

INSTRUCTIONS TO APPLY

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Small Business Improvement Enhanced Program. Visit DominionEnergy.com to view the full list of qualifying measures and please note customer eligibility must be confirmed prior to the participating contractor performing work at any customer location.

2. COMPLETE AN ENERGY ASSESSMENT

- A walk-through energy assessment completed by a participating contractor is required for all projects, detailing the recommended measures for installation.
- Some direct install measures may be installed immediately with minimal effort and investment.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- Have the participating contractor install the equipment.

4. SUBMIT A REBATE APPLICATION

- Once the work has been completed your contractor will work with you to submit a rebate application for each eligible location.

- Submit a rebate application with a copy of the dated contractor invoice within 45 days of the service date and product invoice(s). Product specification sheets must also be submitted for applicable measures.

- Submit the rebate application in one of three ways below:

- ▶ Email: SBRebateapps@honeywell.com
- ▶ Fax: 804-515-1587
- ▶ Mail: Honeywell Smart Energy
7870 Villa Park Drive, Suite 800
Richmond, VA 23228

- You may be contacted for a post-installation quality assurance inspection to verify that your application meets program guidelines.

5. RECEIVE INCENTIVE PAYMENT

- When your rebate application is approved a rebate check will be mailed to you or the participating contractor.

TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Small Business Improvement Enhanced Program ("Program"). The Program was approved by the Virginia State Corporation Commission.

Any reference in these documents to "Dominion," "Dominion Energy," or "Dominion Energy Virginia" should be read as a reference to Virginia Electric and Power Company d/b/a Dominion Energy Virginia, as well as its authorized agents and contractors.

ENROLLMENT QUALIFICATIONS AND REQUIREMENTS FOR PARTICIPATION

1. Service must be performed on or after **January 15, 2021**.
2. Program participant must be a Dominion 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, is responsible for the electric bill and is the owner of the facility or reasonably able to secure permission to complete measures ("Customer").
3. Customer is eligible for more than one rebate per location during the Program time period.
4. Customer who has previously received a rebate for the Non-Residential Energy Audit Program, Duct Testing and Sealing Program, or Small Business Improvement Program is not eligible to receive another rebate for installing the same measure on the same unit as part of this Program.
5. Work must be completed by a participating contractor in the Small Business Improvement Enhanced Program when the work begins.
6. Dominion 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 Customer. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
7. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
8. The Customer understands that it may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer satisfaction with the program.

PAYMENT

1. **Rebate application must be submitted within 45 days of the service date.** Failure to provide any of the required information will delay processing of Customer's application and could result in nonpayment. It is the responsibility of the Customer to assure that all requirements for the rebate are met. Dominion retains the right to deny participation to Customer for failure to comply with the enrollment qualifications and requirements for participation.
2. 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.

3. Payment will be issued to the account holder and mailing address on record with the utility unless the Customer has authorized in writing that payment be made to the contractor specified in this document.

4. **Please allow up to 90 days from the date all required information is received to process your rebate.**

5. Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

1. 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.
2. Dominion, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for, and make no representations (express or implied) about, the performance of the equipment or equipment warranty, for equipment supplied or serviced by, the quality of the work or, labor performed by, the quality of the materials supplied by, and/or the acts or omissions of, itself or any participating contractor.
3. By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion, its parents, subsidiaries, employees, affiliates, contractors, and agents from any and all liability associated with the Program. Dominion shall not be liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from participation in this Program.
4. Dominion retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. Dominion 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 organization of which the Company is a member. Customer's participation in this Program means that the Customer is consenting to Dominion sharing the Customer's pertinent information with PJM, Dominion's agents, and contractors, including, but not limited to, its implementing contractors and its measurement and verification vendor. Pertinent Customer information includes, but is not limited to, energy usage and billing information, account holder name, account number, 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 or any other regulatory authority.
5. These Program specific terms and conditions are in addition to the terms and conditions of service currently on file with the Virginia State Corporation Commission and contained in any agreement between the Customer and a Program vendor. To the extent there is any conflict among such terms and conditions, these Program specific terms and conditions shall control.

Virginia Small Business Improvement Enhanced Program

REBATE APPLICATION

APPLICATION CHECKLIST

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application? Customer Contractor

- I _____ (YOUR INITIALS) **HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**
- Completed entire rebate application.
- Attached a copy of the Energy Assessment Worksheet or ensured one has been previously submitted.
- Attached a copy of the dated invoice from the contractor who performed the work.
- Attached a copy of the invoice for any product purchased.
- Included the Product Specification Sheet for the applicable measures.

✓ **Submit in one of three ways:**

1. Email to SBIrebateapps@honeywell.com
2. Fax to 804-515-1587
3. Mail to Honeywell Smart Energy, 7870 Villa Park Drive, Suite 800, Richmond, VA 23228

CUSTOMER DETAILS

Name on Dominion Energy Account: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Key Contact Name: _____

Email Address: *(We will confirm receipt of your application via your e-mail address)* _____

Phone Number: _____

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

Dominion Energy Account Number:

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REBATE PAYMENT METHOD

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

By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia 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

CONTRACTOR DETAILS

Company Name: _____ Technician Name: _____

Company Street Address _____ Service Date: *(Must match date on contractor invoice)* _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Email Address: _____

_____ Technician Signature _____ Date

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Duct Testing and Sealing

Rebate cannot be processed with any missing information. Please use a new form for each additional unit.

BUILDING INFORMATION

No of Units:	No of Floors:	Structure Type (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Reason (Select one): <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace Broken <input type="checkbox"/> New Install <input type="checkbox"/> New Construction
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UNIT INFORMATION

Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, On Grade <input type="checkbox"/> Mechanical Equipment Room		
Manufacturer:	Coil Model:	Serial Number:	
Cooling Capacity (Tons):	Heating Capacity (Btu/h):	Conditioned Space (sq. ft.):	
Primary Heating Fuel (Select one): <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		Phase (Select one): <input type="checkbox"/> 1 <input type="checkbox"/> 3	
AC System Type (Select one):	<input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Single Packaged Heat Pump	<input type="checkbox"/> Split System AC <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Packaged Terminal Heat Pump	<input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Geothermal Heat Pump
Fan System Type (Select one):	<input type="checkbox"/> Air Foil/Backward Incline <input type="checkbox"/> Forward Curved	<input type="checkbox"/> Air Foil/Backward Incline with Inlet Guide Vanes <input type="checkbox"/> Forward Curved with Inlet Guide Vanes	
SEER:	EER:	COP:	HSPF:

DUCT INFORMATION

Duct Type (Select one): <input type="checkbox"/> Rigid Sheet Metal, Rectangular <input type="checkbox"/> Rigid Sheet Metal, Round <input type="checkbox"/> Flex-Duct <input type="checkbox"/> Duct Board	Duct Testing Method (Select one): <input type="checkbox"/> Aerosol Test Equipment <input type="checkbox"/> Duct Blaster Pre/Aerosol Post <input type="checkbox"/> Modified Blower Door Subtraction <input type="checkbox"/> Total Leakage Duct Blaster	Insulation Level (Select one): <input type="checkbox"/> No Insulation <input type="checkbox"/> R2 Insulation <input type="checkbox"/> R4 Insulation <input type="checkbox"/> R6 Insulation <input type="checkbox"/> R8 Insulation	
CFM25 Leakage Pre:	CFM25 Leakage % Pre:	CFM25 Leakage Post:	CFM25 Leakage % Post:

REBATE INFORMATION

Calculation	Rebate Amount
\$115 / ton per unit x _____ tons	\$

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HVAC Tune-Up

Rebate cannot be processed with any missing information. Please use a new form for each additional unit.

CONTRACTOR CHECKLIST

✓ 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	<input type="checkbox"/>
		Plumbing components and traps intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Drains free from obstruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Drain pan free of biological growth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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	<input type="checkbox"/>
		Evaporator coil and fins are cleaned and brushed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Evaporator coil is free of contaminants that could restrict air flow	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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	<input type="checkbox"/>
		Fan can rotate freely	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Blower wheel is free of dust and debris	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Bearings are properly lubricated (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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	<input type="checkbox"/>
		Proper insulation in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Condenser coil has been cleaned and inspected	<input type="checkbox"/>	Condenser 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	<input type="checkbox"/>
		Fan can rotate freely	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Fan is properly lubricated (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Inspect all electrical connections	<input type="checkbox"/>	Tighten all electrical connections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Check voltage and amp draws on motors, capacitor and compressor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<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"/>
Checked system for proper refrigerant charge level Refrigerant Type: <input type="checkbox"/> R-22 <input type="checkbox"/> R-410 Outside temperature (°F): _____	<input type="checkbox"/>	System was properly charged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
		Nameplate charge: _____ lbs. (4 to 20)			
		Amount of charge added: _____ oz. (Up to 64)			
		Amount of charge removed: _____ oz. (Up to 64)			
		(Pre) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)			
		(Post) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)			

UNIT INFORMATION

Unit Type (Select one): Packaged Terminal AC Split System AC Single Packaged AC Air-Cooled Chiller Water-Cooled Chiller
 Split System Heat Pump Single Packaged Heat Pump Packaged Terminal Heat Pump Geothermal Heat Pump

Manufacturer: _____ Unit Model Number: _____ Serial Number: _____ SEER: _____ EER: _____ COP: _____ HSPF: _____

Primary Heating Fuel: Electric Non-Electric None Cooling Capacity Per Unit: _____ Heating Capacity (Btu/h): _____ IPLV Rating of Chiller: _____ Water Set Point of Chiller (30 to 70 °F): _____

Reason: Retrofit Replace Broken New Install New Construction Location: Rooftop Garage Outdoors, on Grade Mechanical Equipment Room

REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$70 per ton x _____ tons	\$ _____
<12 tons (<135k Btu/h)	\$80 per ton x _____ tons	\$ _____

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HVAC Upgrade

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

UNITARY AC SYSTEMS

1.	Item No. (on Rebate Chart)	Install Date:	Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other	
	New Cooling Unit Information					
	Size of Cooling System (tons):		EER:	SEER (if system size is ≤5):	IEER (if system size is >5):	
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:	
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:	
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:	
	Old Cooling Unit Information					
	Size of Cooling System (tons):	Age of Unit:	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):	AFUE (if old unit is split/package AC with furnace heat):
	Old Equipment Type (Please provide details in space provided): <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____					
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:	
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:		
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:		
2.	Item No. (on Rebate Chart)	Install Date:	Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other	
	New Cooling Unit Information					
	Size of Cooling System (tons):		EER:	SEER (if system size is ≤5):	IEER (if system size is >5):	
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:	
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:	
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:	
	Old Cooling Unit Information					
	Size of Cooling System (tons):	Age of Unit:	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):	AFUE (if old unit is split/package AC with furnace heat):
	Old Equipment Type (Please provide details in space provided): <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Economizer _____ <input type="checkbox"/> Chiller _____					
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:	
Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:		
Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:		

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

HEAT PUMP SYSTEMS

Item No. (on Rebate Chart)	Install Date:	Reason:	<input type="checkbox"/> New Install	<input type="checkbox"/> Retrofit	<input type="checkbox"/> Replace	Heating System Type:	<input type="checkbox"/> Electric Resistance or None	<input type="checkbox"/> All Other
		Location:	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garage	<input type="checkbox"/> Outdoors, on Grade	<input type="checkbox"/> Mechanical Equipment Room		
New Unit Information								
1.	Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):			
	Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):	HSPF (if heating capacity is ≤ 65k Btu/h):				
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:			
Old Unit Information								
	Age of Unit:	Old Equipment Type (Please provide details in space provided):			<input type="checkbox"/> AC			
		<input type="checkbox"/> Heat Pump			<input type="checkbox"/> VFD			
		<input type="checkbox"/> Economizer			<input type="checkbox"/> Chiller			
	Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):			
	Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):					
		HSPF (if heating capacity is ≤ 65k Btu/h):	AFUE (if old unit is split/package AC with furnace heat):					
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:			
Item No. (on Rebate Chart)	Install Date:	Reason:	<input type="checkbox"/> New Install	<input type="checkbox"/> Retrofit	<input type="checkbox"/> Replace	Heating System Type:	<input type="checkbox"/> Electric Resistance or None	<input type="checkbox"/> All Other
		Location:	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garage	<input type="checkbox"/> Outdoors, on Grade	<input type="checkbox"/> Mechanical Equipment Room		
New Unit Information								
2.	Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):			
	Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):	HSPF (if heating capacity is ≤ 65k Btu/h):				
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:			
Old Unit Information								
	Age of Unit:	Old Equipment Type (Please provide details in space provided):			<input type="checkbox"/> AC			
		<input type="checkbox"/> Heat Pump			<input type="checkbox"/> VFD			
		<input type="checkbox"/> Economizer			<input type="checkbox"/> Chiller			
	Cooling Information	Size of Cooling System (tons):	EER:	SEER (if system size is ≤ 5):	IEER (if system size is > 5):			
	Heating Information	Heating Capacity (Btu/h):	COP (if heating capacity is >65k Btu/h):					
		HSPF (if heating capacity is ≤ 65k Btu/h):	AFUE (if old unit is split/package AC with furnace heat):					
	Product Make	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Model No.	Indoor Unit:	Outdoor Unit:		Fan:			
	Product Serial No.	Indoor Unit:	Outdoor Unit:		Fan:			

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

ECONOMIZERS

Item No. (on Rebate Chart)	Install Date:	Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other
	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room		
New Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature	
Product Make:	Product Model No:	Product Serial No:	
Old Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature <input type="checkbox"/> None	
Age of Unit:	Old Equipment Type: <input type="checkbox"/> Packaged Unit with/without Broken Economizer <input type="checkbox"/> Air Handler with/without Economizer		
1.			
Item No. (on Rebate Chart)	Install Date:	Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other
	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room		
New Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature	
Product Make:	Product Model No:	Product Serial No:	
Old Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature <input type="checkbox"/> None	
Age of Unit:	Old Equipment Type: <input type="checkbox"/> Packaged Unit with/without Broken Economizer <input type="checkbox"/> Air Handler with/without Economizer		
2.			
Item No. (on Rebate Chart)	Install Date:	Reason: <input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	Heating System Type: <input type="checkbox"/> Electric Resistance or None <input type="checkbox"/> All Other
	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room		
New Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature	
Product Make:	Product Model No:	Product Serial No:	
Old Product Information			
Size of Cooling System (tons):	Heating Capacity (Btu/h):	Economizer Type: <input type="checkbox"/> Fixed Enthalpy <input type="checkbox"/> Differential Enthalpy <input type="checkbox"/> Fixed Temperature <input type="checkbox"/> Differential Temperature <input type="checkbox"/> None	
Age of Unit:	Old Equipment Type: <input type="checkbox"/> Packaged Unit with/without Broken Economizer <input type="checkbox"/> Air Handler with/without Economizer		
3.			

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HVAC Upgrade (Continued)

Rebate cannot be processed with any missing information. Please use a new line for each new product installed and request for additional sheet if required.

VARIABLE FREQUENCY DRIVES (VFDs)

Item No. (on Rebate Chart)	Install Date:	Reason:	<input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	
		Location:	<input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	
New Product Information				
Product Make:		Product Model No:		Product Serial No:
Motor Efficiency per VFD (%):		Motor Horsepower:	Annual Run Hours of VFD (0 – 8,760 hours):	Motor Load Factor of VFD:
Control Signal Type:		<input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> Other/Unknown		
Application Type:		<input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Fan: Forward Curved <input type="checkbox"/> Fan: Other/Unknown <input type="checkbox"/> Pump: Chilled Water <input type="checkbox"/> Pump: Condenser Water <input type="checkbox"/> Pump: Hot Water <input type="checkbox"/> Pump: Other/Unknown		
Old Product Information				
Age of Unit:	Motor Horsepower:	Old Equipment Type (Please provide details in space provided):		<input type="checkbox"/> AC _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____
Control Signal Type:		<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> None <input type="checkbox"/> Other/Unknown		
Fan Control Strategy Type:		<input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.) <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.) <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Fan Motor Control: Eddy Current Drive <input type="checkbox"/> Unknown		
1.				
Item No. (on Rebate Chart)	Install Date:	Reason:	<input type="checkbox"/> New Install <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace	
		Location:	<input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room	
New Product Information				
Product Make:		Product Model No:		Product Serial No:
Motor Efficiency per VFD (%):		Motor Horsepower:	Annual Run Hours of VFD (0 – 8,760 hours):	Motor Load Factor of VFD:
Control Signal Type:		<input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> Other/Unknown		
Application Type:		<input type="checkbox"/> Fan: Airfoil <input type="checkbox"/> Fan: Backward Inclined <input type="checkbox"/> Fan: Forward Curved <input type="checkbox"/> Fan: Other/Unknown <input type="checkbox"/> Pump: Chilled Water <input type="checkbox"/> Pump: Condenser Water <input type="checkbox"/> Pump: Hot Water <input type="checkbox"/> Pump: Other/Unknown		
Old Product Information				
Age of Unit:	Motor Horsepower:	Old Equipment Type (Please provide details in space provided):		<input type="checkbox"/> AC _____ <input type="checkbox"/> VFD _____ <input type="checkbox"/> Chiller _____ <input type="checkbox"/> Heat Pump _____ <input type="checkbox"/> Economizer _____
Control Signal Type:		<input type="checkbox"/> Pump: Average Zone Temperature <input type="checkbox"/> Pump: Outside Air Temperature <input type="checkbox"/> Fan: Duct Static Pressure <input type="checkbox"/> Fan: Average Zone Temp <input type="checkbox"/> Pump: AHU CHW/HHW Valve Position <input type="checkbox"/> Pump: Loop Pressure Differential <input type="checkbox"/> None <input type="checkbox"/> Other/Unknown		
Fan Control Strategy Type:		<input type="checkbox"/> Airflow Inlet Control: Damper Box <input type="checkbox"/> Airflow Discharge Control: Dampers at other Fan Types <input type="checkbox"/> Airflow Inlet Control: Inlet Guide Vanes at FC, BI, AF Fan Types <input type="checkbox"/> Airflow Discharge Control: Unknown Fan Type <input type="checkbox"/> Airflow Inlet Control: Inlet Vane Damper <input type="checkbox"/> Duct Control: Static Pressure Controls, Med./High Pressure (≥1.0 inch w.g.) <input type="checkbox"/> Airflow Inlet Control: Other/Unknown <input type="checkbox"/> Duct Control: Static Pressure Controls, Low Pressure (<1.0 inch w.g.) <input type="checkbox"/> Airflow Discharge Control: Dampers at FC, BI, AF Fan Types <input type="checkbox"/> Fan Motor Control: Eddy Current Drive <input type="checkbox"/> Unknown		
2.				

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Programmable Thermostat

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new line for each new product installed and request for additional sheet if required.

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

Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			Location: <input type="checkbox"/> Mechanical Equipment Room <input type="checkbox"/> Garage		Was new HVAC system installed with thermostat replacement?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System Type (Please select one): <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Roof Top/Unitary Heart Pump <input type="checkbox"/> Non-Electric <input type="checkbox"/> None				Reason (Please select one): <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace Broken <input type="checkbox"/> New Construction <input type="checkbox"/> New Install		

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Lighting Measures

Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.

T8s, T5s and LEDs

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
1.						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
2						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
3						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
4						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information. Please use a new line if you have a different fixture type (existing and new) and/or a different model number on your new fixture.

T8s, T5s and LEDs (Continued)

Item No. (on Rebate Chart)	Existing Fixture Type (Provide details)	Existing Quantity	Existing Wattage	New Fixture Type (Provide details)	New Quantity	New Wattage
5						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
6						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
7						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					
8						
	New Fixture Manufacturer:			New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Garage <input type="checkbox"/> Exit Sign <input type="checkbox"/> Stairwell <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Exterior Light (except garage)					
	New Lights installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft					

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information.

OCCUPANCY SENSORS (Measures L42 to L44)

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
1.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
2.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
3.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
4.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
5.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft

Item No. (on Rebate Chart)	New Quantity	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
6.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
7.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
8.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
9.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft
10.			Watts
Location (Indicate quantity in box):		Reason for Work Done:	
<input type="checkbox"/>	Garage	<input type="checkbox"/>	Exit Sign
<input type="checkbox"/>	Interior Light (except exit light)	<input type="checkbox"/>	Retrofit Early Replacement
<input type="checkbox"/>	Exterior Light (except garage)	<input type="checkbox"/>	Retrofit Replace Broken
		<input type="checkbox"/>	New Construction: Light Power Density (0.01 to 3.00)
			_____ Watt/sq ft

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Lighting Measures (Continued)

Rebate cannot be processed with any missing information.

OCCUPANCY SENSORS (Measure L45)

Item No. (on Rebate Chart)	Existing Fixture Type	Existing Quantity	Existing Wattage	New Quantity	New Wattage	New Low Power Wattage	New Fixture Model No.	Occupancy Sensor Connected Load (0 to 1,000)
1.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
2.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
3.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
4.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
5.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
6.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						
7.								Watts
	Location: <input type="checkbox"/> Stairwell	Reason for Work Done (Check one): <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> Retrofit Replace Broken <input type="checkbox"/> New Construction: Light Power Density (0.01 to 3.00) – _____ Watt/sq ft						

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Refrigeration

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Each line represents a measure entry per refrigeration unit. Please use a new form if you exceed the space for each measure.

EVAPORATOR FANS WITH ECM

Item No.	Quantity Installed	Refrigeration Door Type	Refrigeration System Information						Pre-ECM Load	Post-ECM Load	
1.		<input type="checkbox"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):				
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated		Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse		<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house			
			Refrig. System Age:*	Compressor Type:*		Compressor System Configuration:*		Compressor Voltage:			Compressor Amps:
			<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex						
2.		<input type="checkbox"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):				
			Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated		Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Rooftop penthouse		<input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house			
			Refrig. System Age:*	Compressor Type:*		Compressor System Configuration:*		Compressor Voltage:			Compressor Amps:
			<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex						

NIGHT COVERS

Item No.	Length of Night Cover (ft.)	Refrigeration System Information						Pre-ECM Load	Post-ECM Load	
1.		Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):				
		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated		Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		Compressor System Configuration:*			
		Refrig. System Age:*	Compressor Type:*		Compressor Amps:		Compressor Voltage:			
			<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll							
2.		Manufacturer:		Model No:		Refrig. System Rated Capacity (Btu/h):				
		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated		Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		Compressor System Configuration:*			
		Refrig. System Age:*	Compressor Type:*		Compressor Amps:		Compressor Voltage:			
			<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll							

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Refrigeration (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form if you exceed the space for each measure.

ASDH (ANTI-SWEAT) DOOR HEATER CONTROLS

Item No.	No. of Refrig. Doors	Refrigeration System Information	ASD Heat (Watts)	ASD Heat Control Type*	
1.		Manufacturer:		Model No:	
		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Store, back of house <input type="checkbox"/> Rooftop penthouse	
		Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:
2.		Manufacturer:		Model No:	
		Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Store, back of house <input type="checkbox"/> Rooftop penthouse	
		Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:

EVAPORATOR FAN CONTROLS

Item No.	Quantity Installed	Evaporator Fan Motor Horsepower	Motor Type	Refrigeration System Information	Forced Air Controller Type:*		
1.			<input type="checkbox"/> PSC Motor <input type="checkbox"/> ECM Motor <input type="checkbox"/> Unknown	Manufacturer:		Model No:	
				Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Store, back of house <input type="checkbox"/> Rooftop penthouse	
				Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:
				Compressor Type:*		Compressor System Configuration:*	
				<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD	
2.			<input type="checkbox"/> PSC Motor <input type="checkbox"/> ECM Motor <input type="checkbox"/> Unknown	Manufacturer:		Model No:	
				Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Outdoors, rooftop <input type="checkbox"/> Store, back of house <input type="checkbox"/> Rooftop penthouse	
				Refrig. System Rated Capacity (Btu/h):	Refrig. System Age:*	Compressor Voltage:	Compressor Amps:
				Compressor Type:*		Compressor System Configuration:*	
				<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Discus <input type="checkbox"/> Scroll		<input type="checkbox"/> Standalone <input type="checkbox"/> Parallel equal multiplex <input type="checkbox"/> Standalone with VSD	

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Refrigeration (Continued)

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a new form if you exceed the space for each measure.

AUTO CLOSERS AND STRIP CURTAINS

AUTO CLOSERS				Refrigeration Door Type	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:		<input type="checkbox"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:			Model No:
STRIP CURTAINS					Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		
Item No.	Quantity Installed:	No. of Doors:	Area of Curtain (sq. ft.)		Refrig. System Rated Capacity (Btu/h):	Compressor Type:*	Compressor System Voltage:	Compressor System Amps:
STRIP CURTAINS					Refrig. System Age:*	Compressor System Configuration:*		
					<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll <input type="checkbox"/> Discus			
					<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex			

AUTO CLOSERS				Refrigeration Door Type	Refrigeration System Information			
Item No.	Quantity Installed:	No. of Doors:		<input type="checkbox"/> Walk-in <input type="checkbox"/> Reach-in	Manufacturer:			Model No:
STRIP CURTAINS					Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3 Freezer/Refrigerator: <input type="checkbox"/> Freezer (low or medium temperature) <input type="checkbox"/> Refrigerator/cooler (high temperature) <input type="checkbox"/> Unrefrigerated	Location: <input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house		
Item No.	Quantity Installed:	No. of Doors:	Area of Curtain (sq. ft.)		Refrig. System Rated Capacity (Btu/h):	Compressor Type:*	Compressor System Voltage:	Compressor System Amps:
STRIP CURTAINS					Refrig. System Age:*	Compressor System Configuration:*		
					<input type="checkbox"/> Standard Reciprocating <input type="checkbox"/> Scroll <input type="checkbox"/> Discus			
					<input type="checkbox"/> Standalone <input type="checkbox"/> Standalone with VSD <input type="checkbox"/> Parallel equal multiplex			

VENDING MACHINE CONTROLS

Item No.	Quantity Installed	Existing/Old Vending Machine Power Draw (kW)	Door Type	Vending Machine Type	Location	Location Conditioned	
1.			<input type="checkbox"/> Reach-In	<input type="checkbox"/> Refrigerated beverage vending machines <input type="checkbox"/> Non-refrigerated snack vending machines <input type="checkbox"/> Glass front refrigerated coolers	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Model No:
2.			<input type="checkbox"/> Reach-In	<input type="checkbox"/> Refrigerated beverage vending machines <input type="checkbox"/> Non-refrigerated snack vending machines <input type="checkbox"/> Glass front refrigerated coolers	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Model No:
3.			<input type="checkbox"/> Reach-In	<input type="checkbox"/> Refrigerated beverage vending machines <input type="checkbox"/> Non-refrigerated snack vending machines <input type="checkbox"/> Glass front refrigerated coolers	<input type="checkbox"/> Outdoors, on grade <input type="checkbox"/> Store, customer area <input type="checkbox"/> Store, back of house	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer: Model No:

REASON FOR WORK PERFORMED

Check one: Retrofit Replace Broken New Construction New Install

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Window Film

Rebate cannot be processed with any missing information.

WINDOW DATA

All NORTH-Facing Windows				All EAST-Facing Windows			
Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative				Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double				Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Composite				Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Composite			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement	Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement
All WEST-Facing Windows				All SOUTH-Facing Windows			
Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative				Window Film Type: <input type="checkbox"/> Low-E <input type="checkbox"/> Reflective <input type="checkbox"/> Spectrally Selective <input type="checkbox"/> Neutral <input type="checkbox"/> Dual Reflective <input type="checkbox"/> Outdoor Decorative			
Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double				Window Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Composite				Window Frame Type: <input type="checkbox"/> Metal <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Composite			
Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is Low-E present? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement	Total Sq Ft of Film Installed	SHGC Pre-Installation	SHGC Post-Installation	SHGC Improvement

BUILDING DATA

Year Structure was Built	Total Sq Ft of Building	Reason		
		<input type="checkbox"/> Retrofit <input type="checkbox"/> New Construction <input type="checkbox"/> Replace Deteriorated		
Old Cooling System Type	Cooling System Capacity Per Unit (tons)	Old Heating System Type	Heating System Capacity Per Unit (Btu/hr)	Primary Heating Fuel
<input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Rooftop DX <input type="checkbox"/> PTAC <input type="checkbox"/> PTHP <input type="checkbox"/> Hydronic Heat Pump		<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> PTAC <input type="checkbox"/> Heat Pump Packaged <input type="checkbox"/> PTHP <input type="checkbox"/> Heat Pump Split		<input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None

REBATE DATA

Final SHGC level after film installation must be ≤ 0.5 in order to be eligible for rebate.

SHGC Improvement	Rebate Incentive
≥ 0.2	\$1.00 per sq ft x _____ sq ft = \$ _____

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Building Type

Rebate cannot be processed with any missing information.

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 _____ | | |