

**CONSERVATION SERVICE PROVIDER (“CSP”) APPLICATION
FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA**

Conservation Service Providers (“CSPs”) have a specific role under Act 129, which requires a covered Electric Distribution Company’s Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to implement at least a portion of the EE&C Plan. 66 Pa.C.S. § 2806.1(b)(1)(i)(E). CSPs provide information and technical assistance to EDCs on *measures* that enable a person to increase energy efficiency or reduce energy consumption. CSPs must have no direct or indirect ownership, partnership or other affiliated interest with an EDC. 66 Pa.C.S. § 2806.1 (m). Only registered CSPs may advise an EDC and/or provide consultation, design, or administration or management services to an EDC related to the implementation of the EDC’s EE&C Plan. As such, registration of business entities as approved CSPs is required before entering into a contractual agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC’s EE&C plan. This registry is not intended as a resource for business, whose sole purpose is the installation of measures, supplying of equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

Any CSP subcontractor with an annual contract cost that equals or exceeds 10% of the CSP annual contract cost and is directly performing services pursuant to a contract with a CSP which has contracted with an EDC after Commission approval should also register as a CSP. This does not include third party contractors which participate in or support an EE&C Plan but are not directly contracted with a CSP which has a direct contractual relationship with the EDC subject to Act 129.

To qualify an applicant must have at least two years of experience in providing program consultation, design, administration, management or advisory services related to energy efficiency and conservation services. CSP registration is not required of entities that limit their services to the installation of energy efficiency measures or the provision of equipment or materials to EDC customers or the public in general.

1. IDENTITY OF THE APPLICANT

- a. Legal Name of Applicant: CMC Energy Services, Inc.

Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.¹

¹ A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant’s Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant’s Pa. Dept. of State registration is “active.” Certified copies of Pa. Dept. of State documents are not required.

b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

The Applicant will be using a fictitious name or doing business as (“d/b/a”). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.

X The Applicant will not be using a fictitious name.

c. Applicant Address: 550 Pinetown Road, Suite 340, Ft. Washington, PA 19034

d. Applicant Telephone No: 215-540-5800

e. Applicant Email Address: lstotts@cmcenergy.com

f. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission’s CSP Registry.

- Name Lisa Stotts
- Mailing Address 550 Pinetown Road, Suite 340, Ft Washington, PA 19034
- Telephone 215-540-5800
- Email Address lstotts@cmcenergy.com

g. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.

h. Parent & Subsidiary Companies & Affiliates:

- Parent Name and Contact Information. Provide name and contact information for parent company. Check Box if any parent company is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.
-
-

- Subsidiaries and Contact Information. Provide name and contact information for all subsidiary companies. Check Box if any subsidiary is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.
-
-

- Affiliate(s) and Contact Information. Provide name and contact information for all affiliate companies. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC). If “None,” do not check the box and answer “None” below.
-
-

i. Contracts & Business Partnerships:

XCheck Box if Applicant intends to or has operated under contract with or has partnered with an EDC within the past five (5) years. If “None,” do not check the box and answer “None” below.

- Check Box if Applicant intends to or has operated under contract (subcontractor) with or has partnered with a CSP within the past five (5) years. If “None,” do not check the box and answer “None” below.

If any box above is checked, please provide name(s) of EDC(s) and CSP(s) and contact information for each and briefly describe the nature of business services associated with each contract and/or partnership.

CMC Energy Services Inc. administers the PECO Low Income Usage Reduction Program (LIURP), PECO Act 129 program, First Energy WARM Program, Pennsylvania Power & Light Utilities (PPL), and the Philadelphia Gas Works ELIRP.

- j. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant's organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

CMC Energy Services, Inc is a Maryland Corporation, privately owned and operated. The corporate headquarters is located at 550 Pinetown Road, Suite 340, Ft Washington, PA 19034. All individuals can be reached at the corporate phone number (215) 540-5800. The following individuals are responsible for the operations of the company.

Miriam Ikle-Khalsa – Owner / Director Board of Directors
Eileen McGinnis – Chair of the Board
Tina Bennett – President and CEO
Lisa Stotts – Chief Financial Officer
Leila Banihani – Vice President of Operations

- k. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant's operations.

- l. Provide Applicant's Employer Identification No. (EIN): 52-1101290

2. **REGISTERED AGENT**

- a. If the Applicant does not maintain a principal office in the Commonwealth, the Applicant is required by the Pennsylvania Department of State to designate an approved Registered Agent as its representative in the Commonwealth. Check one of the Boxes below, as applicable:

- YES, the Applicant has registered its business with the Pennsylvania Department of State. Following is the Name and Contact information for the Applicant's Department-Approved Registered Agent.

- Registered Agent's Name
- Registered Agent's Mailing Address
- Registered Agent's Telephone
- Registered Agent's Email Address

- NO, the Applicant has NOT registered its business with the Pennsylvania Department of State. STOP—To avoid denial of your application and

forfeiture of your application fee, you should contact the Pennsylvania Department of State Bureau of Corporations to register as a business entity within the Commonwealth PRIOR TO completion and filing of this application with the Pennsylvania Public Utility Commission.

- b. Applicant has registered its business with the Pennsylvania Department of State. Please check appropriate registration type for Applicant as designated with the Department.
- Sole proprietor (15 Pa. C.S. §4124)
 - Domestic corporation (none)
 - Domestic general partnership (15 Pa. C.S. §4124)
 - Domestic limited liability company (15 Pa. C.S. §8913)
 - Domestic limited liability partnership (15 Pa. C.S. §8201)
 - Foreign corporation (15 Pa. C.S. §4124) – CMC is a MD Corporation
 - Foreign general or limited partnership (15 Pa. C.S. §4124)
 - Foreign limited liability company (15 Pa. C.S. §8981)
 - Foreign limited liability general partnership (15 Pa. C.S. §8211)
 - Foreign limited liability limited partnership (15 Pa. C.S. §8211)
- c. If Applicant is not domiciled in the Commonwealth of Pennsylvania and is registered as a “foreign” entity as identified in Question 2.b., please identify all other states where applicant is registered and name the appropriate state department(s):

3. ***APPLICANT'S OPERATIONS***

Respond to each of the following four questions relating to Applicant's operations and its technical and financial fitness. Respond to each item and attach any additional information and/or statements to this Application as appropriate.

a. Describe nature of business:

CMC Energy Services Inc administers low income energy efficiency programs for PECO Energy, PGW, PPL and First Energy.

b. Current status of business (check one):

- Applicant is presently doing business in Pennsylvania
- Applicant is presently not doing business in Pennsylvania

c. The Applicant proposes to provide the following information and technical services to an EDC. Check all services that apply and identify all EDCs with whom Applicant intends to conduct business.

- | | |
|--|---|
| <input type="checkbox"/> Consultation | EDCs: |
| <input type="checkbox"/> Design | |
| <input checked="" type="checkbox"/> Administration | <hr/> PECO Energy, PGW, First Energy, PPL |
| <input type="checkbox"/> Management | <hr/> |
| <input type="checkbox"/> Advisory | <hr/> |

d. Attach to this Application a copy of any certification(s) or similar documentation that would demonstrate the technical fitness of Applicant, such as membership in trade associations, professional licenses, technical certifications, and/or names of current or past clients with a description of dates and types of services provided by Applicant.

Attached are CMC's certification with the Building Performance Institute and Home Improvement Contractor License.

e. Attach to this Application proof of current liability insurance coverage.

4. **COMPLIANCE**

Respond to each of the following Questions. Provide a statement as to the resolution or present status of any such proceedings, if applicable.

- a. In the past three years has the Applicant, the parent company, an affiliate or predecessor or partner (contractor/subcontractor business relationship) of the Applicant, or any person identified by the Applicant in this Application, been investigated or convicted of a crime involving fraud, theft, larceny, deceit, violation of consumer protection law, violation of deceptive trade law or similar activity, whether before an administrative body or in a judicial forum, in which the Applicant, an affiliate, a predecessor of either, or a person identified herein has been a defendant or a respondent?

XNo

- Yes. Provide explanation:

- b. Is the Applicant, the parent company, an affiliate, or a predecessor of either, currently delinquent with any state or federal taxing authority?

XNo

- Yes. Provide explanation:

- c. Identify all bankruptcy or liquidation proceedings for the prior three years. If none, state "None" below.

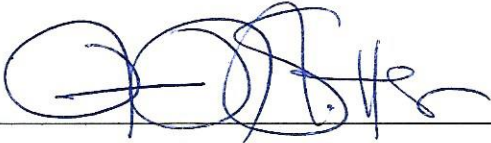
none

- d. Identify all customer complaints filed with a regulatory or prosecutor agency for the prior three years of the date of this application. In none, state "None" below.

none

5. ***FALSIFICATION***

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

Signature of Principal Official:  _____

Official's Name & Title : _____ Lisa Stotts _____
(Please Print)

Date : _____ 2/1/2023 _____

APPENDIX A - AFFIDAVIT

[Commonwealth/State] of PA :

: SS.

County of MONTGOMERY :

Lisa Stotts, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

She is the Chief Financial Officer (Office of Affiant) of CMC Energy Services Inc (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

That the Applicant herein CMC Energy Services Inc has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein CMC Energy Services Inc acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein CMC Energy Services Inc acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

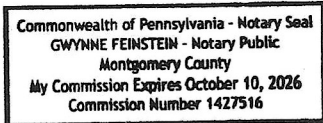
That the Applicant herein CMC Energy Services Inc acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.

[Handwritten Signature]
Signature of Affiant

Sworn and subscribed before me this 1st day of FEBRUARY, 2023.

[Handwritten Signature]
Signature of official administering oath



My commission expires: 10/10/2026.

PENNSYLVANIA VERIFICATION ON OATH OR AFFIRMATION

State of Pennsylvania

County of MONTGOMERY

Signed and sworn to (or affirmed) before me on

2/1/2023 by _____
Date

LISA STOTTS
Name of Individual Making Statement No. 1

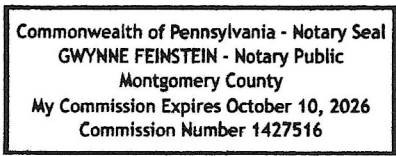
Name of Individual Making Statement No. 2

Gwynne Feinstein
Signature of Notarial Officer

Gwynne Feinstein
Printed Name of Notarial Officer

Title of Office: NOTARY PUBLIC

My Commission Expires: 10/10/2026



Place Official Stamp/Notary Seal Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____