

# Con Edison's Small-Medium Business Direct Installation Program

## Participating Contractor Qualifications & Application Process

**Initial**

1. Participating Contractor Application: All new applicants must complete an application and include 3 customer references (pg 2-3). Sign \_\_\_\_\_
  - If your company participated in the program in 2021, there is no need to fill out a completely new application (pg. 2-3). Instead, please initial this line and return this page along with the following items: #2A, #2B, #2C, a current Certificate of Insurance (item #5), and fill out item #6 below; include initials for each on this page. Sign \_\_\_\_\_
2. Sign and Review:
  - A. SMB Program Manual Sign \_\_\_\_\_
  - B. ACH / Direct Deposit Authorization Agreement Sign \_\_\_\_\_
3. Completed W-9 Form: Sign and Return to Participating Contractor Manager Sign \_\_\_\_\_
4. MWBE Certificate (Send Certificate Copy to Participating Contractor Manager if applicable) Sign \_\_\_\_\_
5. Certificate of Insurance (COI) - Required policy and coverage listed below. See example COI in Program Manual. Sign \_\_\_\_\_
  - i. Commercial General Liability Insurance: Coverage amount no less than \$1 Million
  - ii. "Willdan Group, Consolidated Edison and their respective officers and employees are included as Additional Insured as respects the General Liability policy reference herein as required by written contract"
  - iii. The certificate holder should be listed as:
 

**Willdan Energy Solutions**  
**88 Pine Street, 10<sup>th</sup> Floor, Suite 1002**  
**New York, NY 10005**
6. Participating Contractor Orientation: Attend/Review a Participating Contractor Orientation Training. Lighting contractors, please email to [ConEd-SMBProgram@willdan.com](mailto:ConEd-SMBProgram@willdan.com) and HVAC & Refrigeration contractors, please email to [SMB\\_HVACR@willdan.com](mailto:SMB_HVACR@willdan.com) with the information requested below, after completing the onboarding steps above.

**Attendee 1**

**Attendee 2**

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Your SMB application must be approved before you can register for the onboarding training. *(The review of the application will be completed within 5-7 business days.)*
- Training for new SMB participating contractors is held periodically on an as needed basis. Assigned contractor managers will provide each participating contractor with training materials covering all aspects of the program.
- This is an in-person training that is hosted at the Willdan Manhattan office. *(Due to the current COVID-19 situation, we are organizing the training sessions virtually, to ensure everyone's safety.)*
- The training is approximately 2 hours and will cover SMART project management system and survey audit tool basics.
- After completion, your company will be provided with [SMART](#) login credentials and the current survey audit tool.

Once onboarded, Participating Contractors must ensure Good Standing in the program, as only participating contractors in good standing, consistent with the program requirements, will be permitted to participate in the program.

To stay in good standing, Participating Contractor should:

- Attend SMB Direct Install Program Participating Contractor Quarterly Meetings
- Adhere to the Participating Contractor program requirements

Sign \_\_\_\_\_

## Small-Medium Business Direct Installation Program

Applicant Information					
Company Name:					
Contact:		Title:		Email:	
Mailing Address:		City:		State:	Zip:
Office phone:		Cell:		Fax:	
Website:					
Years in Business:		Years under current Ownership:		Number of NY employees:	
Check All That Applies:	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business	<input type="checkbox"/> Veteran Owned Business		
Certificate Reference Number:		Expiration Date:			
Federal Tax ID:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Exempt (Tax exempt/non-profit)	
How did you hear about the Program?					
Company Contacts					
Name	Email Address	Phone	Position		
Company Information					
Business Type					
<input type="checkbox"/> Electrical Participating Contractor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	<input type="checkbox"/> Architect	<input type="checkbox"/> Mechanical Participating Contractor (HVAC)	
<input type="checkbox"/> Manufacturer's Rep	<input type="checkbox"/> Retailer	<input type="checkbox"/> Engineering	<input type="checkbox"/> Consultant		
Please check what measures you are interested in providing (check all that apply)					
<input type="checkbox"/> Air Sealing	<input type="checkbox"/> Auditor	<input type="checkbox"/> Boiler	<input type="checkbox"/> Electric	<input type="checkbox"/> Other	
<input type="checkbox"/> General Participating Contractor	<input type="checkbox"/> Pipe Insulation	<input type="checkbox"/> HVAC	<input type="checkbox"/> Energy Management Systems		
Services Area (check all that apply)					
<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Bronx	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens	<input type="checkbox"/> Staten Island	<input type="checkbox"/> Westchester County
Insurance Information					
Company:					
Mailing Address:		City:		State:	
Contact Name:		Phone:		Type of Coverage:	Amount of Coverage:

## Small-Medium Business Direct Installation Program

Customer References			
1	Company:	Describe Project:	
	Contact:		
	Phone:		
2	Company:	Describe Project:	
	Contact:		
	Phone:		
3	Company:	Describe Project:	
	Contact:		
	Phone:		
4	Company:	Describe Project:	
	Contact:		
	Phone:		
Licenses and Certifications (Please list all applicable licenses and certifications held by your company)			
Type	Number	Issuing Authority	Date
Agreement and Signature			
<p>By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion to the Participating Contractor Network have been examined and to the best of his/ her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City, Westchester County and New York State unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion on the Participating Contractor Network does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Program Participating Contractor you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Con Edison Small-Medium Business Direct Install Program and have not entered into a contractual agreement with Con Edison of New York or any entity of Willdan Energy Solutions.</p>			
Authorized Representative (please print):		Title:	Date:
Signature:			
Authorized Representative (please print)			
State of New York, County of _____ : _____, being duly sworn, deposes and says: I am the person signing on behalf of the applicant described herein and who executed the foregoing application, and the several matters therein stated are in all respects true.  Subscribed and sworn to before me this _____ day of _____, 20____  Notary Public			
Willdan Energy Solutions SMB Participating Contractor Manager Use Only			
Participating Contractor Manager Name:		Title:	Date:
Signature:			

Return completed form by email or mail to:  
 Con Edison Small-Medium Business Direct Install Program  
 c/o Willdan Energy Solutions  
 88 Pine Street, 10<sup>th</sup> Floor, Suite 1002, New York, NY 10005  
 Tel: (718)-683-9073 Email: [ConEd-SMBProgram@willdan.com](mailto:ConEd-SMBProgram@willdan.com)

Willdan Group, Inc.  
Accounts Payable  
2401 East Katella, Suite 300  
Anaheim, CA 92806-5909  
WGIAP@willdan.com

## ACH / Direct Deposit Authorization Agreement

### Electronic Funds Transfer (EFT) payment option is now available

Dear Valued Supplier:

This notification is to inform you that we have started the process of transitioning payments made by paper check, to now offering electronic payments (EFT) as a payment option.

While we still offer payment by check, we encourage that you consider changing to EFT, which provides the most efficient payment of invoices.

EFT payments will provide the following benefits to our vendors:

- Funds will settle in your account on a predictable day
- Ensures that funds are available for use immediately
- Eliminates the possibility of lost checks or check fraud
- Paperless remittance advice via e-mail including invoice number, date and amount

If you would like to begin receiving electronic payments (EFT), please complete and return the section below, along with a VOID check (not deposit slip) from your account or a letter from the servicing bank.

To ensure delivery of remittance emails from Willdan Group, please add [WGIAccounting@willdan.com](mailto:WGIAccounting@willdan.com) to your email's safe list. **This is a DO NOT REPLY email setup for the purposes of remittance notification only.**

If you wish to return your completed form or contact us via email, please use [AP@willdan.com](mailto:AP@willdan.com).

***The information on the next page is required for all suppliers to process their ACH / Direct Deposit setup.***

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Company Name: \_\_\_\_\_

We hereby authorize, Willdan Group, Inc., to initiate Automated Clearing House (ACH) electronic funds transfer (EFT) to our account as indicated below:

**BANKING INFORMATION**

Type of Account: Checking Account  / Savings Account

Bank Name:		
Bank Address:		
City:	State:	Zip/Postal Code:
Transit ABA (Routing Number):	Account Number:	

**VENDOR INFORMATION**

Vendor ID:	Name of Business:	
Address:		
City:	State:	Zip/Postal Code:
Email Address (for Remittance Detail):		
<b>Signature of Authorized Representative of the Business:</b>		
_____	_____	_____
<i>Written Signature Required</i>	<i>Printed Name</i>	<i>Phone</i>

**Submit a copy of a voided check or a letter from the servicing bank with this form**

*If you change banks or accounts, please provide at least thirty (30) days written notice.*

Respectfully submitted,  
**WILLDAN GROUP, INC.**

**SAMPLE OF CERTIFICATE OF LIABILITY INSURANCE**



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/16/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME	
[REDACTED]		[REDACTED]	
[REDACTED]		PHONE (A/C, No, Ext)	FAX (A/C, No)
[REDACTED]		[REDACTED]	
[REDACTED]		E-MAIL ADDRESS	
[REDACTED]		[REDACTED]	
INSURED		INSURER(S) AFFORDING COVERAGE	
[REDACTED]		INSURER A	
[REDACTED]		INSURER B	
[REDACTED]		INSURER C	
[REDACTED]		INSURER D	
[REDACTED]		INSURER E	
[REDACTED]		INSURER F	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLA MS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPL'ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			[REDACTED]	08/20/2019	08/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV NJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY NJURY (Per person) \$ BODILY NJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLA MS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACC DENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability, Claims Made Retro Date: 02/05/2009						Each Claim Aggregate Retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 (B) Professional Liability: Claims Made Retroactive Date: 02/05/2009  
 (C) Fidelity/Employee Theft of Client Property Single Loss Limit: \$1,000,000 / Deductible: \$10,000

Willdan Group, Consolidated Edison and their respective officers and employees are included as Additional Insured as respects the General Liability policy referenced herein as required by written contract.

<b>CERTIFICATE HOLDER</b> Willdan Energy Solutions 88 Pine Street 10th Floor New York NY 10005	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE [REDACTED]
---	--