## APPENDIX I APPLICATION FOR ALLOCATION OF SECTION 179D DEDUCTION

NOTE: This application must be prepared and submitted by the Architect/Engineer of Record for the Project and include a list of the firms that contributed to the creation of the technical specifications. (See Section 8 below)

 1. Name of Applicant:

 2. Address of Applicant:

3. Name, Title, Telephone Number, Email of Applicant's Authorized Representative:

4. Address of County Building where the qualifying property was installed:

5. Project Name/Project Number:

6. Type and cost of Qualifying Property:

- a. Interior lighting system \$
- b. Heating, cooling, ventilation, and/or hot water systems \$
- c. Building envelope \$\_\_\_\_\_

7. Date the property was placed in service:

8. The Applicant is the Architect or Engineer of Record for the project and has consulted with the other design professionals, construction managers, and/or contractors that participated in the creation of the technical specifications ("179D Designers") for installation of the energy efficient commercial building property. Applicant represents that:

## (Check One)

\_\_\_\_\_ Applicant as the Architect/Engineer of Record is the only firm that contributed to the creation of the technical specifications and should be allocated 100% of the deduction.

OR

All other "179D Designers" have declined to request an allocation of the 179D deduction from the County and Applicant as the Architect/Engineer of Record is the only entity seeking the allocation and should be allocated 100% of the deduction.

OR

The following "179D Designers," including Applicant (if applicable), contributed to

the creation of the technical specifications and are seeking an allocation of a portion of the 179D deduction as follows:

Firm Name/Contact Info.	Allocation Amount

9. The Applicant will obtain a third party certification ("Certification") as required by the IRS that the property satisfies the energy efficiency requirements of section 179D(c)(1) and (d) of the Internal Revenue Code (26 U.S.C. §179D)) and will provide a copy of the Certification with the Allocation Form(s) (Appendix II).

10. Applicant shall protect, defend, reimburse, indemnify and hold County, its agents, employees and elected officers harmless from and against all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of Applicant's request for approval of a deduction allocation and/or the County's approval/denial of the request.

11. Applicant acknowledges that all information provided by, and representations made by, the Applicant are material and important and will be relied upon by the County in determining approval of the allocation.

Applicant Authorized Representative:

Signature:	Date	
Printed Name & Title:		
Frim Name:		
Phone # and email:		

### APPENDIX II SECTION 179D ALLOCATION FORM

# NOTE: An Appendix II will be prepared for each of the "Designers" listed on Appendix I for the amounts listed on Appendix I

 The name, address, and telephone number of an authorized representative of Palm Beach County (County).
 Audrey Wolf
 Director, Facilities Development & Operations
 2633 Vista Parkway
 West Palm Beach, Fl. 34111

2. The name, address, and telephone number of an authorized representative of the designer requesting the allocation for the 179D Deduction for Energy Efficiency Commercial Building Property: \_\_\_\_\_\_

3. The address of the County building where the energy efficient property was installed:

4. The cost of the energy efficient property: \$\_\_\_\_\_\_

5. The date the energy efficient property was placed in service:

6. The dollar amount of the deduction for the Energy Efficiency Commercial Building allocated to the designer: \$ \_\_\_\_\_

7. Attached is the third party certification required by the IRS that the energy efficient property satisfies the energy efficiency requirements of § 179D(c)(1) and (d) of the Internal Revenue Code. \_\_\_\_\_YES \_\_\_\_\_NO (if "NO" is checked, Allocation will not be approved)

Under penalties of perjury, I declare that I have examined this allocation, including accompanying documents, and to the best of my knowledge and belief, the facts presented in support of this allocation are true, correct, and complete.

### **Designer Authorized Representative:**

### **FDO Authorized Representative:**

Signature and Date

Director, Facilities Development & Ops

Print Name and Title

Date