



APPENDIX B: POST-PROJECT SUBMISSION FORM

INSTRUCTIONS:

Please complete ALL required fields below. For Head Office Applications, complete a Post-Project Submission Form for each facility.

Check each box below to confirm the required documentation is submitted to the LDC for each facility as part of your Application to following completion of your Project(s):

Invoices showing proof of payment

Other supporting documentation as required pursuant to the Prescriptive Worksheets, Engineering Worksheets and/or Custom Worksheets.

1) **The Project described herein was completed in the service area of the Lead LDC (required):** Yes No

2) **Social Housing Provider Election (optional):**

a) The Applicant is a Social Housing Provider that has applied for a Social Housing Adder: Yes No

b) The Applicant has applied for a Participant Advance Payment: Yes No

3) **Tenant Education Election (optional):**

Applicant is a Multi-Family Housing Provider and has applied for a Multi-Family Building Adder: Yes No

4) **Building where Eligible Measures were installed:**

BUILDING NAME (IF APPLICABLE)

ADDRESS

CITY

PROVINCE

POSTAL CODE

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[LDC] IS [LEAD LDC / SATELITE LDC]

HST REGISTRANT #

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5) Which type of project(s) is included in this Application?

Prescriptive Project

Engineered Project

Custom Project

6) Actual Eligible Project Costs (required). Please refer to the Participant Agreement for a list of Eligible Costs:

Actual Total Eligible Costs For Prescriptive Projects: \$

Actual Total Eligible Costs For Engineered Projects: \$

Actual Total Eligible Costs For Custom Projects: \$

7) Final Participant Incentive amounts:

Total prescriptive incentive being applied for: \$

Total engineered incentive being applied for: \$

Total custom incentive being applied for: \$

Total incentive being applied for that accounts for social housing adder (if applicable): \$

Amount of participant advance payment amounts being applied for (if applicable): \$

Amount of total incentive being applied for that accounts for multi-family adder (if applicable): \$

8) Actual Project Timeline:

Actual Project Start Date (mm/dd/yyyy)

Actual Project Completion Date (mm/dd/yyyy)

9) Other comments (for example, special site requirements or conditions which Project Evaluators should be aware of, etc):



By signing below, I certify that the information provided in this Appendix B is true and accurate.

Name Title

Applicant / Legal Company Name Authorized Signature Date

Name Title

Applicant / Legal Company Name Authorized Signature Date

10) Project Management (FOR LDC USE ONLY):

Project Application Number:

Final Prescriptive Incentive Amount: \$

Final Engineered Incentive Amount: \$

Final Custom Incentive Amount: \$

Final Tenant Education Incentive Amount: \$

Date (mm/dd/yyyy):

Final Project Evaluation Required? Yes No

Date of Project Evaluation (mm/dd/yyyy):



Comments

Name Title

LDC Authorized Signature Date

Name Title

LDC Authorized Signature Date