

# RTA DIRECT VOUCHER SERVICES 2013 Application Form

RTA Organizational Name: \_\_\_\_\_

RTA Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Client Receiving RTA Services: \_\_\_\_\_

Did client complete Rebuild MI Enrollment Agreement? (Circle one)      Yes      No

Has client received copy of IEE Report? (Circle one)      Yes      No

Has an EnergyStar Portfolio Manager account been established for the client and first year utility data entered into the account? (Circle one)      Yes      No

Has a project planning meeting been held with building owner?      Yes      No

<u>Documentation (Internal Use Only)</u>			
Copy of Rebuild Michigan Enrollment Agreement:			_____
Copy of final IEE:			_____
Copy of client's portfolio manager account user name and password:			_____
Copy of agenda and minutes of project planning meeting:			_____
<u>Amount of Direct Voucher Payment Authorized</u>	<u>\$2,500</u>	<u>\$3,000</u>	<u>\$3,500</u>
Index/PCA No.: 81200/80270			

Approved By: \_\_\_\_\_  
Client Owner's Signature      Date

Authorized by: \_\_\_\_\_  
Tim Shireman, Project Manager      Date