



Montana Facility Finance Authority

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Grant Application Package

Grant Application

FACILITY			
Facility Name		Type of Facility	
Phone		<input type="checkbox"/> Hospital <input type="checkbox"/> Community Health Center <input type="checkbox"/> Service Provider for Disabled Adults	<input type="checkbox"/> Pre-Release Facility <input type="checkbox"/> Senior Care Facility <input type="checkbox"/> Other
Fax			
E-mail			
Registered company address City, State ZIP Code			
Tax Payer ID Number		Approximate Audit Date	
Services Currently Provided			
Hours of Operation			
Facility Name	Facility Address (if different from registered company address)	Utility Company Name	Utility Account Number(s)
1.			
2.			
3.			
4.			
CONTACT INFORMATION			
General Contact		Phone	
Title		Fax	
Address		E-mail	
City, State ZIP Code		Other	
On Site Contact		Phone	
Title		Fax	
Address		E-mail	
City, State ZIP Code		Other	
SUPPLEMENTAL INFORMATION REQUESTED			

In addition to the requested information above, please provide the following supplemental information as attachments to your application. The following items will help us assess your facility before the on-site audit. If you don't have some of these items, we can work with what you have. When it is time for your audit, we will assign an auditor to your facility. For any questions, do not hesitate to contact NCAT or MFFA about the program.

1. Electrical & mechanical plans of your property (these are often available from the architects and engineers that constructed or renovated your facility or are housed in your maintenance offices)
2. Construction dates and renovation dates, and any electrical/mechanical plans from these renovations
3. Operational issues at your facility, such as improperly working HVAC systems, low lighting levels, leaking roof, broken windows, inadequate insulation
4. Preferred contractors for electrical, mechanical, or HVAC work

BORROWER RESPONSIBILITIES

1. FEES

The Borrower is responsible for a 10% match of audit costs not to exceed \$1,500.

2. Capacity

It is expected that when the auditor visits your facility that they have access to an on-site contact who can show/assist in an analysis of the facility's energy systems. The on-site audit shouldn't exceed two business days.

Your signature below will allow NCAT to obtain utility billing information from your energy suppliers. It also indicates that you will work with NCAT to process all utility rebates/incentives.

The signature signifies that I represent the facility owner noted below and that I authorize my utility suppliers to provide NCAT with all relevant utility billing information for the account numbers noted above. We agree to work with NCAT for up to two years from the date of this agreement, to identify, analyze, and implement energy savings measures in the facilities served by the account numbers noted above.

SIGNATURE

Signature	
Name and Title	
Date	