**Home Performance with ENERGY STAR**

OMB Control No. 2060-0586

**Program Plan Template**

Use this Program Plan Template to develop an implementation plan. EPA and DOE are available to help answer questions and provide guidance. Consult our HPwES Sponsor Fact sheet and Sponsor Guide for detailed guidance. Fill out and submit your Program Plan with a signed HPwES Partnership Agreement. Please allow HPwES two weeks to review your plan. Once your plan is approved you will be

listed on our website and receive an email with My Energy Star Account (MESA) instructions to access our in-kind supporting material. We reserve the right to decline sponsorship if we feel there is inadequate resources and planning to initiate a HPwES program, and will strategically advise you to what needs to be addressed.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Sponsor** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Organization Type** | State  Government | City or county  Government | | | Public Utility | | | | Non-Profit Organization  (chartered by state to implement energy efficiency programs) | | | | |
|  |  | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | |
| **Budget** | | | | | | | | | | | | | |
| Source of funding | System Benefit Charge | | Grant | | | | Rate Recovery | | | | | Other | |
|  | |  | | | |  | | | | |  | |
| Provide background  information about the source |  | | | | | | | | | | | | |
| **Budget Category (in $)** | | Pilot Phase\* | | Year 1 | | Year 2 | | | | Year 3 | Year 4 | | Year 5 |
| Management | | $ | | $ | | $ | | | | $ | $ | | $ |
| Program Development | | $ | | $ | | $ | | | | $ | $ | | $ |
| Contractor Recruitment | | $ | | $ | | $ | | | | $ | $ | | $ |
| Training/Certification | | $ | | $ | | $ | | | | $ | $ | | $ |
| Mentoring | | $ | | $ | | $ | | | | $ | $ | | $ |
| Marketing | | $ | | $ | | $ | | | | $ | $ | | $ |
| Contractor Job Incentives | | $ | | $ | | $ | | | | $ | $ | | $ |
| Homeowner Incentives | | $ | | $ | | $ | | | | $ | $ | | $ |
| Infield Inspections (QA) | | $ | | $ | | $ | | | | $ | $ | | $ |
| Evaluation | | $ | | $ | | $ | | | | $ | $ | | $ |
| Total | | $ | | $ | | $ | | | | $ | $ | | $ |
| **What goals do you plan to achieve?** | | | | | | | | | | | | | |
| Contractor Participation Goal (# contractors) | |  | |  | |  | | | |  |  | |  |
| Job Completion Goal (# of jobs) | |  | |  | |  | | | |  |  | |  |
| Electric Savings Goal (kWh) | |  | |  | |  | | | |  |  | |  |
| Peak Electric Savings Goal (kW) | |  | |  | |  | | | |  |  | |  |
| Natural Gas Savings Goal (therms) | |  | |  | |  | | | |  |  | |  |
|  | |  | |  | |  | | | |  |  | |  |
|  | | | | | | | | | | | | | |
| **What metropolitan area or service territory will be served by the program?** | | | | | | | |  | | | | | |
| **Why did you decide to partner with ENERGY STAR to sponsor a HPwES program?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What current or past residential energy efficiency programs have been implemented in this market? By whom?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **What is the average electricity and natural gas rate?** | Electricity | | | < 8 cents/kWh | | | | | | | | 8-10 cents/kWh | | | | | | >10 cents/kWh | | | | | |
|  | | | | | | | |  | | | | | |  | | | | | |
| Natural Gas | | | < 1.25 $/therm | | | | | | | | 1.2 5– 1.75 $/therm | | | | | | >1.75 $/therm | | | | | |
|  | | | | | | | |  | | | | | |  | | | | | |
| **PROGRAM DELIVERY** | | | | | | | | | | | | | | | | | | | | | | | |
| **What elements of the program will be implemented by the program sponsor or implementation partners?** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Implementing Partners** | **Organization Name** | | | | | | | | | | | | | | | | | | | | | | |
| Group A |  | | | | | | | | | | | | | | | | | | | | | | |
| Group B |  | | | | | | | | | | | | | | | | | | | | | | |
| Group C |  | | | | | | | | | | | | | | | | | | | | | | |
| Group D |  | | | | | | | | | | | | | | | | | | | | | | |
| **Program Elements** | **Sponsor** | | | | **Implementation Partners** | | | | | | | | | | | | | | | | | | |
| **Contractor Participation** Recruitment Training Certification Mentoring | Group A | | | | | Group B | | | | Group C | | | | | Group D | | | | |
|  | | | |  | | | | |  | | | |  | | | | |  | | | | |
|  | | | |  | | | | |  | | | |  | | | | |  | | | | |
|  | | | |  | | | | |  | | | |  | | | | |  | | | | |
|  | | | |  | | | | |  | | | |  | | | | |  | | | | |
| **Consumer Financing** |  | | | |  | | | | |  | | | |  | | | | |  | | | | |
| **Consumer**  **Awareness/Marketing** |  | | | |  | | | | |  | | | |  | | | | |  | | | | |
| **Quality Assurance** |  | | | |  | | | | |  | | | |  | | | | |  | | | | |
| **Program Evaluation** |  | | | |  | | | | |  | | | |  | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your schedule for implementing the program?** | | | | | | | | | | | | | | | | | | | | | | | |
| **Schedule** | | | | | | | | | | | | | | | | | | | | | | | |
| Activity | | Year 1 | | | | | | Year 2 | | | | Year 3 | | | | Year 4 | | | | Year 5 | | | |
| Quarter | | | | | | Quarter | | | | Quarter | | | | Quarter | | | | Quarter | | | |
| 1 | 2 | | | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Identify/recruit contractors | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Train/equip contractors | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Launch marketing campaign | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement quality assurance protocols | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implement results tracking | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Explore program expansion | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Program Evaluation | |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Which contractor delivery model will you emphasize?** | Contractor  Consultant  Hybrid  Other  (explain) |
|  | |
| **What groups, if any will be targeted / excluded? (e.g. income qualified, utility customers, city residents)** | |
|  | |
| **Please explain how you plan to recruit contractors to participate in the program.** | |
|  | |
| **Attach a copy of the protocols contractors will follow to complete a comprehensive energy audit. This should include a description of any mandatory test-in and test-out procedures (e.g., blower door and combustion safety testing) as well as a summary of test-in and test-out forms, reports or other materials that are required to comply with your program’s guidelines.** | |
| **Attach a copy of your contractor participation agreement.** | |
| **What software or other method will be used to estimate energy savings?** | |
|  | |
| **QUALITY ASSURANCE** | |
| Explain the steps you plan to take to ensure participating contractors deliver comprehensive energy audits and install quality improvements. | |
| **How will contractors report their program activity?** | |
|  | |

**Will you offer an incentive for contractor reporting and if so, please explain?**

**How will completed jobs be reviewed (file and in-field)?**

**How will customer satisfaction be measured?**

**How will you help contractors represent the Home Performance with ENERGY STAR program accurately (e.g., homes are not qualified ENERGY STAR homes, and contractors are not certified by EPA or DOE)? How will you evaluate their actions?**

**Attach a process diagram showing how contractors that fail to meet program standards will be identified, monitored, re- trained, sanctioned, or removed from the program.**

|  |  |
| --- | --- |
| **MARKETING STRATEGY** | |
| **What is the name of the program?** |  |
| **What is the proposed URL for the program web site?** |  |
| **What marketing strategies will you employ to increase consumer awareness of HPwES?** | |
|  | |
| **Attach examples you plan to use, if developed.** | |
| **Attach example of homeowner certificate, if planned.** | |
| **What incentives (including financing) will you offer to motivate consumers to participate?** | |
|  | |
| **How will you measure consumer demand for the program (e.g., number of calls, number of website visitors, duration of website visits)?** | |
|  | |
| **Please attach a copy of your plan for managing consumer inquiries about the program (e.g., workflow to handle calls and emails).** | |

EPA Form 5900-186

The government estimates the average time needed to fill out this form is 11 hours and welcomes suggestions for reducing this effort. Send comments (referencing OMB Control Number) to the Director, Collection Strategies Division, U.S. EPA (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460.