

# Project Bid Summary Form

Contractor Bid Number    Agency Bid Number (Office Use Only)



## AUTHORIZED CONTRACTOR

**This form is to be included with the submission of an E|VEST Florida Project bid for underwriting, and contains a summary of project-related information also attached.**

Please check all information that is also attached:

Project Bid for Qualifying Improvements

Energy Efficiency/Renewable Equipment:  
Manufacturer Specifications

Energy Rater:  
Estimated Energy Savings Report

## Project Bid Information

Project Bid Date (mm/dd/yyyy):	Estimate Valid (in days):	Estimated Project Completion Date:
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## Business Information

Company Name:		Email Address:
Work Phone:	Mobile Phone:	Fax Number:
Street Address Line 1:		
Street Address Line 2:		
City:	State:	Postal Code:

## Property Owner(s)

Principal Owner Last Name:	First Name:	Middle Name:
Street Address:		Suite:
City:	State:	Postal Code:
Work Phone:	Mobile Phone:	Fax Number:
Parcel ID Number:	Email Address:	
Co-Owner Last Name:	First Name:	Middle Name:
Street Address:		Suite:
City:	State:	Postal Code:
Work Phone:	Mobile Phone:	Fax Number:

Additional Co-Owner (If applicable, please provide Full Name and Address):

## Qualifying Improvement

Energy Efficiency	Wind Resistance	Renewable Generation
(check all that apply): Air sealing      Energy Controls/Recovery Efficient HVAC      EV Charging Equipment Increase Daylight      Efficient Lighting Windows	(check all that apply): Roof Strengthening      Hurricane Tie-downs Wind-resistant Shingles      Storm Shutters Gable-end Bracing      Opening Protection	(check all that apply): Solar Thermal      Solar PV Other _____ _____



RENEWABLE ENERGY

WIND RESISTANCE

ENERGY EFFICIENCY

Contact an E|VEST Florida Program Representative at: (866) 558-3180, or click the following to send an Email: [info@E|VESTFlorida.com](mailto:info@E|VESTFlorida.com)

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AUTHORIZED CONTRACTOR			
Property Information			
Property Address (if different from Owner Information):			Building Square Footage:
City:	State:	Postal Code:	Parcel ID Number/s:
County (click one): <input type="radio"/> Flagler County <input type="radio"/> Nassau County <input type="radio"/> Gadsden County			Year Building Built:
<b>Property Type (click one):</b> <b>- Single Family</b> Single Family Home <b>- Hospitality</b> Full Service Hotel      Limited Service Hotel (National Flag) Boutique Hotel <b>- Self-Storage</b> Climate Controlled Self-Storage      Wine / Other Specialty Storage Facility <b>- Retail</b> Regional Mall      Community Center      Anchored Retail Center Single Tenant      Owner Occupied      Unanchored Retail Center Franchise: Fast Food      Casual Dining      Other _____ _____		<b>- Multi-Family</b> Rental Apartments: Garden Style Apartment      Midrise Apartment High-rise Apartment      Co-op Senior Living Facility (55+ Rental) <b>- Office / Warehouse / Industrial</b> Urban / CBD Office      Suburban Office Medical / Professional Office      Owner Occupied Office Office / Warehouse      Single Tenant Office Multi-Tenant Warehouse      Single Tenant Warehouse Distribution Facility      Owner Occupied Warehouse Manufacturing Facility (Light Manufacturing)	
<b>- Mixed Use Property</b> Retail      Office      Multi-Family      Hotel		<b>- Other Property Types</b> (e.g.: Assisted Living Facility, Nursing Home, Hospital, etc)	
Existing Equipment			
Manufacturer 1:	Model Number:	Comments (if applicable):	
Manufacturer 2:	Model Number:	Comments (if applicable):	
Manufacturer 3:	Model Number:	Comments (if applicable):	
Manufacturer 4:	Model Number:	Comments (if applicable):	
Manufacturer 5:	Model Number:	Comments (if applicable):	
Improvement Equipment			
Manufacturer 1:	Model Number:	Material Cost:	Labor Cost:
Manufacturer 2:	Model Number:	Material Cost:	Labor Cost:
Manufacturer 3:	Model Number:	Material Cost:	Labor Cost:
Manufacturer 4:	Model Number:	Material Cost:	Labor Cost:
Manufacturer 5:	Model Number:	Material Cost:	Labor Cost:
<b>Improvement Equipment Totals:</b>			



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AUTHORIZED CONTRACTOR			
Project Description			
Project Description:			
Project Team			
Prime Contractor:		License Number:	
Subcontractor 1:		License Number:	
Subcontractor 2:		License Number:	
Subcontractor 3:		License Number:	
Subcontractor 4:		License Number:	
Subcontractor 5:		License Number:	
Project Benefit			
Qualifying Improvement 1:	Estimated Years of Life:	Annual Estimated Energy Savings (kWh):	Cost:
Qualifying Improvement 2:	Estimated Years of Life:	Annual Estimated Energy Savings (kWh):	Cost:
Qualifying Improvement 3:	Estimated Years of Life:	Annual Estimated Energy Savings (kWh):	Cost:
Qualifying Improvement 4:	Estimated Years of Life:	Annual Estimated Energy Savings (kWh):	Cost:
Qualifying Improvement 5:	Estimated Years of Life:	Annual Estimated Energy Savings (kWh):	Cost:
Project Benefit Totals:			



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## AUTHORIZED CONTRACTOR

### Acknowledgement & Signature

#### Contractor affirms and agrees:

Under penalty of perjury, the information provided above is an accurate representation of the project, the costs, and corresponding energy savings. The provision of the above information and referenced services is in full accordance with the E|VEST Florida Program Code of Conduct. Furthermore, the Bid Summary and identified attachments constitute the full agreement for proposed services and the full fees for attending services.

Contractor fully understands and agrees not to commence any of the above-referenced work prior to a posting of Notice to Commence on that property and Notice to Proceed by the Agency in advance of executing the E|VEST Florida Program financing agreement by the Property Owner. Any misrepresentation, collusion, coercion, or use of the E|VEST Florida for any purpose other than its intended purpose is strictly prohibited. Any such actions may be subject to penalties up to and including dismissal from the E|VEST Florida Program and civil actions.

Contractor agrees that liquidated damages for failure to abide by this covenant should be equal to all resulting construction liens and collection costs of any kind, including all fees.

\_\_\_\_\_  
Contractor Print Name:

\_\_\_\_\_  
Contractor Signature:

\_\_\_\_\_  
Date (mm/dd/yyyy):

## PROPERTY OWNER

### Acknowledgement & Signature

#### Property Owner affirms and agrees:

By signing below, Property Owner understands, confirms and requests the E|VEST Florida Project as proposed above and herein. Property Owner understands and agrees that the total project costs shall not exceed the costs shown above and detailed herein; and further acknowledges that the annual energy savings represent reasonable estimates and will vary due to actual operation and other conditions.

Property Owner attests that there has been no coercion motivating participation in the E|VEST Florida Program and that participation is willing and voluntary. Property Owner further attests that he/she is not receiving remuneration of any kind, including cash back, undisclosed discounts or additional services, or other favorable treatment designed to encourage Property Owner participation beyond those means inherent in the E|VEST Florida Program. Any misrepresentation or use of the E|VEST Florida Program for any purposes other than intended is strictly prohibited. Any such actions may be subject to dismissal from the E|VEST Florida Program and civil actions.

\_\_\_\_\_  
Property Owner Print Name:

\_\_\_\_\_  
Property Owner Signature:

\_\_\_\_\_  
Date (mm/dd/yyyy):

\_\_\_\_\_  
Property Co-Owner Print Name:

\_\_\_\_\_  
Property Co-Owner Signature:

\_\_\_\_\_  
Date (mm/dd/yyyy):

\_\_\_\_\_  
Additional Property Co-Owner Print Name (If applicable):

\_\_\_\_\_  
Additional Property Co-Owner Signature (If applicable):

\_\_\_\_\_  
Date (mm/dd/yyyy):



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