

EFFICIENCY MAINE COMMERCIAL & INDUSTRIAL PRESCRIPTIVE INITIATIVE
Multifamily Weatherization Project Application



PROJECT ELIGIBILITY FOR MULTIFAMILY BUILDING WEATHERIZATION

1. Limited to existing multifamily facilities with three or more units per building. A unit is defined as a residential living area that includes a bedroom, bathroom, kitchen and living room.
2. Entities that are not eligible include multifamily buildings with less than three units per building, single-family homes, condominiums, mixed-use buildings, home offices, rental homes and Airbnbs, new construction or building undergoing major renovations or changing use to multifamily.
3. Eligible Measures (see Requirements Checklist for insulation requirements):
 - Attic Insulation
 - Basement/crawlspace ceiling insulation OR foundation wall insulation 2' below grade to underside of first floor
4. Incentive will be calculated at 50% of the project costs per measure, which includes materials and labor for insulation (eligible measures only) and air sealing activities (per installer's invoice to customer), up to \$5,000 per basement and \$5,000 per attic. A detailed cost breakdown may be requested from installer.
5. Verification of project completion will require a copy of all material and installation invoices for the air sealing and insulation measures and one of the following:
 - Blower door testing to show CFM values both before and after project completion; or
 - Provide pictures of before and after air sealing and pictures of before and after insulation installation.
6. Submit application along with all customer material and installation invoices to CIP@efficiencymaine.com within 14 days of project installation.

CUSTOMER / COMPANY INFORMATION

Owner/Customer Name:	<input type="checkbox"/> Business <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Government	Federal Tax ID:	Tax ID Type: <input type="checkbox"/> EIN <input type="checkbox"/> SSN
		Tax Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Tax Exempt/Government
Mailing Address:	City:	State:	Zip Code:
Contact Name/Title:			
Email Address:	Telephone:		
Physical Street Address (if different from above):	City:	State:	Zip Code:
Electric Utility Co:	Gas Utility Co:		
Heating Fuel Type:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Heat Pumps		
Insulation Location: <input type="checkbox"/> Attic <input type="checkbox"/> Basement Ceiling <input type="checkbox"/> Foundation Wall	# Apt Units per Building:		
Verification Type: <input type="checkbox"/> Blower Door Test (Pre and Post CFM): Pre CFM Value _____ Post CFM Value _____ OR; <input type="checkbox"/> Pre and Post Installation Pictures (attach to application)			

INSTALLER COMPANY INFORMATION

Installer Company Name:		
Installer Contact Name:	Email:	Telephone:

WEATHERIZATION SCOPE OF WORK AND COSTS*

Item	Attic or Basement	Insulation Type	Pre R Value	Post R Value	Square Feet Insulated	Material Cost Air Sealing	Labor Cost Air Sealing	Material Cost Insulation	Labor Cost Insulation	Total Cost	Requested Incentive Amount 50% of Total Cost
Ex	Attic	Dense Pack	19	49	2,500	\$500	\$500	\$5,500	\$2,000	\$8,500	\$4,250
1											
2											
3											

**Reported costs should be for the applicable measure only and not include additional scope items. A detailed cost breakdown may be requested from the installer. Final incentive amount may be adjusted based on confirmed measure costs.*

ATTIC INSULATION REQUIREMENTS

Yes	N/A	#	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1	Attic penetrations (chimney, wire, pipe, duct, vents, drywall gaps, etc.) that are a part of insulated area were sealed
<input type="checkbox"/>		2	<p>Attic insulated using one or more of following applications:</p> <ul style="list-style-type: none"> • Open attic insulated to at least R-49 with blown-in insulation • Enclosed cavities filled to capacity with dense-pack insulation • Minimum 5" closed-cell spray foam used to insulate all surfaces • Closed-cell spray foam applied to within 1.5" of full depth of cavities that were subsequently enclosed • Open-cell spray foam applied to full depth of cavities that were subsequently enclosed <p>Batt insulation not eligible for rebates.</p>
<input type="checkbox"/>	<input type="checkbox"/>	3	Baffles secured over exterior walls to separate insulation from ventilated eaves
<input type="checkbox"/>	<input type="checkbox"/>	4	Attic access through thermal boundary is insulated and air leakage is limited
<input type="checkbox"/>	<input type="checkbox"/>	5	Attic access protected by dam when blown-in insulation is used
<input type="checkbox"/>	<input type="checkbox"/>	6	Any exhaust fans ducted outside of the building
<input type="checkbox"/>	<input type="checkbox"/>	7	Code-approved fire protection added to foam insulation when applicable

BASEMENT INSULATION REQUIREMENTS*

Yes	N/A	#	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1	Accessible penetrations (chimney, wire, pipe, duct, vents, flooring gaps, etc.) that are a part of insulated area were sealed
<input type="checkbox"/>		2	<p>Basement insulated using one of the following applications:</p> <ul style="list-style-type: none"> • Foundation walls insulated from 2 feet below grade to underside of first floor (including sill and band joist) with minimum 2" rigid or closed-cell spray foam; OR • Floor cavities (including sill and band joist) insulated with either dense-pack insulation (to capacity) or at least 2" of foam (open-cell, closed-cell or rigid)
<input type="checkbox"/>		3	Code-approved fire protection added to foam insulation when applicable

* Applies to basements, crawlspaces, or other unconditioned space directly below a conditioned living area

QUALIFIED PARTNER SIGNATURE

Please certify that all information on this checklist is correct by signing below.

Qualified Partner Company Name:		
Employee Name (please print):		
Signature:		Date:

CUSTOMER SIGNATURE

Please certify that all information on this checklist is correct by signing below.

Company/Customer Name:		
Individual Name (please print):		
Signature:		Date: