



North Carolina Small Business Improvement Rebate Application

Please complete the application and submit by mail, email or fax to:

Honeywell Smart Grid Solutions • Attn: SBI Rebate Applications

7870 Villa Park Drive, Ste. 800 • Richmond, VA 23228 • SBIrebateapps@honeywell.com • 804-515-1587

DENC-SBI-4_ALL-MEASURES_v0518

Customer Information

Name on Dominion Energy Account: _____

Dominion Energy North Carolina Account Number:

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Service Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Email Address: _____

Please select one: own lease this non-residential facility.

I _____ (Your Initials) understand that my rebate incentive in the amount of \$ _____ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here to have the rebate check sent to me.

The following question is optional:

Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed? Yes No

Contractor Information

Technician Name: _____ Date of Service Completion: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contractor Phone Number: (_____) _____ Email Address: _____

I have attached a copy of the invoice that includes all itemized costs of supplies purchased for all measures to have the service performed.

I have attached a copy of the Energy Assessment Worksheet or ensured one has been previously submitted.

Technician Signature: _____ Date: _____

Dominion Energy North Carolina Terms & Conditions

1. Service must be performed after January 1, 2017.
2. Customer is eligible for more than one rebate per location during the program time period.
3. Customer who has previously received a rebate for the Non-Residential Energy Audit Program or Duct Testing and Sealing Program is not eligible to receive another rebate for installing the same measure on the same unit.
4. Work must be completed by a participating contractor that is in Dominion Energy's network for this program when the work begins.
5. Rebate application must be submitted within 45 days of the service date.
6. Applicant must be a Dominion Energy North Carolina non-residential customer of a privately-owned business with 5 or fewer locations that has not exceeded monthly demand of 100 kilowatts 3 or more times in the past 12 months, has not opted out of participation, is responsible for the electric bill and is the owner of the facility or reasonably able to secure permission to complete measures. If you participate in a program and receive a rebate, you cannot opt out for three years following the year of participation.
7. Rebate payments are based on the date of service. Customers must abide by the rules and rebate levels in effect on the date of service.
8. Program procedures, requirements and rebate levels are subject to change or cancellation without notice and are subject to program funds being available and regulatory approval.
9. Dominion Energy North Carolina and/or its designees including program administrators and evaluation contractors reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all program requirements. Such reviews will be made at a time convenient to the applicant. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
10. Payment will be issued to the account holder and mailing address on record with the utility unless the customer has authorized payment to be made to the contractor specified in this document.
11. Please allow up to 90 days from the date all required information is received to process your rebate.
12. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
13. You are urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.
14. Dominion Energy North Carolina, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for the performance of the equipment or equipment warranty, the quality of the work, labor and/or materials supplied, and/or the acts or omissions of the participating contractor.
15. The customer hereby agrees to indemnify, defend and hold harmless Dominion Energy North Carolina, its parents, subsidiaries, employees, affiliates and agents from any and all liability associated with this project.
16. I understand that I may be contacted by Dominion Energy North Carolina via survey or questionnaire to provide feedback on my satisfaction with the program.
17. Virginia Electric and Power Company (the "Company") retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. The Company has the exclusive right to enroll, nominate, or offer a bid for energy or demand reductions resulting from measures installed under this Program into load management programs, demand response programs, or auctions operated by PJM Interconnection, L.L.C. ("PJM"), the regional electric transmission entity of which the Company is a member. The Company may share pertinent information of participating customers with PJM and with the Company's agents and contractors. Pertinent customer information includes, but is not limited to, account holder name, account number, energy usage and billing information, address, other contact information, measures installed, period of installation, demand/energy reductions resulting from measures installed under this Program and the technical basis for such reductions, loss factors, coincidence factors, interactive factors, building type and other information necessary to implement and monitor the Program including other information as required by PJM.

By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy North Carolina customer and owner or lessee of the business described above, and that I am authorized to take action on the Dominion Energy account listed above.

Customer Name (please print)

Customer Signature

Date



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Duct Testing and Sealing

Please complete the following information to qualify for a duct testing and sealing rebate.
Please use a new form for each additional unit.

A/C Size and Total Estimated Rebate: \$115/ton per unit x _____ tons = \$ _____

BUILDING INFORMATION

of Units: _____ # of Floors: _____

Structure Type (Please select one): Attached Detached

Reason (Please select one): Retrofit Replace Broken New Construction New Install Replace

UNIT INFORMATION

Repair Required: Yes No Serial Number: _____

Manufacturer: _____ Coil Model: _____

Cooling Capacity (Tons): _____ Heating Capacity (Btu/h): _____

Voltage: _____ Amp (RLA): _____ Sq. Ft. Conditioned Space: _____

Primary Heating Fuel (Please select one): Electric Non-Electric None

Phase (Please select one): 1 3

Cooling System Type (Please select one): Air Cool Chillers Water Cool Chillers Rooftop/Unitary Air Conditioning
 Rooftop/Unitary Heat Pump Split system

Heating System Type (Please select one): Geothermal Heat Pump Rooftop/Unitary Heat Pump
 Non-Electric None

Fan System Type (Please select one): Air Foil/Backward Incline Air Foil/Backward Incline Inlet Guide Vanes
 Constant Volume Forward Curved Forward Curved Inlet Guide Vanes

COP: _____ EER: _____ SEER: _____ HSPF: _____

DUCT INFORMATION

Duct Type (Please select one): Rigid Sheet Metal Flex-Duct Rigid Board

Insulation Level (Please select one): No Insulation R2 Insulation R4 Insulation R6 Insulation R8 Insulation

CFM25 Leakage Pre: _____ CFM25 Leakage % Pre: _____ CFM25 Leakage Post: _____ CFM25 Leakage % Post: _____

*Rebate cannot be processed with any missing information or blank fields.



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HVAC Tune-Up

The following work items must be completed in order for the system to qualify for a tune-up rebate. Please use a new form for each additional unit.

Checklist items marked as "NO" have been corrected ↓

Thermostat has been checked for proper operation <input type="checkbox"/>	Thermostat is operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Air filter has been inspected <input type="checkbox"/>	Existing filter is clean or has recently been changed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Primary and secondary condensate drains have been cleaned, inspected and tested <input type="checkbox"/>	Condensate drains show no sign of leakage <input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing components and traps intact <input type="checkbox"/> Yes <input type="checkbox"/> No Drains free from obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No Drain pan free of biological growth <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaporator coil has been cleaned and inspected <input type="checkbox"/>	Coil free of contaminants that could restrict air flow <input type="checkbox"/> Yes <input type="checkbox"/> No Evaporator coil and fins are cleaned and brushed <input type="checkbox"/> Yes <input type="checkbox"/> No Evaporator coil is free of contaminants that could restrict air flow <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaporator fan and motor has been inspected <input type="checkbox"/>	Fan or blower has tight connection with blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Blower wheel is free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No Bearings are properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All accessible refrigerant lines have been inspected <input type="checkbox"/>	Line free of any leaks, kinks, crushed sections or restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No Proper insulation in place <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
Condensator coil has been cleaned and inspected <input type="checkbox"/>	Condensator coil and fins are cleaned and brushed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser fan motor has been inspected <input type="checkbox"/>	Fan blade has a tight connection to the blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Fan is properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Inspect all electrical connections <input type="checkbox"/>	Tighten all electrical connections <input type="checkbox"/> Yes <input type="checkbox"/> No Check voltage and amp draws on motors, capacitor and compressor <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
Heat exchanger has been inspected (if applicable) <input type="checkbox"/>	Heat exchanger is operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Refrigerant Charge Adjustment (Optional)

Checked system for proper refrigerant charge level <input type="checkbox"/>	System was properly charged <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
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Indoor Unit Model Number:

Outdoor Unit Model Number:

Cooling Tons Per Unit: _____ (Up to 50) Refrigerant Change: _____ lbs (-10 to 30)

Refrigerant Flow Control Type: TXV Piston Orifice Other _____

Heating System Type: Electric Resistance Non-Electric None

REBATE INFORMATION

Type	Measure	Calculation	Rebate Amount
HVAC Tune-Up	≥12 tons (≥135k Btu/h)	\$70 per ton x _____ tons	\$
	<12 tons (<135k Btu/h)	\$80 per ton x _____ tons	\$
Refrigerant Charge Correction		\$29 per ton x _____ tons	\$

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UNIT INFORMATION

Unit Type (Please check only one): Packaged Terminal Air Conditioner Split System Air Conditioner
 Single Packaged Air Conditioner Air Cooled Chillers
 Heat Pump: Packaged Terminal Heat Pump: Single Packaged Heat Pump: Split System

Equivalent Full Load Hours: _____ (Up to 8760)

Existing Economizer Type: Fixed Enthalpy Differential Enthalpy Fixed Temperature
 Differential Temperature None

Unit Model Number:

Serial Number: _____ Cooling Capacity Per Unit (tons): _____ (Up to 25)

Please complete any one of the ratings: SEER _____ (Up to 30) EER _____ (Up to 30)
COP _____ (Up to 30) HSPF _____ (Up to 30)

IPLV Rating of Chiller: _____ (Up to 30)

Water Set Point of Chiller: _____ °F (30 to 60)

HVAC Tune-Up Reason (Please select one): Retrofit Replace Broken New Construction New Install Replace

Refrigerant Charge Reason (Please select one): Retrofit Replace Broken New Construction New Install Replace

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HVAC Upgrade for ACs, Heat Pumps and Mini Splits

The following work items must be completed in order for the system to qualify for an upgrade rebate.

NEW UNIT INFORMATION

Item No. (See Rebate Chart)	New Unit Category	Outdoor Unit Make	Outdoor Unit Model Number	Outdoor Unit Serial Number	Indoor Unit Make	Indoor Unit Model Number	Indoor Unit Serial Number	
1.								
2.								
3.								
4.								
AHRI Number	SEER	EER	IEER	HSPF	COP	kW/Ton	Number of Units Installed	Tons per Unit
1.								
2.								
3.								
4.								
Reason for New Unit	Heating System Type					New Unit		
1. <input type="checkbox"/> Retrofit <input type="checkbox"/> Replacement <input type="checkbox"/> New Install	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Roof Top/Unitary Heat Pump <input type="checkbox"/> Non-Electric <input type="checkbox"/> None					<input type="checkbox"/> Uses ECM <input type="checkbox"/> Does Not Use ECM		
2. <input type="checkbox"/> Retrofit <input type="checkbox"/> Replacement <input type="checkbox"/> New Install	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Roof Top/Unitary Heat Pump <input type="checkbox"/> Non-Electric <input type="checkbox"/> None					<input type="checkbox"/> Uses ECM <input type="checkbox"/> Does Not Use ECM		
3. <input type="checkbox"/> Retrofit <input type="checkbox"/> Replacement <input type="checkbox"/> New Install	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Roof Top/Unitary Heat Pump <input type="checkbox"/> Non-Electric <input type="checkbox"/> None					<input type="checkbox"/> Uses ECM <input type="checkbox"/> Does Not Use ECM		
4. <input type="checkbox"/> Retrofit <input type="checkbox"/> Replacement <input type="checkbox"/> New Install	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Roof Top/Unitary Heat Pump <input type="checkbox"/> Non-Electric <input type="checkbox"/> None					<input type="checkbox"/> Uses ECM <input type="checkbox"/> Does Not Use ECM		

OLD UNIT INFORMATION

Old Unit Category	Age of Unit	Outdoor Unit Make	Outdoor Unit Model Number	Outdoor Unit Serial Number	Indoor Unit Make	Indoor Unit Model Number	Indoor Unit Serial Number			
1.										
2.										
3.										
4.										
AHRI Number	SEER	EER	IEER	HSPF	COP	kW/Ton	Number of Units Installed	Tons per Unit	FOR MINI SPLITS ONLY	
									AFUE	Btu/h
1.										
2.										
3.										
4.										

AHRI Reference number can be obtained at www.ahridirectory.org.

***Rebate cannot be processed with any missing information or blank fields.**

Other HVAC Measures

The following work items must be completed to qualify for an HVAC rebate.

VFDs

Item No. (See Rebate Chart)	New Install/ Replacement/Retrofit	Primary Cooling System (Tons)	Annual Run Hours (Per VFD)	Efficiency Motor Per VFD (50 – 100)	Horsepower Pre (Per VFD)
1.					
2.					
3.					
4.					

ECONOMIZERS

Item No. (See Rebate Chart)	New Install/Replacement/Retrofit	Primary Cooling System (Tons)
1.		
2.		
3.		
4.		

Old Economizer Type	New Economizer Type	Old Control Signal	New Control Signal	Old Control Strategy	New Control Strategy
1.					
2.					
3.					
4.					

PROGRAMMABLE THERMOSTAT

HVAC System Category	Outdoor Unit Model Number	Indoor Unit Model Number	Quantity Installed	Cooling Tons/Unit	SEER	EER	COP	HSPF
1.								
2.								
3.								
4.								

For Thermostat Only:

Heating System Type (Please select one): Electric Resistance Geothermal Heat Pump Roof Top/Unitary Heart Pump Non-Electric None

Reason (Please select one): Retrofit Replace Broken New Construction New Install Replace

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All LED fixtures must include documentation that verifies the DLC listing or ENERGY STAR® rating. All LEDs must be assessed and approved before any work can be initiated. LED Corncob and LED Retrofit Kits for exterior lighting do not qualify for this program.

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Lighting Measures

Please use a new form if you exceed the space on this page.

Item No. (From Rebate Chart)	Newly Installed Fixture	Newly Installed Quantity	Newly Installed Wattage (per fixture)	Retrofit/ Replace Broken/ New Construction	Previous/Existing Fixture	Previous/ Existing Quantity	Previous/ Existing Wattage (per fixture)	Annual Operating Hours

OCCUPANCY SENSORS

Newly Installed Quantity	Connected Load (in Watts)	Retrofit/Replace Broken/New Construction	Previous/Existing Quantity	Annual Operating Hours

Building Type

Please select one:

- | | | |
|---|---|---|
| <input type="checkbox"/> Education – Elementary and Middle School | <input type="checkbox"/> Food Service – Full Service | <input type="checkbox"/> Office – Small (<40,000 sq ft) |
| <input type="checkbox"/> Education – High School | <input type="checkbox"/> Health Care – Inpatient | <input type="checkbox"/> Public Assembly |
| <input type="checkbox"/> Education – College and University | <input type="checkbox"/> Health Care – Outpatient | <input type="checkbox"/> Public Order and Safety –
Police and Fire Station |
| <input type="checkbox"/> Food Sales – Convenience Store | <input type="checkbox"/> Lodging – Hotel, Motel and Dormitory | <input type="checkbox"/> Religious Worship |
| <input type="checkbox"/> Food Sales – Gas Station Convenience Store | <input type="checkbox"/> Mercantile – Mall | <input type="checkbox"/> Service – Beauty, Auto Repair Workshop |
| <input type="checkbox"/> Food Sales – Grocery | <input type="checkbox"/> Mercantile – Retail (not Mall) | <input type="checkbox"/> Warehouse and Storage |
| <input type="checkbox"/> Food Service – Fast Food | <input type="checkbox"/> Office – Large (≥40,000 sq ft) | |
| <input type="checkbox"/> Other _____ | | |

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