

COMMUNITY PARTNER PROGRAM COST ASSISTANCE FUND

PRE-APPROVAL APPLICATION

Energy Trust of Oregon's Program Cost Assistance Fund reimburses enrolled Community Partners for costs related to Community Partner Funding program needs, training, certifications, equipment, consulting services and marketing investments **up to \$1,000 per calendar year**. For additional information, please review the Community Partner Program Cost Assistance Fund guidelines found at www.energytrust.org/community-partner-funding.

*Program Cost Assistance Funds are available on a first-come, first-served basis. **Pre-approval is required for all reimbursements, except for Personal Protective Equipment (PPE)**. Pre-approval qualifies costs for reimbursement but does not reserve funds. Funds will not be distributed until final invoices for qualified, pre-approved costs are submitted.*

FORM SUBMISSION

Please send this application for pre-approval and any other required documents to homesfund@energytrust.org. Reach out to your regional Account Manager with any questions.

APPLICATION

Please complete the following information and any relevant sub-sections below:

Community Partner name: _____ Date: _____

Contact name: _____ Phone: _____ Email: _____

Personal Protective Equipment (PPE)

Wearable PPE:

- | | |
|---|---|
| <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Respirator and filters |
| <input type="checkbox"/> Disposable masks | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Disposable booties | <input type="checkbox"/> Kneepads |
| <input type="checkbox"/> Disposable coveralls | <input type="checkbox"/> Tyvek suits |
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Work boots |

Sanitizing and prevention:

- Hand sanitizer
- Disinfecting wipes
- Hand wash station
- Thermometer

Social distancing equipment:

- Social distance signage
- Social distance marking tape

Energy Trust will reimburse qualified PPE purchased from January 1, 2024 to December 31, 2024. Please include an itemized copy of your invoice that lists the items purchased along with the cost. **Qualified PPE purchases do not require pre-approval but please include this application with your invoice for processing.**

Equipment, Products & Services

Select equipment, product(s) and/or service(s) below and provide a detailed description of the program or organizational need for requested products or services. Please allow a minimum of two weeks for the product and services to be reviewed. **Pre-approval is required for reimbursement.** *For products or services not listed below please submit pre-approval application for consideration.*

Home Energy Assessment equipment (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Tablets/laptops | <input type="checkbox"/> Tape measures/rulers | <input type="checkbox"/> Voltage testers |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Basic hand tools (screwdrivers, etc.) | <input type="checkbox"/> Tarps (floor coverage when opening attic hatches) |
| <input type="checkbox"/> Flashlights | <input type="checkbox"/> Personal carbon monoxide monitor | |

Other equipment, products, or services (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Software (business/accounting/bidding/project management) | <input type="checkbox"/> Printing supplies |
| <input type="checkbox"/> Certification/re-certification | <input type="checkbox"/> Trainings |
| <input type="checkbox"/> Consulting (financial/business/marketing) | <input type="checkbox"/> Website development |
| <input type="checkbox"/> Licensing | <input type="checkbox"/> Office/building maintenance |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Office/building expansions |
| <input type="checkbox"/> Payroll services | <input type="checkbox"/> Other: _____ |

Description: _____

Program need/purpose: _____

Estimated cost: \$ _____ Quantity: _____

Marketing Projects

If you are interested in creating marketing materials, Energy Trust may be able to support with development that includes messaging consulting, graphic design, social media strategy, targeted marketing, and more. Reach out to your regional Account Manager to discuss and learn more.

If your marketing project is already finalized, Program Cost Assistance Funds can offset related costs. Email a draft of your project for pre-approval with this completed form (contact information below). Please incorporate the Energy Trust Logo & Messaging Guidelines into your piece. Please allow a minimum of two weeks for marketing review. Projects requiring revisions must be edited and resubmitted for final approval. Pre-approval is required for reimbursement. For marketing projects not listed below, please submit pre-approval application for consideration.

- | | | | | |
|-----------------------------------|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Print ad | <input type="checkbox"/> Television ad | <input type="checkbox"/> Yard sign | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radio ad | <input type="checkbox"/> Online ad | <input type="checkbox"/> Brochure | <input type="checkbox"/> Business cards | |

Description: _____

Estimated cost: \$ _____ Quantity/Impression: _____

Date(s) in the market: _____ Estimated size: _____

Counties in Oregon or Washington where your marketing project will be distributed: _____

Other:

If you have additional expenses that you would like Energy Trust to consider for reimbursement, please describe them below:

SEND COMPLETED FORMS TO:

homesfund@energytrust.org

Call 1.866.365.3526 for more information.

