# Program Ally Onboarding Application Form

Please complete each portion of this form and submit it by email to [contact@mccac.ca](mailto:contact@mccac.ca) along with all required attachments as indicated below.

**Program Ally Contact Information**

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| **Company Name:** | Click here to enter text. |  | **Main Contact Name:** | Click here to enter text. |
| **Office Address:** | Click here to enter text. |  | **Job Title:** | Click here to enter text. |
| **City/Province:** | Click here to enter text. |  | **Email:** | Click here to enter text. |
| **Postal Code:** | Click here to enter text. |  | **Contact Phone #:** | Click here to enter text. |
| **Company Website:** | Click here to enter text. |  |  |  |

**Preferred Program Ally Directory Information**

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| **Company Name:** | Click here to enter text. |  | **Contact Phone #:** | Click here to enter text. |
| **Main Contact Name:** | Click here to enter text. |  | **Contact Email:** | Click here to enter text. |

**Program Ally Application Information**

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| **Qualifications and Experience** |
| **1a. Provide a brief corporate profile description and an organization chart, including sister companies, affiliated organizations, or subcontractors that may be involved in the energy audit work.** |
| Enter text. |
| **1b. Provide details of corporate experience providing energy analysis, business case analysis, financial assessments, and recommendations in the context of energy audits, including a narrative to explain how this experience will be leveraged for energy audits within the respective MCCAC program.** |
| Enter text. |
| **1c. List the team members, their professional qualifications (CEM, P.Eng, etc.), and their role in delivering the energy audits. A combination of equivalent experience and demonstrated knowledge may be considered in the absence of designations and will be evaluated and approved on a case-by-case basis.** |
| Enter text. |
| **1d. Describe other key resources you intend to leverage to complete energy audits.** |
| Enter text. |

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| **Delivery Approach** |
| **2a. Provide an estimated project turnaround time and timeline based upon the Energy Audit Requirements.** |
| Enter text. |
| **2b. Describe your intended approach to initiating, planning, and completing Energy Audits. The approach should include the following components at a minimum:**   * **Review of existing energy systems, utility bill analysis, and an energy end-use breakdown.** * **Recommending energy measure replacement options based on the Municipality’s needs and other information from the baseline energy measure inventory.** * **Economic analysis, including cost savings, comparing baseline measures to recommended energy conservation measure replacements.** * **Greenhouse gas emission analysis (including energy savings) comparing baseline measures to recommended energy conservation measure replacements.** |
| Enter text. |
| **2c. List all additional assumptions and sources of data to be used beyond what is listed in the Energy Audit Requirements, as applicable.** |
| Enter text. |

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| **Client Satisfaction** |
| **3a. Describe your approach to achieving high customer satisfaction.** |
| Enter text. |
| **3b. Describe dispute resolution techniques used to solve customer complaints or issues.** |
| Enter text. |
| **3c. Describe how municipal-specific information will be protected and not used for any purposes other than completing the Energy Audit.** |
| Enter text. |

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| **Pricing** |
| **4a. Describe the approach, factors, values, and rationale used to quote an Energy Audit.** |
| Enter text. |
| **4b. Provide a pricing narrative that demonstrates knowledge of the costs required to deliver an Anergy Audit.** |
| Enter text. |

**Program Ally Application Insurance Information**

Is your Worker’s Compensation Board of Alberta account in good standing? If yes, please attach proof of WCB insurance.

Yes  No  
  
Do you have $1 million commercial general liability insurance coverage per occurrence? If yes, please attach supporting documentation.

Yes  No  
  
Do you have errors and omissions insurance, in accordance with the Alberta Insurance Act, in an amount not less than $500,000 per claim? If yes, please attach supporting documentation.

Yes  No  
  
Please indicate the type(s) of business carried out by your company, as applicable:

Contractor & Installer  
 Design/Consulting/Engineering

Distributor

Full-Service Commercial

Full-Service Industrial

Retailer

The Candidate Program Ally represents and warrants that all information contained in this Program Ally Onboarding Application is true and correct.

By submitting this Application Form you represent that you are authorized to act on behalf of the Program Ally and that the Program Ally accepts and agrees to the terms and conditions contained in the Program Ally Terms and Conditions document.  
  
Dated this [ ] day of [ ], 20[ ].

I have attached and completed Appendices A and B with this application.

I have read, understand, and agree to be bound by the Program Ally Escalation Framework provided on the MCCAC website as a condition of being a Program Ally.

I have read, understand, and agree to deliver Energy Audits as outlined within the Energy Audit Requirements provided on the MCCAC website.

I have read, understand, and agree to be bound by the Program Ally Terms and Conditions provided on the MCCAC website as a condition of being a Program Ally.

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**APPENDIX A: RELEVANT PROJECT HISTORY**

Please provide three (3) examples of project history from the past five (5) years, including project details such as:

* Client details
* Location and site details
* Scope of work and services provided
* Outcome achieved
* Project staff, including experience and role in project
* At least one reference for every project (Name, Company Name, Phone Number, Email Address)

**APPENDIX B: PREVIOUSLY COMPLETED REPORT**

Please provide a previously completed ASHRAE Level 2 or 3 equivalent report. Client data may be removed as necessary. The report must have been completed within the past 3 years.