



**NYSERDA**

# Workflow Improvement Working Group

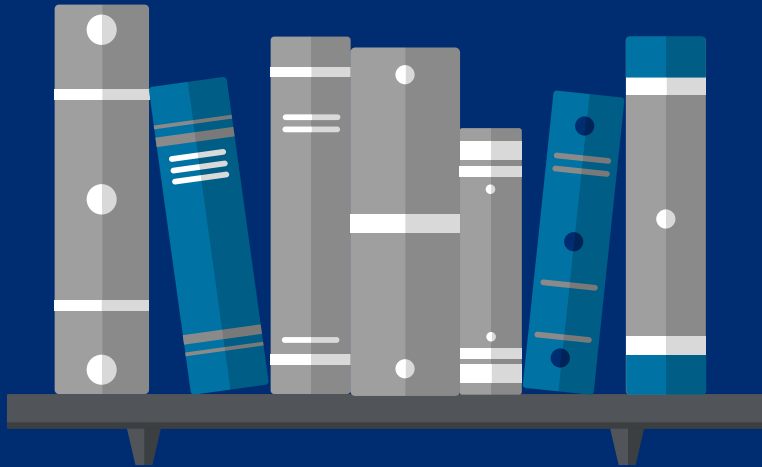
July 26, 2022

Participating Contractors



# Tier 1 EmPower Final Project Submission & Payout

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## AGENDA

Review Team Overview Process

Program Documents & Forms

Helpful Reminders

Q & A

## Final Project Submission/Review Process

This session will include a review of the topics mentioned previously, which includes an overview of the all required and optional documents used in the program, when they are required and where the most recent version can be found.

Please note, due to majority of projects following the new program rules (launched March 2022) this presentation will be for projects that fall within those updates.

Any project concerns or questions regarding projects that fall under old program rules, I would recommend Contractors discuss that with their Account Manager.

Review Overview:

Upon submission of the final documentation, the review team will do a deep evaluation of all documentation and notes provided by the Contractor.

- Full reviews are completed for every submission regardless if a submission was sent back to a Contractor for adjustments
- All documentation is reviewed for completion and accuracy against the project.
- All targeted measures are reviewed to ensure that required information is provided, measures fall within their necessary parameters, and that funding aligns accurately.
- If a project is missing required information or if clarity is needed on specific targeted measures, the submission will be returned to the Contractor for adjustment
- If a project submission is approvable, the workflow will move forward for payment

# Program Documents & Forms

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# Program Documents & Forms

- Required and As Needed Forms

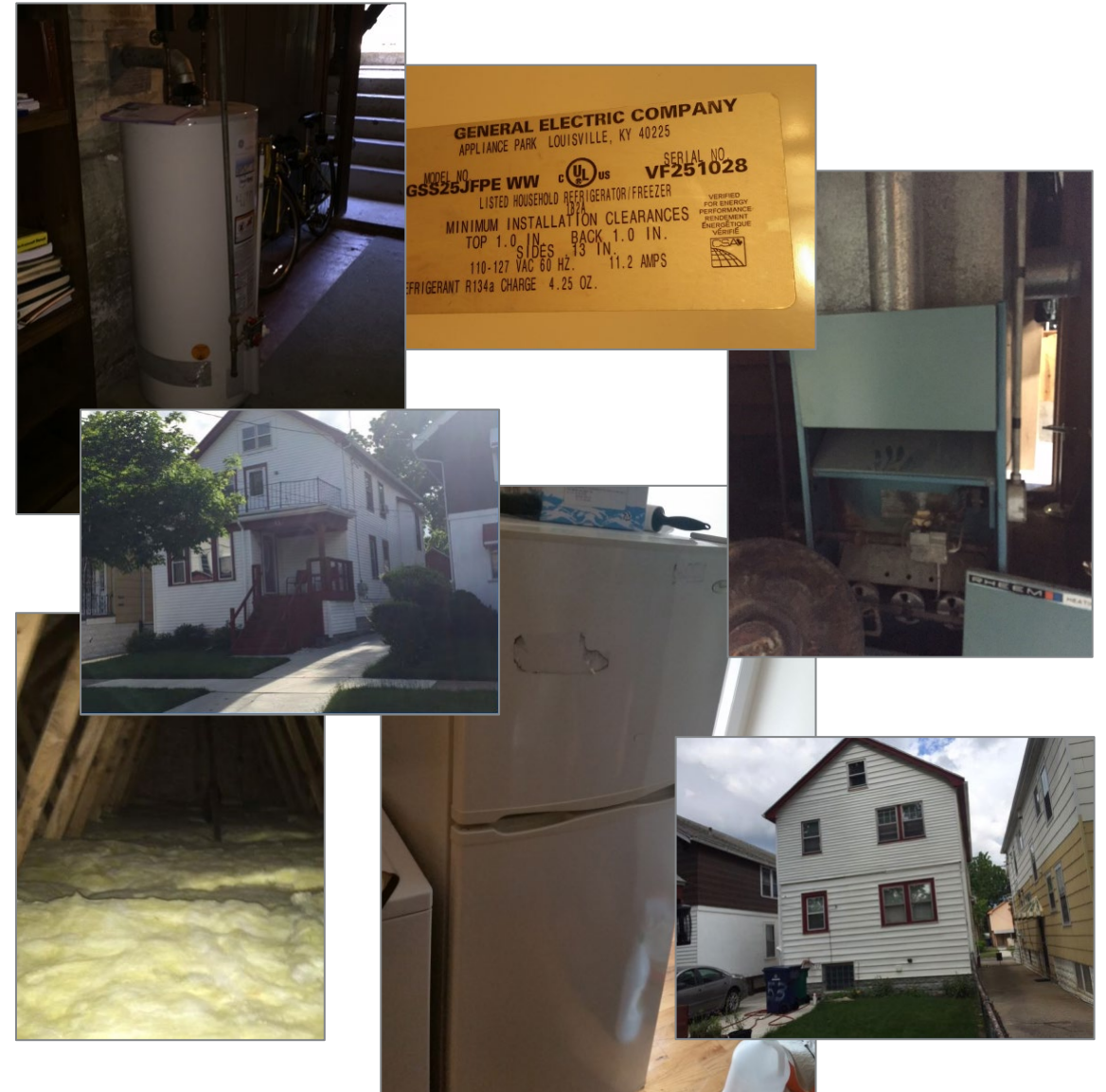
Form	EmPower	AHP	Audit	Workscope Submission	Project Completion	Notes
Utility Bills or Usage Waiver, if bills are not available	■	■	x	x		Utility bills may be required if project shows extremely high savings or exceeds project limits.
Homeowner or Rental Property Agreement	■	■	x	x		
EmPCalc	■	■	x	x	x	
House Diagram	■	■	x	x		Diagram does not need to be on Program document.
Appliance Exchange Agreement	■	n/a	x	x		
Photos	■	■	x	x	as needed	
Certificate of Completion	■	■	x	x	x	
Contract	□	■		x	x	Required when a customer contribution is required.
Subcontract	□	□		x	x	
HEAP Award Letters or Denials	□	n/a		x		
OTDA Benefit Card	□	n/a		x		Only when a CIN is needed on an OTDA ARPA funded project.
Heat Pump Informational Form	□	□		x	x	Waiver required for all heat pump projects.
AHRI Certificate/NEEP Cold Climate Spec Sheet	□	□		x		
NEC Calculation Worksheet	□	□		x	x	Required when proposing an upgrade to a panel box
Field Change Order Form	□	□		x	x	Required for all workscope changes after approval.
ProForma	□	n/a		x		Case-by-case when Tier 1 customer is financing a heat pump.
State Historic Preservation Office Form	□	□		x		

- Required
- As Needed
- n/a Not applicable

# Program Documents & Forms

## Photos – Required as needed

- Pictures are required for all projects. Requested that pictures are submitted as one file rather than individually. This will speed the review process.
- Photos should be clear where the review team and Program can easily identify the measure.
- Required photos for EmPower – Tier 1
  - All exterior sides of dwelling
  - Refrigerator(s)
  - Freezer(s) (if present)
  - HVAC (Heating and Cooling Systems, Water Heater)
  - Pre-existing attic insulation levels
  - Other targeted measure(s) for replacement
  - Exception requests





## Contract & Subcontracts

### CRM Section 13.2

#### Contract

- Required when a customer contribution is required.
- Must follow NY contract law.
- Must be on company letterhead.
- Must be signed by both customer and contractor.
- Itemize workscope with information pertaining to installed measures, how the items were installed, and the total cost for each item.

#### Subcontracts

- Must be uploaded if a subcontractor is used.
- Subcontracts must be between contractor and subcontractor, not between customer and subcontractor.

**Sample Contract/Work scope**  
**HOME IMPROVEMENT COMPANY**  
**ADDRESS**  
**CONTRACT**

Homeowner's  
Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Job Location \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Home Performance Contractor's Representative Name \_\_\_\_\_

Approximate Project Start Date \_\_\_\_\_  
Approximate Project Completion Date \_\_\_\_\_  
Does the project need to be completed by a certain date? Yes \_\_\_ No \_\_\_

**DESCRIPTION OF LABOR/MATERIALS & PRICES (subtotals preferred)**

**Insulation (specify surface type, approximate sq ft, material, depth, and scope of work)**  
Insulate 800 sq ft of attic floor  
\$COST  
Blow cellulose, 12" loose fill on top of existing 3" fiberglass (R-50)  
Baffle as needed to keep insulation out of soffit vents and deter windwash  
Includes building foam board retaining wall around attic hatch  
Includes weather stripping and attaching 2" foam board to attic hatch  
Installation of 3 roof vents

Insulate 200 sq ft of floor behind the knee wall  
\$COST  
Drill holes into attic floor to access uninsulated floor cavities  
Blow 6" dense packed cellulose (R-19) into all accessible cavities of the attic floor  
Use wooden plugs to patch drilled holes



Insulate 1000 sq ft of exterior sidewalls  
\$COST

Sec. 13.2 Page 2 of 6 September 2016

## Heat Pump Informational Form\*

[CRM Section 5.6](#)

- Waiver required for all heat pump projects
- Customer sign-off acknowledging potential drawbacks of a heat pump installation.
- Submission required with workscope for all heat pump installations.
- Needed for both Tier 1 and Tier 3 customers.
- Signatures required from Customer and Contractor.

**Heat Pump Informational Form**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
acknowledge the following in regard to the installation of a heat pump system in my home:

1. Installing a heat pump in a home that does not have air conditioning can result in higher electric bills when used for air conditioning.
2. If I receive bill payment assistance through my utility or the Home Energy Assistance Program (HEAP), the shift in primary heating fuel source from a fossil fuel to electric may impact the level of bill payment assistance received. I will notify my utility and county Department of Social Services that I have installed a heat pump and have changed my primary fuel to electricity.
3. Overall energy cost reductions are not guaranteed, and my bills may increase. Energy costs depend on a variety of factors, including usage and how well my home is insulated and air sealed.
4. Heat pumps operate differently from traditional boilers and forced air furnaces. In order to maintain comfort in my home I may have to learn how to operate my thermostat differently. I understand that my HVAC contractor will instruct me in the proper use of the heat pump and its thermostat.


Homeowner (Printed)	_____	Date	_____
Homeowner (Signature)	_____	Date	_____
Contractor (Signature)	_____	Date	_____

V2-2.23.2021



# Certificate of Completion

- Customer sign-off attesting that the dwelling was left in good condition and if Direct Install and/or energy saving measures were installed.
- Two pages with two signature areas for both customer and contractor.
  - Page 1: Can be signed and dated at time of audit or at time of test-out.
    - Audit/DI Only projects only need page 1
  - Page 2: Must be signed and dated at time of test-out.
    - Full Comprehensive Projects need both page 1 and page 2
- The Review Team is reviewing the entire CoC form to ensure that the most up to date version is submitted, and that all required fields are filled out.



**NEW YORK**  
STATE  
DEPARTMENT OF  
ENVIRONMENTAL  
CONSERVATION

**NYSDORA**

**Certificate of Completion**  
**Post-Installation Health and Safety Test Results**

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☐ **Empower New York**  
 Customer Name: \_\_\_\_\_  
 Empower ID #: \_\_\_\_\_  
 AHP ID #: \_\_\_\_\_  
 Technician Name: \_\_\_\_\_

☐ **Assisted Home Performance with ENERGY STAR® (AHP)**  
 Participating Contractor Name: \_\_\_\_\_  
 Office Location (if applicable): \_\_\_\_\_  
 BPI ID #: \_\_\_\_\_

☐ **Coordinated AHP/Empower New York**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**WAP Form Numbers:**  
☐ WAP work complete  
☐ WAP work in progress  
☐ WAP will be completed within 12 months

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**A. Customer Education: Energy Savings Action Plan:**

To reduce my monthly energy costs, I will take the following actions:

Action 1: \_\_\_\_\_

Action 2: \_\_\_\_\_

Action 3: \_\_\_\_\_

Action 4: \_\_\_\_\_

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**B. Household signs out of Energy Education, have household initial here**

**CUSTOMER STATEMENT AND SIGNATURE**

I, \_\_\_\_\_, attest that my home was left in good condition. I will make my best effort to complete the energy saving actions that I have listed above.

☐ The contractor installed energy savings and/or direct install measures as part of the comprehensive home energy assessment

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**C. CAZ TESTING:** Test Out Date: \_\_\_\_\_

MVG: \_\_\_\_\_ CMVGO \_\_\_\_\_ Building Leakage \_\_\_\_\_ CFM50 \_\_\_\_\_ Fan Ring: ☐ Open ☐ A ☐ B ☐ C

WCD: \_\_\_\_\_ Pa \_\_\_\_\_

Inside Temp: \_\_\_\_\_ °F Outside Temp: \_\_\_\_\_ °F House Pressure: \_\_\_\_\_ Pa Fan Pressure: \_\_\_\_\_ Pa

**CO Ambient (max.) in CAZ (during test):** \_\_\_\_\_ **PPM** **CO Ambient (max.) in living space:** \_\_\_\_\_

Appliance Type	Gas (Feet/s)	Spillage (Inch/Sec)	Spillage (Inch/Sec)	CO (Inch/Sec)	CO (Inch/Sec)
Heating System 1	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Heating System 2	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Water Heater 1	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Water Heater 2	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Oven	<input type="checkbox"/> Electric <input type="checkbox"/> Gas w/ no vent <input type="checkbox"/> Gas w/ vent	Pass/Fail	Pass/Fail	PPM	PPM

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For Audit/Close install only projects, please sign below and return the page to the program. For comprehensive projects, complete and submit entire form.

**Contractor:** \_\_\_\_\_, attest that all measures installed through AHP and/or Empower adhere to current AHP/Empower program guidelines. Further attest that, for all AHP/Empower projects, these conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per program requirements.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

nd evaluation activities. The purposes of these activities are to provide the  
at the eligible measures are installed consistent with program standards, to assess  
gram quality assurance and evaluation activities may include on-site visits,  
AHP and EmPower program participants are offered the option of having a  
you are interested in receiving this valuable, **FREE** service, please call 1-866-NYSERDA  
number of requests received.

program administrators with an opportunity to ensure that the eligible measures are installed consistent with program standards, to assess energy savings and to evaluate program effectiveness. Program quality assurance and evaluation activities may include on-site visits, questionnaires, and interviews. As a value-added service, AHP and eMPower program participants are offered the option of having a post-completion inspection performed on their home. If you are interested in receiving this valuable, FREE service, please call 1-866-NYSERDA to schedule an appointment. Availability depends upon number of requests received.

Customer's Name (Print)	Signature	Date
Contractor's Business Name (Print)	Signature	Date

# Program Documents & Forms

## Certificate of Completion (continued)

### CRM Section 8.1e and 8.2c

- Each section on the CoC form is reviewed to ensure that all required information is provided and to confirm accuracy with the project at hand.
- All combustion testing information must be completed by technician.
- The switch to the single audit type (CHA Audits) has put a requirement that Contractors must complete the CAZ Testing (Section C of CoC)
  - Please note, it's understood that Contractors may not have ability to perform blower door and CAZ testing in large 5+ unit apartments. Therefore, this is an exception that can be made, however since this testing is part of the CHA Audits, it must be completed for buildings with 4 units or less.
- Updated CoC form will be released and discussed during the August 5<sup>th</sup> Contractor Webinar. This new form will have updated language to provide additional clarity for the network.

**NEW YORK STATE** | **NYSEDA** | **Certificate of Completion**  
Post-Installation Health and Safety Test Results

☐ EnPower New York ☐ Assisted Home Performance with ENERGY STAR® (AHP) ☐ Coordinated AHP/EnPower New York

Customer Name: \_\_\_\_\_ Participating Contractor Name: \_\_\_\_\_  
EnPower ID #: \_\_\_\_\_ Office Location (if applicable): \_\_\_\_\_  
AHP ID #: \_\_\_\_\_  
Technician Name: \_\_\_\_\_ SPI ID #: \_\_\_\_\_

WAP Coordination: ☐ WAP work complete ☐ WAP work in progress ☐ WAP will be completed within 12 months

**A. Customer Education: Energy Savings Action Plan:**  
To reduce my monthly energy costs, I will take the following actions:  
Action 1: \_\_\_\_\_  
Action 2: \_\_\_\_\_  
Action 3: \_\_\_\_\_  
Action 4: \_\_\_\_\_

If household opts out of Energy Education, have household initial here: \_\_\_\_\_

**B. CUSTOMER STATEMENT AND SIGNATURE**  
I, \_\_\_\_\_, attest that my home was left in good condition. I will make my best effort to complete the energy saving actions that I have listed above.  
☐ The contractor installed energy savings and/or direct install measures as part of the comprehensive home energy assessment.  
Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. CAZ TESTING** Test Out Date: \_\_\_\_\_  
MVG: \_\_\_\_\_ CFM50 Building Leakage: \_\_\_\_\_ CFM50 Fan Blg: ☐ Open ☐ A ☐ B ☐ C  
WCD: \_\_\_\_\_ Pa Inside Temp: \_\_\_\_\_ F Outside Temp: \_\_\_\_\_ F House Pressure: \_\_\_\_\_ Pa Fan Pressure: \_\_\_\_\_ Pa  
CO Ambient (max.) in CAZ (during test): \_\_\_\_\_ PPM CO Ambient (max.) in living space: \_\_\_\_\_ PPM

Appliance Type	Unit	Leakage	Leakage	CO	CO
	Pass/Fail	(Short-Cut)	(Normal)	(Short-Cut)	(Normal)
Heating System 1	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Heating System 2	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Water Heater 1	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Water Heater 2	Pa	Pass/Fail	Pass/Fail	PPM	PPM
Oven	<input type="checkbox"/> Electric <input type="checkbox"/> Gas w/ no vent <input type="checkbox"/> Gas w/ vent	Pass/Fail	Pass/Fail	PPM	PPM

For Audit/Direct Install only projects, please sign below and return this page to the program. For comprehensive projects, complete and submit entire form.

Contractor: I, \_\_\_\_\_, attest that all measures installed through AHP and/or EnPower adhere to current AHP/EnPower program guidelines. I further attest that, for all AHP/EnPower projects, I have conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per program requirements.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

over/AHP and/or Loan Projects. Please read the following statements before work has been completed pursuant to AHP/EnPower process.  
Below, if you have any questions or concerns about any aspect of the work FOR signing the form.

RE:

If notify CLEAR result upon their completion. The project is not considered complete ificate of Completion with no outstanding work.

next furnished through this project comply with the requirements as outlined event that any defect in workmanship or equipment is discovered within remedy, repair, correct, or cause to be remedied, repaired, corrected, or replaced sent or workmanship. The foregoing warranty survives any inspection NYSEDA.

er incentives: Participating Contractor hereby waives and releases any and all its liens with respect to and on the property referenced above.  
Power incentives: Said waiver does not apply to any work and equipment 1 or AHP/EnPower incentives. Any costs incurred by customer exceeding the named by any means other than a loan through a HUDNY loan or through AHP/ order applicable laws relating to mechanics liens with respect to the project.

contract (work order, job order, bid summary, proposal, invoice, etc.) have been along with incentives, loan, and/or subsidy stated on pages 1 and 2 herein have r, are satisfactory, and are accepted by the customer. In addition, the customer yment, rebate, cash bonus, sales commission, or anything from the tent with the Participating Contractor or to proceed with work. If there is a erment and authorize payment to the Participating Contractor.

id evaluation activities. The purposes of these activities are to provide the program administrators with an opportunity to ensure that the eligible measures are installed consistent with program standards, to assess energy savings and to evaluate program effectiveness. Program quality assurance and evaluation activities may include on-site visits, questionnaires, and interviews. As a value added service, AHP and EnPower program participants are offered the option of having a post-completion inspection performed on their home. If you are interested in receiving this valuable, FREE service, please call 1-866-NYSEDA to schedule an appointment. Availability depends upon number of requests received.

Customer's Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Contractor's Business Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Program Documents & Forms

Optional Forms for Updated Program Rules: these forms will be reviewed by the Review Team but are not required to be submitted.

- Initial Interview Form
- Combustion Appliance Form
- Notification of Possible Presence of Asbestos
- Clean & Tune Checklist
- Optional Field Data
- Supplemental Data Collection Form

Discontinued Forms:


- So What's Next Brochure
- EmPower NY Opt Out

# Program Documents & Forms

## EmPCalc

### [CRM Section 11.2c](#)

- Program approved tool used to collect project information, calculate proposed energy efficiency measures and estimate project incentives.
- Most recent EmPCalc available is EmPCalc 8.1.8.1
- Always utilize the latest version, a link is available on the [Contractor Support home page](#).
- At a project's final submission ensure that all updates made in EmPCalc align with the approved workscope.

	<b>NYSERDA</b>	<b>EmPCalc</b>	123456 Cassidy Jones Tier 1: < 60% State Median Income		
<a href="#">Clear Project Information</a>	Summary	<b>Project Information</b>	Direct Install Audit Only Pilot	Energy Efficiency Upgrades Pre-Install Measure Report	Non-Energy Upgrades Post-Install Measure Report
<b>Program Information</b>					
Project ID		123456			
Tier		Tier 1: < 60% State Median Income		Estimated Completion Date	
Pilot				Estimated Completion Year	
Stage in Workflow		Modeling			
<b>Company Information</b>					
Company Name					
Auditor First Name					
Auditor Last Name					
Auditor Phone Number					
Auditor Email					
Contractor Zip Code					
<b>Customer Information</b>					
First Name		Cassidy			
Last Name		Jones			
Phone Number					
Address 1					
Address 2					
City					
State					
Zip Code					
<b>Project Location</b>					
Same as Customer Information		<input type="checkbox"/> Check if the project location is the same as the customer address.			
Address 1					
Address 2					
City					
State					
Zip Code					
Region		Finger Lakes			
<b>Audit Information</b>					
Audit Type					
Energy Education					
Mileage					
Additional Fee Type		Pre-approval Required			
Additional Fee Amount		Pre-approval Required			
Other Additional Fee Note					
<b>Fuel Information</b>					

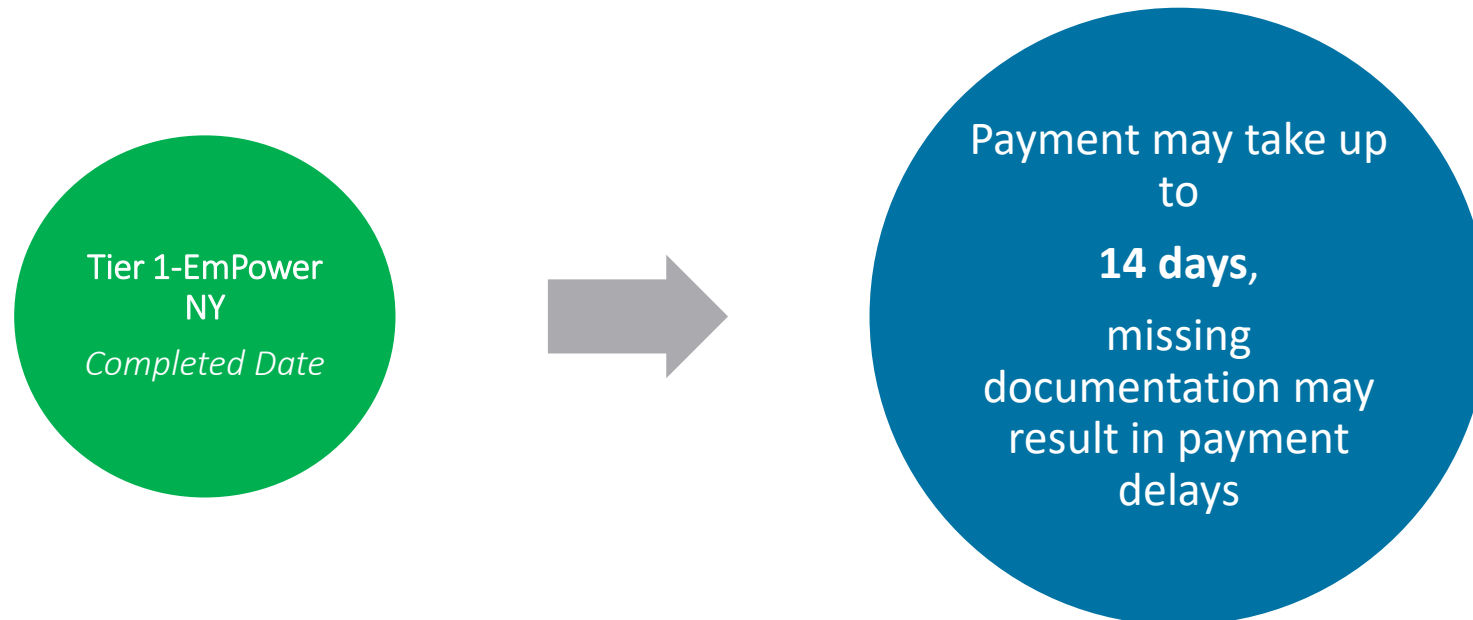
# EmPCalc Submission :

The Review Team is reviewing the submitted EmPCalc to ensure that all required information was provided, and that the information provided aligns with the project at hand.

- Each tab of the EMPCalc is reviewed to ensure that all required fields are provided.
  - Most required fields are highlighted in yellow – however please note, there are some necessary fields that must be filled out as they impact formulas within the EmPCalc (for example, the project's Region listed on the Project Information tab)
- Project Information Tab
  - This tab includes many fields regarding the project site, utility information, customer information, audit information, project ID, tier selected, Pilot information etc.
  - The review team will confirm accuracy against the documentation provided
- Direct Install Tab/Energy Efficiency Upgrades/Non-Energy Efficiency Upgrades
  - All targeted measures need to be filled out completely.
  - The review team will compare the project measures against the measures that were approved at Workscope
  - Some measures have specific Program requirements that require a deeper analysis. Any measures that are outside the threshold, or if a project includes additional measures that were not on the original Workscope, the project may be sent to Technical Review for further analysis from the Technical Team.
- Pilot Tab
  - If the project is following a Pilot (KEDNY, Healthy Homes, etc) more information will be provided on this tab and will require further analysis depending on that Pilot's requirements.
- Summary Tab
  - The information on this tab is auto populated from the rest of the EmPCalc, except for the columns that have yellow required fields that the Contractor would fill out themselves (Project ID, Contractor Information, etc)
  - The review team will compare all information on this tab to the targeted measures to ensure savings, funding, etc. are all accurate

## Final Approval/Payment

- If any information on the EmPCalc or Documentation is inaccurate, missing, or clarity is needed, the project may be sent back to the Contractor for adjustment and/or may be sent to Technical Review for additional evaluation.
- When a project is returned to Final Review, a complete review will take place to ensure nothing was accidentally missed by either the Contractor or previous reviewers.
- Once the project can be officially approved for payment, the project moves forward to the Incentive Payment stage where the project is reviewed and added to a Program Invoice.
- Any specific project measure concerns, the Contractor may contact Contractor Support or their Account Manager for further investigation
- For payment questions and timeline information, Contractors may also connect with Contractor Support



# Q & A

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