations correspond, by agency, to the materials and labor, program administration, and program support totals for eligible measures installed through the program. The program administration and program support totals for each measure will be determined based on the methodology to determine these totals for the grant funding source that is used to match the Ameren Illinois incentive at the measure level. Program Administration and Program Support dollars will only be provided after the installation and approval of eligible measures and the totals below represent an initial estimated budget and may change if an Agency's total allocation changes due to performance.

CAA	Ameren IL 2018 Total Incentive Allocation	Ameren IL 2018 Materials and Labor Incentive Budget	Ameren IL 2018 Program Administration Budget	Ameren IL 2018 Program Support Budget
BCMW	\$ 122,831	\$ 85,836	\$ 6,953	\$ 30,043
CAPCIL	\$ 116,695	\$ 81,548	\$ 6,605	\$ 28,542
CEFS	\$ 214,886	\$ 150,165	\$ 12,163	\$ 52,558
CHAMPAIGN COUNTY RPC	\$ 201,168	\$ 140,578	\$ 11,387	\$ 49,202
CROSSWALK	\$ 175,531	\$ 122,663	\$ 9,936	\$ 42,932
DECATUR-MACON	\$ 107,585	\$ 75,181	\$ 6,090	\$ 26,313
EAST CENTRAL	\$ 133,065	\$ 92,988	\$ 7,532	\$ 32,546
EMBARRAS	\$ 259,400	\$ 181,272	\$ 14,683	\$ 63,445
FULTON	\$ 46,290	\$ 32,348	\$ 2,620	\$ 11,322
ILLINOIS VALLEY	\$ 109,269	\$ 76,359	\$ 6,185	\$ 26,726
KANKAKEE	\$ 10,490	\$ 7,331	\$ 594	\$ 2,566
KENDALL/GRUNDY	\$ 7,314	\$ 5,111	\$ 414	\$ 1,789
KNOX COUNTY	\$ 65,049	\$ 45,457	\$ 3,682	\$ 15,910
MADISON	\$ 210,429	\$ 147,051	\$ 11,911	\$ 51,468
MCS	\$ 77,088	\$ 53,870	\$ 4,363	\$ 18,855
MID-CENTRAL	\$ 108,249	\$ 75,646	\$ 6,127	\$ 26,476
PEORIA	\$ 168,876	\$ 118,012	\$ 9,559	\$ 41,304
PROJECT NOW	\$ 174,693	\$ 122,077	\$ 9,888	\$ 42,727
SANGAMON	\$ 162,119	\$ 113,290	\$ 9,177	\$ 39,652
SHAWNEE	\$ 135,854	\$ 94,936	\$ 7,690	\$ 33,228
ST. CLAIR	\$ 245,582	\$ 171,615	\$ 13,901	\$ 60,065
TAZWOOD CSI	\$ 104,023	\$ 72,693	\$ 5,888	\$ 25,442
TRI-COUNTIES	\$ 172,250	\$ 120,371	\$ 9,750	\$ 42,130
TWO RIVERS	\$ 124,776	\$ 87,195	\$ 7,063	\$ 30,518
WABASH	\$ 158,654	\$ 110,869	\$ 8,980	\$ 38,804
WESTERN EGYPTIAN	\$ 165,533	\$ 115,676	\$ 9,370	\$ 40,487
WIRC	\$ 122,301	\$ 85,465	\$ 6,923	\$ 29,913
<b>TOTAL</b>	<b>\$ 3,700,000</b>	<b>\$ 2,585,604</b>	<b>\$ 209,434</b>	<b>\$ 904,962</b>

### AMEREN ILLINOIS AGENCY PARTICIPATION TARGETS

The 2018 Incentive Allocations correspond, by agency, to the electric savings (kWh) and natural gas savings (therms). These initial targets are intended to provide Agency with a target of the associated savings for the incentive funds that Ameren Illinois aims to achieve in 2018. Ameren Illinois will calculate, per the Illinois Technical Reference Manual, measure-level savings on behalf of Agency. Actual Agency results may vary, and Company will continuously monitor Agency participation and provide recommendations, as appropriate, in support of achieving these targets.

CAA	Ameren IL 2018 Electric Energy Savings Target (kWh)	Ameren IL 2018 Electric Natural Gas Savings Target (Therms)
BCMW	898185	6863
CAPCIL	848116	68169
CEFS	1558705	118120
CHAMPAIGN COUNTY RPC	1468756	108763
CROSSWALK	1278069	9820
DECATUR-MACON	788747	5876
EAST CENTRAL	968544	7888
EMBARRAS	187819	13883
FULTON	348004	2894
ILLINOIS VALLEY	788747	5876
KANKAKEE	78159	525
KENDALL/GRUNDY	5869	394
KNOX COUNTY	468532	3813
MADISON	1528125	118157
MCS	558181	4869
MID-CENTRAL	788747	5876
PEORIA	1218700	8826
PROJECT NOW	1278069	9820
SANGAMON	1188121	8863
SHAWNEE	988134	7819
ST. CLAIR	178871	138126
TAZWOOD CSI	758168	5813
TRI-COUNTIES	1258280	98188
TWO RIVERS	918275	6894
WABASH	114841	8801
WESTERN EGYPTIAN	119810	8895
WIRC	898185	6863
<b>TOTAL</b>	<b>2884863</b>	<b>196893</b>

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## EXHIBIT 7 – AMEREN ILLINOIS RESIDENTIAL PROGRAM ALLY APPLICATION

<https://amerenillinoisavings.com/for-contractors/become-a-residential-program-ally>

# RESIDENTIAL PROGRAM ALLY Application



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Please complete the application, attach required documentation and email to: ResidentialEEApplications@ameren.com.

**SECTION 1: COMPANY INFORMATION** *(If your company has multiple locations in Illinois, please complete an application for each location)*

Program Ally Type: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Distributor <input type="checkbox"/> Independent Auditor		Company Ownership (if applicable): <input checked="" type="checkbox"/> Minority <input type="checkbox"/> Veteran <input type="checkbox"/> Woman	
Year Company Established: 1988		Number of Employees at this Location: 1	
Company Name: VL Porter Construction			
Address: 2225 E Brown			
City: Springfield		State: IL	Zip code: 62703
Company Email Address: n/a		Company Website: n/a	Phone: (217) 744-8050
Have you participated in Ameren Illinois Energy Efficiency Programs previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Services Offered: <input checked="" type="checkbox"/> Insulation and Air Sealing <input type="checkbox"/> HVAC <input type="checkbox"/> Energy Ratings <input type="checkbox"/> Home Performance Testing <input checked="" type="checkbox"/> General Contracting			
<input type="checkbox"/> Other (please describe):			

**SECTION 2: SERVICE AREAS** *(Select the areas that this company's location primarily services)*

<input type="checkbox"/> Bloomington	<input type="checkbox"/> Charleston	<input type="checkbox"/> Harrisburg	<input type="checkbox"/> Mount Vernon	<input type="checkbox"/> Quad Cities
<input type="checkbox"/> Cairo	<input type="checkbox"/> Decatur	<input type="checkbox"/> Macomb	<input type="checkbox"/> Peoria	<input type="checkbox"/> Quincy
<input type="checkbox"/> Carbondale	<input type="checkbox"/> Effingham	<input type="checkbox"/> Metro East North	<input type="checkbox"/> Peru	<input checked="" type="checkbox"/> Springfield
<input type="checkbox"/> Champaign	<input type="checkbox"/> Galesburg	<input type="checkbox"/> Metro East South	<input type="checkbox"/> Pontiac	<input type="checkbox"/> Taylorville

**SECTION 3: EMPLOYEE TRAINING AND CERTIFICATION** *(If applying for the HVAC program only, please skip this section)*

BPI COURSE	# OF EMPLOYEES TRAINED	# OF EMPLOYEES CERTIFIED	BPI COURSE	# OF EMPLOYEES TRAINED	# OF EMPLOYEES CERTIFIED
Building Analyst			Heating		
Envelope Professional			Multifamily		
Residential Building Envelope Whole House Air Leakage Control Installer			Air Conditioning/Heat Pumps		

BUILDING PERFORMANCE INSTITUTE (BPI) OR HOME ENERGY RATING SYSTEM (HERS) CERTIFICATION INFORMATION *(Please provide copies of both sides of the BPI badge for each staff member listed below.)*

CHECK ONE	CERTIFIED STAFF NAME	IDENTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			

OFFICE USE ONLY: Program Participation:  HEP-10  Heating and Cooling  Multifamily

# RESIDENTIAL PROGRAM ALLY Application



11-30

**SECTION 4: COMPANY CONTACT INFORMATION** (Please list individuals at this location that should receive program updates and information. If you need more space, please attach a separate document.)

Primary Contact Name: <b>Vincent Porter</b>		Title/Department: <b>Owner</b>	
Phone Number: <b>(217) 744-8050</b>	Extension:	Cell Phone:	
Email Address: <b>n/a</b>		State: <b>Springfield</b>	ZIP code: <b>62703</b>
Secondary Contact Name:		Title/Department:	
Phone Number:	Extension:	Cell Phone:	
Email Address:		State:	ZIP code:

**SECTION 5: DOCUMENTATION NEEDED**

W-9 Form     
  Workers' Compensation Insurance     
  Commercial General Liability Insurance     
  Automobile Liability Insurance  
 Copy of both sides of the BPI badge for each staff member listed in Section 3     
  New Vendor Form     
  Program Ally Code of Conduct  
 Certificate of Insurance (COI)  
 Certificates of Insurance should be submitted with the following Certificate Holder Listed:  
 Ameren Illinois  
 300 Liberty Street, 4th Floor  
 Peoria, IL 61602

I certify the information I have provided is true and correct. I understand by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have provided. I understand my participation in the Ameren Illinois program is not approved until I have completed and/or submitted the necessary documents and the Program has reviewed and executed this Agreement. Ameren Illinois reserves the right to deny a Program Ally's application. Program Ally may be asked to complete and submit a new application on an annual basis. If the Program Ally's contact or business information changes it is the Program Ally's responsibility to make Ameren Illinois aware of these changes. Changes can be mailed or emailed to the address provided below. I understand the provisions of this Agreement are effective from the date the Agreement is executed by Ameren Illinois through the end of the program year.

Authorized Company Representative: *Vincent J. Porter*  
 Print Name: Vincent Porter      Date: 4-11-18

**OFFICE USE ONLY:**

<input type="checkbox"/> Approved	Documentation Received
	<input type="checkbox"/> W-9 Form <input type="checkbox"/> Workers' Compensation Insurance <input type="checkbox"/> Commercial General Liability Insurance <input type="checkbox"/> Automobile Liability Insurance <input type="checkbox"/> Copy of both sides of the BPI badge for each staff member listed in Section 3 <input type="checkbox"/> New Vendor Form <input type="checkbox"/> Program Ally Code of Conduct <input type="checkbox"/> Certificate of Insurance (COI) Certificates of Insurance should be submitted with the following Certificate Holder Listed: Ameren Illinois 300 Liberty Street, 4th Floor Peoria, IL 61602
<input type="checkbox"/> Denied	Reason(s):

Authorized Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

- 1. Definitions** – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. a) **"Ameren Illinois"** shall mean Ameren Illinois Company d/b/a Ameren Illinois. b) **"Program Ally"** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. c) **"Application"** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. d) **"Customer"** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer's Application by Ameren Illinois. e) **"Eligible Customer"** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between January 1, 2018 to December 31, 2018 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer's address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. f) **"Program"** shall mean the energy efficiency plan or measure that is the subject of the Application. g) **"Program Manager"** shall mean the Ameren Illinois designee in charge of the Application. h) **"Reservation of Funds"**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally's request for funds.
- 2. General** – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.
- 3. Procedures & Reporting** – Program Ally shall follow Program procedures of; a) verifying eligibility of Customer and work to be performed; b) reserving funds from Program in advance of the project commencing; and, c) submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.
- 4. Independent Contractor** – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.
- 5. Warranty of Work** – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer's warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.
- 6. Quality Assurance** – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally's work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.
- 7. Pre and Post Installation Verification** – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.
- 8. Incentive Payments/Limits** – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer's invoice as "Ameren Illinois Energy Efficiency Program Incentive."
- 9. Indemnification** – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney's fees) of any nature whatsoever arising directly or indirectly out of or in connection within any dispute or legal suit arising from work related to the Program.
- 10. Changes In/Cancellation of the Program** – a) Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. b) In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. c) Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.
- 11. Miscellaneous** – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.

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# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Vincent L. Porter

2 Business name/disregarded entity name, if different from above  
V.L. Porter Construction

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See Instructions.  
2225 E. Brown st.

6 City, state, and ZIP code  
Springfield IL 62703

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

3	7	-	1	2	2	8	7	2	6
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ▶ Vincent L. Porter    Date ▶ 4/9/2017

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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Please scan to download the app which includes the electronic version of your ID Card.



ILLINOIS AUTO INSURANCE IDENTIFICATION CARD



COLUMBIA MUTUAL INSURANCE COMPANY

2102 WHITE GATE DRIVE  
COLUMBIA MO 65203  
573-474-6193  
NAIC #: 40371

POLICY NUMBER:  
AU1101091

EFFECTIVE DATE  
10/26/2017

EXPIRATION DATE  
04/26/2018

AGENCY  
Fish Insurance Agency Inc  
130 Douglas Ave  
Riverton IL 62561  
217-629-7749

YEAR MAKE/MODEL  
1989 CHEV CHVY VNG30 VAN 4X2

VEHICLE IDENTIFICATION NUMBER  
1GCGG35K4K3307652

INSURED  
VINCENT PORTER

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE AT ALL TIMES  
SEE IMPORTANT NOTICE ON REVERSE SIDE

11-34

Fax: (217)535-3118



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2018

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).

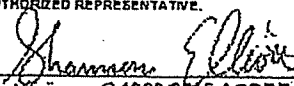
PRODUCER	Goodenow Insurance Agency Inc. 719 North Grand Ave East Springfield, IL 62702	CONTACT NAME: Shannon Elliott	FAX (A/C) No: (217)523-5456
		PHONE (A/C) No. Ext: (217)523-5443	
INSURED	VL Porter Construction Vincent Porter 2225 E Brown St Springfield, IL 62703-2725	INSURER(S) AFFORDING COVERAGE	
		INSURER A: Erie Insurance Group	NAIC # 26271
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00000000-167944 REVISION NUMBER: 2

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 LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY		Q30-0720721	06/07/2017	08/07/2018	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					
	<input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IL) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> Y <input type="checkbox"/> N/A PER STATUTE   OTH-ER EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Sangamon Count Department of Community Resources 2833 South Grand Ave East Suite C100 Springfield, IL 62703	<b>CANCELLATION</b>  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:  (SKE)

# RESIDENTIAL PROGRAM ALLY Application



1135

Please complete the application, attach required documentation and email to: ResidentialEEApplications@ameren.com.

**SECTION 1: COMPANY INFORMATION** *(If your company has multiple locations in Illinois, please complete an application for each location)*

Program Ally Type: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Distributor <input type="checkbox"/> Independent Auditor		Company Ownership (if applicable): Minority <input type="checkbox"/> Veteran <input type="checkbox"/> Woman	
Year Company Established: 1978		Number of Employees at this Location: 60	
Company Name: Darrin Wood Heating & Cooling			
Address: 711 W Prospect Ave			
City: Springfield		State: IL	Zip code: 62704
Company Email Address: n/a		Company Website: n/a	
		Phone: (217) 789-0504	
Have you participated in Ameren Illinois Energy Efficiency Programs previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Services Offered: <input type="checkbox"/> Insulation and Air Sealing <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Energy Ratings <input type="checkbox"/> Home Performance Testing <input type="checkbox"/> General Contracting			
<input type="checkbox"/> Other (please describe):			

**SECTION 2: SERVICE AREAS** *(Select the areas that this company's location primarily services)*

<input type="checkbox"/> Bloomington	<input type="checkbox"/> Charleston	<input type="checkbox"/> Harrisburg	<input type="checkbox"/> Mount Vernon	<input type="checkbox"/> Quad Cities
<input type="checkbox"/> Cairo	<input type="checkbox"/> Decatur	<input type="checkbox"/> Macomb	<input type="checkbox"/> Peoria	<input type="checkbox"/> Quincy
<input type="checkbox"/> Carbondale	<input type="checkbox"/> Effingham	<input type="checkbox"/> Metro East North	<input type="checkbox"/> Peru	<input checked="" type="checkbox"/> Springfield
<input type="checkbox"/> Champaign	<input type="checkbox"/> Galesburg	<input type="checkbox"/> Metro East South	<input type="checkbox"/> Pontiac	<input type="checkbox"/> Taylorville

**SECTION 3: EMPLOYEE TRAINING AND CERTIFICATION** *(If applying for the HVAC program only, please skip to section four)*

BPI COURSE	# OF EMPLOYEES TRAINED	# OF EMPLOYEES CERTIFIED	BPI COURSE	# OF EMPLOYEES TRAINED	# OF EMPLOYEES CERTIFIED
Building Analyst			Heating		
Envelope Professional			Multifamily		
Residential Building Envelope Whole House Air Leakage Control Installer			Air Conditioning/Heat Pumps		

**BUILDING PERFORMANCE INSTITUTE (BPI) OR HOME ENERGY RATING SYSTEM (HERS) CERTIFICATION INFORMATION** *(Please provide copies of both sides of the BPI badge for each staff member listed below.)*

CHECK ONE	CERTIFIED STAFF NAME	IDENTIFICATION NUMBER	EXPIRATION DATE
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			
<input type="checkbox"/> BPI <input type="checkbox"/> HERS			

OFFICE USE ONLY: Program Participation:  HEP-IQ  Heating and Cooling  Multifamily

# RESIDENTIAL PROGRAM ALLY Application



11-36

## SECTION 4: COMPANY CONTACT INFORMATION (Please list individuals at this location that should receive program updates and information. If you need more space, please attach a separate document.)

Primary Contact Name: <u>Darrin Wood</u>		Title/Department: <u>OWNER</u>	
Phone Number: <u>217-789-0504</u>	Extension:	Cell Phone:	
Email Address:		State: <u>IL</u>	ZIP code: <u>62704</u>
Secondary Contact Name:		Title/Department:	
Phone Number:	Extension:	Cell Phone:	
Email Address:		State:	ZIP code:

## SECTION 5: DOCUMENTATION NEEDED

W-9 Form     
  Workers' Compensation Insurance     
  Commercial General Liability Insurance     
  Automobile Liability Insurance  
 Copy of both sides of the BPI badge for each staff member listed in Section 3     
  New Vendor Form     
  Program Ally Code of Conduct  
 Certificate of Insurance (COI)

Certificates of Insurance should be submitted with the following Certificate Holder Listed:

Ameren Illinois  
300 Liberty Street, 4th Floor  
Peoria, IL 61602

I certify the information I have provided is true and correct. I understand by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have provided. I understand my participation in the Ameren Illinois program is not approved until I have completed and/or submitted the necessary documents and the Program has reviewed and executed this Agreement. Ameren Illinois reserves the right to deny a Program Ally's application. Program Ally may be asked to complete and submit a new application on an annual basis. If the Program Ally's contact or business information changes it is the Program Ally's responsibility to make Ameren Illinois aware of these changes. Changes can be mailed or emailed to the address provided below. I understand the provisions of this Agreement are effective from the date the Agreement is executed by Ameren Illinois through the end of the program year.

Authorized Company Representative: Darrin Wood

Print Name: Darrin Wood Date: 4-10-18

OFFICE USE ONLY:	
<input type="checkbox"/> Approved	Documentation Received <input type="checkbox"/> W-9 Form <input type="checkbox"/> Workers' Compensation Insurance <input type="checkbox"/> Commercial General Liability Insurance <input type="checkbox"/> Automobile Liability Insurance <input type="checkbox"/> Copy of both sides of the BPI badge for each staff member listed in Section 3 <input type="checkbox"/> New Vendor Form <input type="checkbox"/> Program Ally Code of Conduct <input type="checkbox"/> Certificate of Insurance (COI)
	Certificates of Insurance should be submitted with the following Certificate Holder Listed: Ameren Illinois 300 Liberty Street, 4th Floor Peoria, IL 61602
<input type="checkbox"/> Denied	Reason(s):
Authorized Program Representative: _____ Date: _____	

## AMEREN ILLINOIS RESIDENTIAL ENERGY EFFICIENCY PROGRAM TERMS AND CONDITIONS

- 1. Definitions** – In addition to terms defined elsewhere herein, when any one of the following terms is used in these Terms and Conditions, wherein the first letter is written with a capital letter, then that term shall have the following definition. Words importing persons include corporation, and words importing only the singular include the plural and vice versa when the context requires. a) **"Ameren Illinois"** shall mean Ameren Illinois Company d/b/a Ameren Illinois. b) **"Program Ally"** shall mean contractors/allies who have met the minimum qualifications established by Ameren Illinois and are allowed to offer program incentives. c) **"Application"** shall mean the Customer or Program Ally completed document used to apply for cash incentives or used for any other appropriate application-specific documentation. d) **"Customer"** shall mean an Eligible Customer who has submitted an Application for incentive money using their Ameren Illinois account number. The Customer abides by these Terms and Conditions upon acceptance of Customer's Application by Ameren Illinois. e) **"Eligible Customer"** shall mean a residential customer of Ameren Illinois, with an active Ameren Illinois-delivered electric or gas account residing in an existing home or new construction. Individually metered residential multifamily units must have prior program approval to participate. Installations performed between January 1, 2018 to December 31, 2018 are eligible for incentives or until incentive funds are exhausted. Equipment and/or materials must be installed by a participating Program Ally at the Customer's address listed on the Application. The Application must be filled out completely and accurately, signed and accompanied by dated copies of the invoices. See the project/measure eligibility for requirements specific to individual incentives. f) **"Program"** shall mean the energy efficiency plan or measure that is the subject of the Application. g) **"Program Manager"** shall mean the Ameren Illinois designee in charge of the Application. h) **"Reservation of Funds"**, when required, shall mean written notification to Program Ally of a pre-approved incentive amount, which Ameren Illinois issues after review Program Ally's request for funds.
- 2. General** – Customer and Program Ally shall abide by these Terms and Conditions; abide by all Local, State and Federal guidelines, applicable laws, building codes, regulations and licensing requirements; and perform work in accordance with customary installation standards, and/or according to manufacturer specifications.
- 3. Procedures & Reporting** – Program Ally shall follow Program procedures of; a) verifying eligibility of Customer and work to be performed; b) reserving funds from Program in advance of the project commencing; and, c) submitting a reservation form and/or Application supplied by the Program for work performed with all required documentation. Program Ally agrees to provide all documentation associated with specified projects for quality assurance. Program Ally must provide necessary supporting documentation of services rendered including invoices and site assessment reports as requested.
- 4. Independent Contractor** – Listing in the Program Ally database does not constitute any endorsement of the Program Ally by Ameren Illinois. Program Ally is an independent contractor participating in the Program and not an employee of, or under contract to, Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally is not authorized to assume or create any obligation or liabilities, express or implied, on behalf of or in the name of Ameren Illinois or Program staff and authorized Ameren Representatives. Program Ally shall properly represent this to the Customers.
- 5. Warranty of Work** – Program Ally shall provide the Customer a written warranty covering both labor and materials for a minimum of one year from the date the service is performed. All materials installed shall carry the manufacturer's warranty, which will be provided to the Customer. Offers of, and documentation referring to, any applicable extended warranty coverage shall be supplied to the Customer.
- 6. Quality Assurance** – Program Ally will maintain effective procedures for quality assurance as for resolution of Customer complaints or disputes and for response to Customer emergencies. Program Ally agrees to make its quality assurance procedures available to the Program for review and upon request. Only trained and skilled personnel of Program Ally shall supervise any project performed under the Program. All work is subject to quality assurance and verification inspections by Program before incentive payments are paid. Ameren Illinois is the sole authority in determining that the work is complete and eligible for payment. If the applicable Program Manager determines Program Ally's work is not up to Program standards, upon request from the Program Representative, Program Ally shall make reasonable repairs or corrections to bring such work up to Program standards at no additional cost to the Customer. Program Manager shall have sole authority in determining the necessary remedies to correct faulty work.
- 7. Pre and Post Installation Verification** – Ameren Illinois is not obligated to make any incentive payment until it has performed a satisfactory post-installation verification. This provision may be waived at the sole discretion of Ameren Illinois. Inspections conducted are solely for the purpose of determining Program compliance and are not safety or building code inspections.
- 8. Incentive Payments/Limits** – For all Applications, Ameren Illinois is not obligated to award any incentive payment unless a reservation form and/or Application is submitted and granted. Customer and Program Ally are responsible for ensuring the Application is accurate and equipment meets eligibility requirements in order to receive the Pre-approval incentive payment. Incentive payments will be issued to Program Ally. The Program Ally shall inform Customer of Program financial incentives, and shall include a discount to the Customer in the amount of the incentive, labeled on Customer's invoice as "Ameren Illinois Energy Efficiency Program Incentive."
- 9. Indemnification** – Program Ally and/or Customer hereby releases and shall indemnify, hold harmless, and defend Ameren Illinois, Program staff and authorized Ameren Representatives and any third party vendors from any and all claims, losses, harms, costs, liabilities, damages, and expenses (including attorney's fees) of any nature whatsoever arising directly or indirectly out of or in connection with any dispute or legal suit arising from work related to the Program.
- 10. Changes In/Cancellation of the Program** – a) Ameren Illinois may change the program requirements, incentives, or these Terms & Conditions at any time without notice, including suspending acceptance of Applications, denial of Applications already received, or terminating the Program. b) In the event of a program change, Applications that have been granted Pre-approval will be processed to completion under the Terms & Conditions in effect at the time of Pre-approval by Ameren Illinois. c) Cash incentives under the Ameren Illinois Program are offered on a first-come, first-served basis and are subject to project and Customer eligibility, and the availability of funds.
- 11. Miscellaneous** – Ameren Illinois reserves the right to make changes to; its Program, program incentives, rules, guidelines, and these Terms and Conditions upon written notice to the Program Ally. These Terms and Conditions shall be governed by Illinois law.



# CERTIFICATE OF LIABILITY INSURANCE

NO. 1001 F. 1

DATE (MM/DD/YYYY)  
04/10/2018

1138

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 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).

<b>PRODUCER</b> 217-629-7749      217-629-7944 Fish Insurance Agency Inc 130 Douglas Ave. Riverton IL 62561	<b>CONTACT NAME:</b> Fish Insurance Agency Inc <b>PHONE:</b> <b>FAC. No. Ext.:</b> 217-629-7749 <b>FAX (A/C, No):</b> 217-629-7944 <b>E-MAIL ADDRESS:</b> support@fish-insurance.com
<b>INSURED</b> Darrin Wood Heating & A/C 711 Prospect Ave Springfield IL 62704	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Columbia Ins. Grp. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 LTR	TYPE OF INSURANCE	APPL INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CTPIL0000084861	05/03/2017 05/03/2018	05/03/2018 05/03/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/DP AGG \$ 4,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAPIL0000017847	01/03/2018	01/03/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WCPIL0000022352	05/03/2017 05/03/2018	05/03/2018 05/03/2019	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> Sangamon County Community Resources (Weatherization Program) 2833 S Grand Ave E Springfield IL 62703 Fax: 217-535-3119	<b>CANCELLATION</b> 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  JOB D. PRYTHERCH
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# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
DARRIN WOOD HEATING AND COOLING

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
711 PROSPECT

6 City, state, and ZIP code  
SPRINGFIELD IL 62704

7 List account number(s) here (optional)

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
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or

Employer identification number

4	6	-	0	9	6	1	6	6	9
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ► Darrin Wood

Date ► 4-10-18

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# RESIDENTIAL PROGRAM ALLY Application



11-40

**SECTION 4: COMPANY CONTACT INFORMATION** (Please list individuals at this location that should receive program updates and information. If you need more space, please attach a separate document.)

Primary Contact Name: <b>Darrin Wood</b>		Title/Department: <b>Owner</b>	
Phone Number: <b>(217) 789-0504.</b>	Extension:	Cell Phone:	
Email Address: <b>n/a</b>		State: <b>Springfield</b>	ZIP code: <b>62704</b>
Secondary Contact Name:		Title/Department:	
Phone Number:	Extension:	Cell Phone:	
Email Address:		State:	ZIP code:

**SECTION 5: DOCUMENTATION NEEDED**

W-9 Form     
  Workers' Compensation Insurance     
  Commercial General Liability Insurance     
  Automobile Liability Insurance  
 Copy of both sides of the BPI badge for each staff member listed in Section 3     
  New Vendor Form     
  Program Ally Code of Conduct  
 Certificate of Insurance (COI)

Certificates of Insurance should be submitted with the following Certificate Holder Listed:

Ameren Illinois  
300 Liberty Street, 4th Floor  
Peoria, IL 61602

I certify the information I have provided is true and correct. I understand by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have provided. I understand my participation in the Ameren Illinois program is not approved until I have completed and/or submitted the necessary documents and the Program has reviewed and executed this Agreement. Ameren Illinois reserves the right to deny a Program Ally's application. Program Ally may be asked to complete and submit a new application on an annual basis. If the Program Ally's contact or business information changes it is the Program Ally's responsibility to make Ameren Illinois aware of these changes. Changes can be mailed or emailed to the address provided below. I understand the provisions of this Agreement are effective from the date the Agreement is executed by Ameren Illinois through the end of the program year.

Authorized Company Representative: *Darrin Wood*

Print Name: Darrin Wood Date: 4-10-18

**OFFICE USE ONLY:**

<input type="checkbox"/> Approved	Documentation Received
	<input type="checkbox"/> W-9 Form <input type="checkbox"/> Workers' Compensation Insurance <input type="checkbox"/> Commercial General Liability Insurance <input type="checkbox"/> Automobile Liability Insurance <input type="checkbox"/> Copy of both sides of the BPI badge for each staff member listed in Section 3 <input type="checkbox"/> New Vendor Form <input type="checkbox"/> Program Ally Code of Conduct <input type="checkbox"/> Certificate of Insurance (COI)
<input type="checkbox"/> Denied	Reason(s):

Certificates of Insurance should be submitted with the following Certificate Holder Listed:

Ameren Illinois  
300 Liberty Street, 4th Floor  
Peoria, IL 61602

Authorized Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_