**EXHIBIT D**

**SCOPE OF WORK APPROVAL FORM**

Contracting Agency and Consultant plan to enter into a contract that follows the process set forth in ODOE Energy Audits for School Buildings RFQ and meets all current SB 1149 Schools Program requirements (available on SB 1149 website at <http://www.oregon.gov/energy/energy-oregon/Pages/SB1149-Program-Guidelines.aspx>).

Contracting Agency and Consultant agree that this Scope of Work Approval Form is a complete and accurate description of the Scope of Work contemplated for the contract. Consultant agrees to complete and deliver to Contracting Agency the services described in the Statement of Work below. Any changes made to the scope of services described herein following ODOE approval may not be eligible for reimbursement.

This Scope of Work Approval Form is not a substitute for a contract for services. A copy of the executed contract must be submitted to ODOE.

**Contracting Agency & Consultant Contract #:** Click here to enter text. **Date:** Click here to enter text.

***CONTACT INFORMATION***

Contracting Agency: Click here to enter text.

Contact Person and Title: Click here to enter text.

Mailing Address: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

Consultant/Audit Firm: Click here to enter text.

Contact Person and Title: Click here to enter text.

Mailing Address: Click here to enter text.

Phone: Click here to enter text.

E-mail: Click here to enter text.

## STATEMENT OF WORK Consultant will perform the services described herein at the facility identified below. Please complete one form per facility.

Additional pages attached? YES  NO

*Attached documentation is not a replacement for this completing this form.*

Estimated date to complete Energy Audit: Click here to enter text.

Estimate date to submit Energy Audit Report to ODOE: Click here to enter text.

### Facility Information

Name of Facility: Click here to enter text.

Facility received past Energy Audit? YES NO If YES: List audit type and date: Click here to enter text.

Square Footage: Click here to enter text.

Physical Address: Click here to enter text.

Facility Contact Person (*if different than listed above*): Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

### Energy Audit Information

*Information about the Energy Audit types and requirements is listed in the SB 1149 Program Guidelines, Energy Audits for School Buildings RFQ, Energy Audit Requirements, and Audit Report Template & Requirements.*

**Whole-Building Energy Audit**

**Targeted Energy Audit** (*Prior approval from ODOE is required*)

**Part 1:** Check the Equipment/Systems below that will be analyzed and include a **full description** of the scope of services that will be provided for each area (e.g., type, quantity, location, level of detail, specific issue or energy efficiency measure being reviewed).

**Envelope:** Click here to enter text.

**Boiler/ Chiller Plant:** Click here to enter text.

**Heating, Ventilation and Air Conditioning (HVAC)/ HVAC Controls:** Click here to enter text.

**Lighting:** Click here to enter text.

**Domestic Hot Water:** Click here to enter text.

**Plug Loads/ Others:** Click here to enter text.

**Part 2:** List ANY proposed program requirements or elements of the **ODOE Energy Audit Requirements or Audit Report Template and Requirements** that will be adjusted, omitted or revised as part of this project. Any items not specifically listed below will be required for the Energy Audit and Energy Audit Report.

**Energy Audit Requirements:** Click here to enter text.

**Audit Report Template and Requirements:** Click here to enter text.

**SB 1149 Program Guidelines or Requirements:** Click here to enter text.

### Project Description and Additional Instructions

Estimated number of hours on-site with Contracting Agency staff: Click here to enter text.

Data-logging and measurement plan for this facility: Click here to enter text.

Energy modeling approach and methodology (*Must list if modeling is included*): Click here to enter text.

Will any part of this work be completed by a sub-contractor(s)?  YES  NO

If YES: List the Name, Company, and Services to be performed by this sub-contractor(s): Click here to enter text.

### Additional information/instructions:

## COST

The maximum compensation payable by Contracting Agency to Consultant for the work described herein, which includes any allowable expenses is $Click here to enter text..

The amount that will be requested for reimbursement through Contracting Agency’s SB 1149 funds is $Click here to enter text..

These costs for this facility audit are broken down as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name** | **Funding Source** | | |
| **SB 1149** | **Other** | **Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

## Facility annual energy costs (total dollars for all electricity and fuels): $Click here to enter text. Facility audit cost: DOES NOT or DOES exceed 10% of the facility’s total annual energy costs

## If audit cost DOES exceed 10%, must provide additional documentation/justification for cost: Click here to enter text.

## AUTHORIZED SIGNATURES

Contracting Agency and Consultant agree that the statement of work and the costs described herein are an accurate depiction of the planned work.

Contracting Agency: Date:

Name, Title

Consultant: Date:

Name, Title