

Accredited Offset Verifier

Pre-Engagement Disclosure Submittal

**Version 1.1**

**Issued by:**

**Bureau of Energy and Technology Policy**

**CT Department of Energy & Environmental Protection**

[**http://www.ct.gov/deep**](http://www.ct.gov/deep)**/**

**April 2016**

The Connecticut Department of Energy & Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or [deep.accommodations@ct.gov](mailto:deep.accommodations@ct.gov) if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.

**1. Overview**

Prior to engaging in verification services for an offset Project Sponsor (which for the purposes of this form includes the organization that employs the project sponsor), an accredited verifier must disclose all relevant information to the Connecticut Department of Energy & Environmental Protection (“Department”) through a *Pre-Engagement Disclosure Submittal* *Version 1.1* to allow the Department to evaluate whether a potential conflict of interest exists, with respect to the offset project, between the accredited verifier and the offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in the offset project. Following these instructions will ensure that the *Pre-Engagement Disclosure Submittal* contains all necessary information and is submitted properly.

The accredited verifier must disclose in this submission information related to all facts or circumstances that have the potential to create a conflict of interest with respect to the offset project, offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in the offset project. In addition to the disclosure provided through this submittal, accredited verifiers have an ongoing obligation to disclose to the Department any facts or circumstances that may give rise to a conflict of interest with respect to the offset project, offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in the offset project.

The Department may reject a verification report and certification statement that is submitted as part of an offset project *Consistency Application* or *Monitoring and Verification Report* if it determines that the accredited verifier has a conflict of interest related to the offset project, offset project developer, offset Project Sponsor or project sponsor organization, or any other party with a direct or indirect financial interest in the offset project.

Failure to disclose any facts or circumstances that may pose a potential conflict of interest may result in revocation by the Department of the verifier’s accreditation.

**2. Submission Instructions**

Submit this *Pre-Engagement Disclosure Submittal* to the Department if the offset project is located in Connecticut. If the offset project is not located in Connecticut, a similar submittal should be provided to the applicable regulatory agency in the state where the offset project is located, in accordance with the applicable regulations in that state.

Submit one (1) complete hardcopy original of the *Pre-Engagement Disclosure Submittal* and one (1) electronic copy on a CD disk to the Department at the location specified below. Submit hardcopies of forms requiring signatures as originally-signed copies and scan such signed forms for electronic submission. Facsimiles of the *Pre-Engagement Disclosure Submittal* are not acceptable under any circumstances.

ATTN: MICHAEL MALMROSE

CO2 BUDGET TRADING PROGRAM

BUREAU OF ENERGY AND TECHNOLOGY POLICY

CONNECTICUT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION

10 FRANKLIN SQUARE

NEW BRITAIN, CT 06051

If you have any questions about this submittal, please contact Michael Malmrose at [michael.malmrose@ct.gov](mailto:michael.malmrose@ct.gov) or at (860) 827-2933.

The *Pre-Engagement Disclosure Submittal* has been created as a Microsoft Word document with editable fields. Enter information directly in the fields provided in the forms or submit attachments with the information or documentation requested, as instructed. Include headers on all attachments indicating the form to which each is attached.

The applicant should save an electronic copy of the *Pre-Engagement Disclosure Submittal* for its file.

**3. Submittal Forms**

The *Pre-Engagement Disclosure Submittal* includes five (5) forms:

Form 1 - Contact Information

Form 2 - Description of Engagement

Form 3 - Disclosure of Potential Conflict of Interest

Form 4 - Conflict of Interest Mitigation Measures

Form 5 - Attestations

**Form 1: Contact Information**

Name of Accredited Verifier (Organization):

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| --- | --- |
| Point-of-Contact: |  |

|  |  |
| --- | --- |
| Mail Address: |  |

|  |  |
| --- | --- |
| Telephone Number: |  |

|  |  |
| --- | --- |
| Fax Number: |  |

|  |  |
| --- | --- |
| E-mail: |  |

|  |  |
| --- | --- |
| Website URL: |  |

# Form 2: Description of Engagement

Describe the engagement in the fields below. Provide a description of the offset project (include the RGGI COATS offset project ID code if one exists) and identify the offset project sponsor organization, including Project Sponsor contact information. Describe the type of verification services to be provided (e.g., *Consistency Application* or *Monitoring and Verification Report* and the specific verification services required for the project pursuant to [section 22a-174-31a of the Regulations of Connecticut State Agencies](http://eregulations.ct.gov/eRegsPortal/Browse/RCSA/%7BAD17F047-6A0C-40AF-95A1-BF24577EC5CD%7D) (“RCSA”). Identify the Team Leader and Key Personnel that will provide the verification services.

|  |  |
| --- | --- |
| Description of Offset Project and Identification of Offset Project Sponsor Organization: |  |

|  |  |
| --- | --- |
| Type of Services to be Provided: |  |

|  |  |
| --- | --- |
| Proposed Verification Team: |  |

**Form 3: Conflict of Interest Disclosure**

In the appropriate fields below, disclose all facts or circumstances that have the potential to create a conflict of interest with respect to the offset project, offset project developer, offset Project Sponsor (including the offset project sponsor organization), or any other party with a direct or indirect financial interest in the offset project.

|  |  |
| --- | --- |
| Ownership of Accredited Verifier Organization: |  |

|  |  |
| --- | --- |
| Past and Current Clients/Contractual Arrangements: |  |

|  |  |
| --- | --- |
| Direct/Indirect Financial Relationship and/or Agreements with the Project Developer/Project Sponsor Organization: |  |

|  |  |
| --- | --- |
| Related Entities: |  |

|  |  |
| --- | --- |
| Personal Relationships: |  |

|  |  |
| --- | --- |
| Any other Facts or Circumstances that have the potential to create a conflict of interest: |  |

**Form 4: Conflict of Interest Mitigation Measures**

If the Accredited Verifier disclosed any facts or circumstances in Form 3 that have the potential to create a conflict of interest, describe in the field below measures taken to address such facts and circumstances and mitigate any such potential, including through established organizational protocols for mitigation of conflict of interest potential.

|  |
| --- |
|  |

**Form 5: Attestations**

I certify that the undersigned is authorized to make these attestations on behalf of the Accredited Verifier. I certify that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

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Signature of Authorized Representative Date (MM/DD/YYYY)

Name of Authorized Representative (printed)

Title

Sworn and subscribed before me on this  day of , 20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary