



ENERGY STAR® Participation Form for State Energy and Tribal Inflation Reduction Act Rebate Programs

Eligible Organizations:

State and Tribal entities responsible for executing federally funded energy efficiency programs at the state level.

Partner Name: _____

Date: _____

Partner will participate in the area(s) checked below. Please select only those check boxes relevant for your organization.

Promote ENERGY STAR as a State or Tribal entity in the:

- Residential Retrofit Market
 - Home Electrification and Appliance Rebates (HEAR)
 - Home Energy Performance-Based, Whole-House Rebates (HOMES) Program
- Residential New Construction Market
 - Home Electrification and Appliance Rebates (HEAR)

<p>Zip Codes Served (if not statewide): _____</p> <p>_____</p>

Partner Name:
Date: _____

**Primary Contact for HEAR (if
different than Signatory
Contact listed in the
Partnership Agreement)**

Secondary Contact

Contact Name	
Title	_____
Company	_____
Address	_____
City	_____
State	_____
Zip	_____
Country	_____
Phone	_____
Email	_____

**Primary Contact for HOMES (if
different than Signatory Contact
listed in the Partnership
Agreement)**

Secondary Contact

Contact Name	
Title	_____
Company	_____
Address	_____
City	_____
State	_____
Zip	_____
Country	_____
Phone	_____
Email	_____

Return completed Participation Form to:

join@energystar.gov

Or

**ENERGY STAR
c/o ICF International
2550 S Clark St, 12th Floor
Arlington, VA 22202**