

| APPLICANT INFORMATION | | | | | |
|-----------------------|-------|-----------------------|--|--|--|
| Name | Title | Company | | | |
| | | | | | |
| Phone | Email | Member of Local HBA | | | |
| | | | | | |
| Address | City | Province, Postal Code | | | |
| | | | | | |

AREAS OF INTEREST

List YES next to the areas of interest provided below:

a) Envelope components, including windows:

b) Mechanicals, including ASHPs:

c) IDP:

d) Other:

EXPERIENCE

Members of the CHBA LEEP Manufacturer List are selected for their demonstrated competence and experience in bringing innovation into practices, considerable experience in facilitated discussions, group work and decision-making. Past LEEP engagement experience is an asset in this selection process. Please provide details of your related experience and how you meet the Application Evaluation Criteria.

Highlight the top 3 reasons you want to participate in the CHBA LEEP Initiative.

| | Include a | a minimum | of 3 | references |
|--|-----------|-----------|------|------------|
|--|-----------|-----------|------|------------|

| PROVIDE APPLICATION AUTHORIZATION | | | | | | |
|-----------------------------------|--------------------|-------------------------|--|--|--|--|
| Application Date | Authorization Name | Authorization Signature | | | | |
| | | | | | | |