
CERTIFICATION OF QUALIFICATION FOR EQUITY ELIGIBLE CONTRACTOR STATUS

Name: _____

Date: __/__/__

Organization/Entity: _____

Please select the option that best describes your association with the organization/entity:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Joint Owner or Partner | <input type="checkbox"/> Board member |
| <input type="checkbox"/> Independent contractor offering professional services | |

This certification will be used to determine the whether the above-listed individual, organization, or entity qualifies as an equity eligible contractor under Section 1-10 of the Illinois Power Agency Act (20 ILCS 3855/1-10) as amended by Public Act 102-0662. Under this provision, a business that is majority-owned by eligible persons or a non-profit or cooperative organization that is majority-governed by eligible persons qualifies as an equity eligible contractor. Persons identifying as one of the following qualify as an eligible person offering personal services as an independent contractor.

By checking a box and signing below, you certify that the information provided is true and complete and that you understand that this document will be used for state government purposes. Please select the category for which you qualify:

- I have graduated from or am a current or former participant in the Clean Jobs Workforce Network Program, the Clean Energy Contractor Incubator Program, the Illinois Climate Works Pre-apprenticeship Program, Returning Residents Clean Jobs Training Program, or the Clean Energy Primes Contractor Accelerator Program, and the solar training pipeline and multi-cultural jobs program created in paragraphs (a)(1) and (a)(3) of Section 16-108.21 of the Public Utilities Act.
- I am a graduate of or am currently enrolled in the foster care system.
- I have been convicted of a crime and was incarcerated for that conviction.
- My primary residence is located in an equity investment eligible community, as defined by Section 1-10 of the Illinois Power Agency Act (20 ILCS 3855/1-10) and amended by Public Act 102-0662.

Illinois Shines

(877) 783-1820 | admin@illinoisshines.com
www.illinoisshines.com

Illinois Shines is a state-administered solar incentive program developed and managed by the Illinois Power Agency and administered through its third-party Program Administrator, Energy Solutions.



If you would like the Illinois Power Agency to treat this attestation and the information therein as confidential, please check the box below.

- Please keep the information attested to above confidential and do not release it without my written permission.

I certify that I have personal knowledge of the above information and that it is true and correct.

Printed Name: _____

Signature: _____

Date ___/___/___

TO BE COMPLETED BY THE APPROVED VENDOR

As the applying Approved Vendor seeking certification as an equity eligible contractor, I attest to understanding that this information will be used for state government purposes and that knowingly providing false or misleading information may result in denial of the application or other consequences, including possible Program disciplinary action against an applicant Approved Vendor.

Printed Name: _____

Authorized Vendor Signature: _____

Date: ___/___/___

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