

**Technical Assistance RFP Response Form**

Section 1: Applicant Information

| 1.1 Applicant’s legal name: |  | | |
| --- | --- | --- | --- |
| 1.1.1 Other names known by (DBA): |  | | |
| 1.2 Entity Type (i.e. C-Corp, LLC, Non-Profit, sole proprietor, public / governmental entity, etc) |  | | |
| 1.3 Number of Employees |  | | |
| 1.4 IDs (EIN and UEI): |  | | |
| 1.5 Primary Address: |  | | |
| 1.6 Org. Telephone #: |  | 1.7 Org. Website: |  |
| 1.8 Top Executive |  | Phone #: |  |
| Email address: |  |
| 1.9 Main contact(s) for this application: |  | Phone #: |  |
|  |  |
| 1.10 Indicate if you are a minority-owned or women-owned business enterprise and any certifications. | *Certification*  ☐ WBEN-women owned  ☐ MBE-minority owned  ☐ not certified - women owned  ☐ not certified-minority owned |  | |
|  | |
| 1.11 Locations other than primary address: |  | | |

Section 2: Executive Summary

| **2.1** Please provide a **summary** of your application to provide Technical Assistance services to Community Lenders supported by the Green Bank.  **(Max 250 words):** |
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|  |

Section 3: Organizational Profile

| **3.1 Mission Statement (Max. 250 words):** |
| --- |
|  |
| **3.2 Description of Organization (Max. 250 words):** Please provide a brief description of your organization including the products and services you offer, your geographic service area and target populations. |
|  |
| **3.3 Organizational and Staffing Structure:**   * Please attach an organizational chart and identify key individuals you expect to provide the proposed services and their areas of expertise. * Please provide the number of full time and part time staff and contractors. Please attach resumes or equivalent. |
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Section 4: Key Areas of Expertise and Experience

Please complete the sections below regarding areas of expertise and experience. Please note that Respondents may have expertise in only one area and we encourage specialty services.

4.1.a **High Performance Building Expertise**

| **Topic** | **Type of Experience (i.e. design, engineering, implementation, financing, or other)** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Retrofit of commercial, institutional, or manufacturing buildings-including energy efficiency and building envelope measures |  |  |
| New construction of commercial, institutional, or manufacturing buildings. |  |  |
| Operating businesses with products or services in the Net-Zero Buildings Sector. |  |  |
| Retrofit of single family or multi-family residential buildings,including energy efficiency and building envelope measures. *Note: may include rooftop solar and storage* |  |  |
| New construction of net zero single family or multi-family residential buildings |  |  |
| Other |  |  |

4.1.b **Distributed Energy Generation and Storage Expertise**

| **Topic** | **Type of Experience (i.e. design, engineering, implementation, financing, or other)** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Rooftop solar on commercial or institutional buildings with or without battery storage |  |  |
| Replacement of diesel, gasoline or propane fired generators with solar generation and/or battery storage |  |  |
| Microgrid development with solar or wind generation including storage and enabling distribution and infrastructure |  |  |
| Operating businesses with products or services in the Distributed Generation Sector. |  |  |
| Rooftop solar on single family or multi-family residential buildings with or without battery storage |  |  |
| Other |  |  |

4.1.c **Zero Emission Transportation Expertise**

| **Topic** | **Type of Experience (i.e. design, engineering, implementation, financing, or other)** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Fleet electrification, such as school buses, and delivery fleets. |  |  |
| Electric trucks and rolling equipment to support commercial and municipal activity. |  |  |
| Public transportation, such as buses or community transportation. |  |  |
| Charging stations and infrastructure for all electric vehicles. |  |  |
| Operating businesses with products or services in the Zero Emission Transportation Sector. |  |  |
| Other |  |  |

**4.2 Financial Structuring Expertise**

| **Topic** | **Type of Experience (financial advisor, principal, legal, tax) and Type of Projects** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Financial Structuring optimizing use of various sources of capital, tax credits and grant funds. |  |  |
| Senior Debt such as secured and unsecured loans, construction loans, market rate loans, bridge loans, forgivable loans, and below market rate loans. |  |  |
| Mezzanine Debt and Equity Instruments including various sources of non-senior debt and equity. |  |  |
| Sourcing additional capital from private and public sources. |  |  |
| Credit Enhancement including loan guarantees, loan loss reserves, loan guarantee funds. |  |  |
| Business Financing including debt or equity financing for operating businesses. |  |  |
| Tax credits including Energy Tax Credits, New Markets Tax Credits, and state and local tax incentives. |  |  |
| Utility incentives including energy efficiency rebates. |  |  |
| Other |  |  |

**4.3 Community Engagement Expertise**

| **Topic** | **Type of Experience and Project Expertise** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Designing and implementing public awareness campaigns |  |  |
| Creating and supporting inclusive planning processes |  |  |
| Coordinating and implementing stakeholder consultations |  |  |
| Other Community Engagement topics |  |  |

**4.4 Workforce Development Expertise**

| **Topic** | **Type of Experience and Project Expertise** | **Key individuals likely to provide support** |
| --- | --- | --- |
| Implementing workforce capacity assessments |  |  |
| Designing and implementing workforce training programs |  |  |
| Advising regarding access to Federal and State funding for workforce Initiatives |  |  |
| Creating partnerships with local educational institutions and unions. |  |  |
| Other workforce development expertise |  |  |

Section 6: Pricing

**EXAMPLE PROPOSED FEE SCHEDULE**

**Pricing Summary**

| **Service Description** | **Deliverable Fee/ Hourly or Daily Rate** |
| --- | --- |
| [Service 1] | [Total Price 1] |
|  |  |
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**Equipment and Materials Costs** (if any)

| **Description** | **Total Cost** |
| --- | --- |
| [Equipment/Material 1] | [Total Cost 1] |
|  |  |
|  |  |
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|  |  |

Section 7: References

Provide at least THREE (3) organizations for which your firm has successfully implemented services relevant to those defined in this solicitation. Use the form provided here and duplicate as needed.

| **Client Name/Location:** |  | |
| --- | --- | --- |
| **Engagement Dates:** | **Start Date:** | **End Date:** |
| **Description of**  **Services Provided:** |  | |
| **Contact Person:** |  | |
| **Contact e-mail:** |  | |
| **Phone Number:** |  | |
|  | | |
| **Client Name/Location:** |  | |
| **Engagement Dates:** | **Start Date:** | **End Date:** |
| **Description of**  **Services Provided:** |  | |
| **Contact Person:** |  | |
| **Contact e-mail:** |  | |
| **Phone Number:** |  | |
|  | | |
| **Client Name/Location:** |  | |
| **Engagement Dates:** | **Start Date:** | **End Date:** |
| **Description of**  **Services Provided:** |  | |
| **Contact Person:** |  | |
| **Contact e-mail:** |  | |
| **Phone Number:** |  | |
|  | | |

Section 9: Certification of Diligence, Accuracy, and Completeness

On behalf of [Name of Organization], I, [Your Full Name], hereby certify that I have exercised due diligence in the preparation of the response to the solicitation. To the best of my knowledge and belief:

The information provided in the response is accurate and reflects the current state of our capabilities, qualifications, and offerings.

I understand the importance of the accuracy and completeness of this submission, and I am committed to providing any additional information or clarification if required.

| ***I certify, to the best of my knowledge, that all information included in this application is correct.*** | |
| --- | --- |
| **Signature of Authorized Representative:** |  |
| **Name of Authorized Representative:** |  |
| **Date of Submission:** |  |

Note: A Contractor or Consultant is not an acceptable Authorized Representative.