

CenterPoint Energy's  
Multifamily Market Transformation New Construction Program  
Project Information/Application Form

Complete and submit this form and all required attachments via email to [swiese@frontierassoc.com](mailto:swiese@frontierassoc.com).

**Program Element (check one):** ☐ High Efficiency New Const. ☐ Water and Space Heating ☐ Both

**Budget Category:** ☐ Market Rate ☐ Hard to Reach

If Hard to Reach, how will income eligibility be documented? \_\_\_\_\_

Is such documentation already available? If so, please provide it with this application.

**A. Project Sponsor Information (who will receive the incentive)**

Project Sponsor Company: \_\_\_\_\_

Project Sponsor Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Is this the primary contact for the project: ☐ Yes ☐ No If no, who is? \_\_\_\_\_

☐ Current Certificate of Insurance (attached) ☐ CenterPoint Energy Vendor Master (attached)

☐ IRS form w9 (attached)

**B. Property Information**

Project Name: \_\_\_\_\_

Property Address(es): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner/Developer/Manager Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Construction Site Supervisor Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Electric Service ESID number (office or temporary)<sup>1</sup>: \_\_\_\_\_

Permit Date: \_\_\_\_\_ Permit Jurisdiction: \_\_\_\_\_ Leasing Start Date: \_\_\_\_\_

Construction start date: \_\_\_\_\_ Construction completion date: \_\_\_\_\_

Current status: \_\_\_\_\_

How many buildings will be built as part of this property? \_\_\_\_\_

# of residential stories: \_\_\_\_\_ Total # of stories: \_\_\_\_\_

If # of residential/total stories varies by building, list building IDs and stories here: \_\_\_\_\_

Unconditioned Area (Sq. Ft.): \_\_\_\_\_ Total # of residential units: \_\_\_\_\_

Conditioned Area (Sq. Ft.): \_\_\_\_\_ # of 1 bedroom units: \_\_\_\_\_

In-Unit Area<sup>2</sup> (Sq. Ft.): \_\_\_\_\_ 2 bedroom units: \_\_\_\_\_

Residential Associated<sup>3</sup> Area (Sq. Ft.): \_\_\_\_\_ 3 bedroom units: \_\_\_\_\_

Non-Residential<sup>4</sup> Area (Sq. Ft.): \_\_\_\_\_ 4 bedroom units: \_\_\_\_\_

<sup>1</sup> Only 1 ESID is needed at the time of application. A list of all ESIDs will be needed at a later date.

<sup>2</sup> In-unit – private spaces that individuals or families live in.

<sup>3</sup> Residential associated – any areas in the building that are used exclusively by the residents, staff, or guests, that are not “in-unit”. This includes: corridors; stairs; lobbies; rooms used for laundry, exercise, residential recreation, or otherwise used exclusively by residents, building staff, and their guests; and offices used by building management, administration or maintenance.

<sup>4</sup> Non-residential - any areas within the building not considered “in-unit” or “residential-associated”, incl. comm., office, and retail.

**C. Additional Required Information (include all as attachments)**

**Required for High Efficiency Projects:**

- ☐ List of Key Contacts (Architect, MEP, Energy modeler, GC, etc.)
- ☐ Access to complete Project Plans
- ☐ Projected Energy Model Simulation files
- ☐ Spreadsheet indicating, for each building:
  - Building ID
  - Primarily residential use (Y/N)
  - # of above grade stories
  - # of residential stories
- ☐ Spreadsheet correlating projected energy simulation files with unit types and the unit schedule
- ☐ Energy model output reports

**Required for Water + Space Heating Projects:**

- ☐ Mechanical, Plumbing, and/or other construction drawings as applicable based on the project type.
- ☐ Individual Unit Information:
  - ☐ Number of Bedrooms
  - ☐ Number of Bathrooms
  - ☐ Square Footage
  - ☐ Cooling Type
  - ☐ Heating Fuel
  - ☐ Unit Address
- ☐ Eligible equipment details including
- ☐ Manufacturer, Model #, Capacity, Efficiency, Serial #, and specification sheets.
- ☐ Project Invoice (or other proof of equipment purchase)

**D. Qualified Energy Rater Information (only required for High Efficiency projects)**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Certification: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
☐ Current Certificate of Insurance (attached) ☐ CenterPoint Energy Vendor Master (attached)  
☐ IRS form w9 (attached)

**E. Additional Projects**

Do you have any additional projects completing in the next 12-36 months that you would like to consider for the program? If yes, please provide information on project names, addresses, buildings, stories, residential units, anticipated completion date, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Submittal**

☐ Applicant understands and accepts that this is an application only, and no promise or guarantee of project funding is implied from the application process. After review, CenterPoint Energy and its program implementers reserve the right to select and approve for funding approval eligible projects that yield energy and demand savings cost effectively and meet other program goals and budget constraints. If selected/approved for funding, CenterPoint Energy and its program implementers will provide notice of such selection in writing to the Project Sponsor.

Submitted By (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_