

Certification and Consent Form for Non-Profits and Public Facilities

2025 - 2026 PROGRAM YEAR

PURPOSE: By signing this Certification and Consent, you authorize Elevate Energy and any of its respective subsidiaries or affiliated agencies, directors, officers, employees, agents, contractors, or other representatives (collectively, the "Program Administrator") to request information from the sources listed in this Certification and Consent to verify the tax status of your organization in order to ensure that the organization named herein is eligible to participate in the Illinois Solar for All program (the "Program").

USES OF INFORMATION OBTAINED: In compliance with applicable law, the information provided in this Certification and Consent will be used for the permitted purpose set forth above, including determining eligibility to participate in the Program, monitoring compliance with the Program, evaluating the Program, and modifying or improving the Program.

WHO MUST SIGN THE CONSENT FORM: An officer or representative of the nonprofit organization or public entity named in this Certification and Consent who is duly authorized to sign and legally bind the organization or entity named in this Certification and Consent.

CONSENT: I consent to the Program Administrator requesting and obtaining information from the sources listed herein in order to verify the organization's eligibility to participate in the Program, including the following information:

- Documentation of tax status

SOURCES: U.S. Social Security Administration (SSA) and U.S. Internal Revenue Service (IRS)

VERIFICATION-RELATED DOCUMENTATION: In order for the Program Administrator to verify the eligibility of my property, I understand that I must provide the following documentation:

☐ Documentation of tax status

I CERTIFY that this project is for:

☐ A non-profit organization

☐ A public entity

I CERTIFY that my organization:

☐ owns the property where the project will be built

☐ Rents the property where the project will be built

I CERTIFY that my organization operates in:

☐ An Environmental Justice Community

☐ An Income-Eligible Community

I CERTIFY that the property that is the subject of this Certification and Consent meets the eligibility requirements to participate in the Program. I CERTIFY that all statements and information provided in this Certification and Consent are true, complete, and correct to the best of my knowledge, and that they are made in good faith. I understand that: (1) the statements and information provided in or in connection with this Certification and Consent are subject to verification and I agree to submit supporting documents or information when requested; and (2) I am obligated to promptly update and correct any information provided in or in connection with this Certification and Consent if I become aware of any changes to such statements or information during my participation in the Program. I also understand that intentional misrepresentations and falsification or failure to update or correct this Certification and Consent may result in ineligibility to participate in the Program or its termination. The Program Administrator's determination of ineligibility or decision to terminate your participation in the Program may be appealed as instructed in the Program Provider Manual.

ORGANIZATION NAME: _____

APPLICANT'S PROPERTY ADDRESS: _____

UNIT NUMBER (IF APPLICABLE) _____

ZIP CODE: _____ COUNTY: _____ STATE: ILLINOIS

STAFF MEMBERS/OFFICERS OF THE ORGANIZATION: _____

PERCENTAGE OF BOARD OF DIRECTORS MADE UP OF MINORITIES: _____

PERCENTAGE OF MINORITY STAFF: _____

CUSTOMER COMPOSITION: _____

PERCENTAGE OF CUSTOMERS WHO ARE MINORITIES: _____

This information is not graded, but it is tracked for Program reporting purposes.
Disclosure of this information is optional.

NAME OF THE DIRECTOR OF THE ORGANIZATION: _____

SIGNATURE OF THE DIRECTOR OF THE ORGANIZATION: _____

DATE: _____

NAME OF THE OWNER OF THE PROPERTY (IF DIFFERENT THAN ABOVE): _____

SIGNATURE OF THE OWNER OF THE PROPERTY: _____