

Non-Residential Multifamily Program Rebate Application for Virginia

INSTRUCTIONS TO APPLY

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Non-Residential Multifamily Program. Visit DomSavings.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: RMFP@honeywell.com
- eFax: 804-621-2241
- Mail: Honeywell Smart Energy
3951 Westerre Parkway, Suite 350
Richmond, VA 23233

- 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 Non-Residential Multifamily Program ("Program"). The Program has been 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

- This Program provides incentives to owners of multi-family housing to install energy efficiency measures in the common areas of the facility.
- Service must be performed **on or after January 15, 2021**.
- Program participant must be a Dominion non-residential customer account located in common areas of a multifamily community, such as an apartment or condominium ("Customer") who is not under special contract or otherwise exempt, is responsible for the electric bill, and is the owner of the facility or reasonably able to secure permission to complete measures.
- Customer is eligible for more than one rebate per location during the term of the Program, except as stated below.
- Customer who has previously received a rebate for the Non-Residential Multifamily Program is not eligible to receive another rebate for installing the same measure on the same equipment/system that previously received an incentive.
- Work must be completed by a participating contractor that is in Dominion's network for this Program when the work begins.
- 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.
- Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
- The Customer understands that they may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer satisfaction with the Program.
- The Customer understands that through participation in this energy conservation program and receiving a rebate, they are ineligible to opt out of energy efficiency riders for a period of three years following their year of participation.

PAYMENT

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

- Rebate payments will be capped at a maximum limit of 75% of Customer's total invoice amount based on the eligible incentives on Customer's rebate application.
- Payment will be issued to the account holder and mailing address on record with Dominion unless the Customer has authorized in writing that payment be made to the contractor specified in this document.
- Customer should allow up to 90 days from the date all required information is received to process the rebate.**
- Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

- 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.
- 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.
- By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion, its parents, subsidiaries, employees, affiliates 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.
- 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 Dominion is a member. Customer's participation in the 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 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 or any other regulatory authority.
- Customer understands and affirms that the installed measures associated with this rebate application have not been, and will not be, incentivized or otherwise financially supported by any other Dominion Energy-sponsored energy efficiency program. Under no circumstances may a program measure be incentivized twice except as otherwise noted in the Program Terms and Conditions regarding allowances for multiple rebate applications (when applicable).
- 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 Non-Residential Multifamily 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 Energy Assessment. ☐ Completed entire rebate application.

☐ Attached a copy of the dated invoice from the contractor who performed the work for Measures 22 to 85 only. (Not applicable for Measures 1 to 21)

☐ Attached a copy of the invoice for any appliance purchased.

☐ Included the Product Specification Sheet for installing each of the following measures.

Please select all that apply and specify item numbers from Rebate Chart:

☐ Measures 24 – 29 Packaged Terminal Upgrade (Submit AHRI Certificate): _____

☐ Measures 36 – 38 ENERGY STAR® Certified Room/Wall A/C Units: _____

☐ Measures 39 – 40 ENERGY STAR Certified Clothes Washers: _____ ☐ Measures 41 – 44 ENERGY STAR Certified Clothes Dryers: _____

✓ **Submit in one of three ways:**

1. Email: RMFP@honeywell.com

2. eFax: 804-621-2241

3. Mail: Honeywell Smart Energy

3951 Westerre Parkway, Suite 350 • Richmond, VA 23233

CUSTOMER DETAILS

Name on Dominion Energy Account:

Service Address:

City:

State:

Zip Code:

Community Name:

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.

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

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.

Customer Building Type (select one):

☐ Multifamily, common area (indoors)

☐ Multifamily, common area (outdoors)

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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Hot Water Appliances – Measures 1-3

Rebate cannot be processed with any missing information.

HOT WATER APPLIANCES | GAS WATER HEATERS ARE NOT ELIGIBLE.

Hot Water Pipe Insulation (HOT WATER SIDE ONLY)

Size of Water Heater (gallons):

Measure Item	Quantity Installed (linear ft.)
3/4" WH Pipe Insulation	
1/2" WH Pipe Insulation	

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

Water Heater Turndown

Size of Water Heater (gallons):

No. of Units Serviced:

Water Heater Located in Conditioned Space? ☐ Yes ☐ No

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

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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.

LEDs and EXIT SIGNS – Measures 4-13, 16-21

Item No. (on Rebate Chart)	Existing Fixture Type (Select one)	Existing Quantity	Existing Lamp Wattage	New Quantity	New Lamp Wattage
1.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
2.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
3.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
4.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				

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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.

LEDs and EXIT SIGNS – Measures 4-13, 16-21 (Continued)

Item No. (on Rebate Chart)	Existing Fixture Type (Select one)	Existing Quantity	Existing Lamp Wattage	New Quantity	New Lamp Wattage
5.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
6.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
7.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				
8.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other				
	New Fixture Manufacturer:		New Fixture Model No:		
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell				
	New Lights Installed in Conditioned Space? <input type="checkbox"/> Yes <input type="checkbox"/> No		Efficient Lighting Power Density (Watts/sq.ft.):		
	Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken				

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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.

OCCUPANCY & DAYLIGHT SENSORS – Measures 14-15

Item No. (on Rebate Chart)	Existing Fixture Type (Select one)	Existing Quantity	Existing Fixture Wattage	Efficient Lighting Power Density (Watts/sq.ft.)	Occupancy Sensor Connected Load (0 to 1,000 Watts)	New Quantity	New Efficient Fixture Wattage
1.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other						
	New Fixture Manufacturer:		New Fixture Model No:			New Low Power (Watts):	
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell						
	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"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken						
2.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other						
	New Fixture Manufacturer:		New Fixture Model No:			New Low Power (Watts):	
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell						
	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"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken						
3.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other						
	New Fixture Manufacturer:		New Fixture Model No:			New Low Power (Watts):	
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell						
	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"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken						
4.	<input type="checkbox"/> CFL <input type="checkbox"/> HID <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> T5 <input type="checkbox"/> T8 <input type="checkbox"/> Other						
	New Fixture Manufacturer:		New Fixture Model No:			New Low Power (Watts):	
	Location (Indicate quantity in box): <input type="checkbox"/> Exit Sign <input type="checkbox"/> Exterior Light (except garage or garage stairwell) <input type="checkbox"/> Garage <input type="checkbox"/> Interior Light (except exit light) <input type="checkbox"/> Stairwell						
	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"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken						

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HVAC Tune-Up – Measures 22-23

Rebate cannot be processed with any missing information. Please use a new form for each additional unit. All fields marked with an asterisk (*) are optional.

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	<input type="checkbox"/>	System was properly charged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Refrigerant Type: <input type="checkbox"/> R-22 <input type="checkbox"/> R-410		Nameplate charge: _____ lbs. (4 to 20)		<input type="checkbox"/>
		Amount of charge added: _____ oz. (Up to 64)		<input type="checkbox"/>
		Amount of charge removed: _____ oz. (Up to 64)		<input type="checkbox"/>
		(Pre) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)		<input type="checkbox"/>
		(Post) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)		<input type="checkbox"/>
Outside temperature (°F): _____				<input type="checkbox"/>

UNIT INFORMATION

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
Unit Type (Select one): <input type="checkbox"/> Packaged Terminal A/C <input type="checkbox"/> Split System A/C <input type="checkbox"/> Single Packaged A/C <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump			
Installed Equipment Location: <input type="checkbox"/> Garage <input type="checkbox"/> Mechanical Equipment Room <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Rooftop			
Manufacturer:		Unit Model No:	Serial No:
EER:	SEER*:	COP*:	HSPF*:
			Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None
Cooling Capacity Per Unit (tons):		Heating Capacity per Unit for Heat Pumps Only (Btu/h):	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

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Packaged Terminal Upgrade – Measures 24-29

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a separate form for each additional unit upgrade.

OLD UNIT INFORMATION

Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			No. of Existing Unit(s):		
Location (Indicate quantity in box): <input type="text"/> Exit Sign <input type="text"/> Exterior Light (except garage or garage stairwell) <input type="text"/> Garage <input type="text"/> Interior Light (except exit light) <input type="text"/> Stairwell					
Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):	SEER (10 to 30):	EER* (6 to 20):	HSPF (6 to 12):	COP* (2 to 5):

OLD INDOOR UNIT INFORMATION

Old Indoor Unit Make:	Old Indoor Unit Model:	Old Indoor Unit Serial No:
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OLD OUTDOOR UNIT INFORMATION

Old Outdoor Unit Make:	Old Outdoor Unit Model:	Old Outdoor Unit Serial No:
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OLD FAN INFORMATION

Old Fan Make:	Old Fan Model:	Old Fan Serial No:
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NEW/REPLACEMENT UNIT INFORMATION

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
New Unit Type: <input type="checkbox"/> A/C: Packaged Terminal <input type="checkbox"/> Heat Pump: Packaged Terminal (PTHP)		Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):
SEER (15 to 30):	EER* (6 to 20):	HSPF (8.7 to 20):	COP* (2 to 5):

NEW INDOOR UNIT INFORMATION

New Indoor Unit Make:	New Indoor Unit Model:	New Indoor Unit Serial No:
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NEW OUTDOOR UNIT INFORMATION

New Outdoor Unit Make:	New Outdoor Unit Model:	New Outdoor Unit Serial No:
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NEW FAN INFORMATION

New Fan Make:	New Fan Model No:	New Fan Serial No:
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Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

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Smart Thermostat Installation – Measures 30-33

Rebate cannot be processed with any missing information.

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
Cooling System Type: <input type="checkbox"/> Central A/C <input type="checkbox"/> None			
Heating System Type: <input type="checkbox"/> Heat Pump: Air Source <input type="checkbox"/> Heat Pump: Water Source <input type="checkbox"/> Heat Pump: Ductless Mini Split <input type="checkbox"/> Non-Electric <input type="checkbox"/> None			
Old System Cooling Capacity (tons):	Old System Heating Capacity (Btu/h):	New HVAC with Thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric
Old Unit SEER:	Old Unit EER:	Old Unit HSPF:	
OLD THERMOSTAT INFORMATION			
Manufacturer:	Model No:	Serial No:	Type: <input type="checkbox"/> Manual <input type="checkbox"/> Programmable
NEW THERMOSTAT INFORMATION			
Manufacturer:	Model No:	Serial No:	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

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Pool Pump – Measures 34-35

Rebate cannot be processed with any missing information.

Item No. (on Rebate Chart):

No. of Unit(s) Installed:

Motor Control Type: ☐ Two-Speed ☐ Variable

Old Unit Motor Size (hp):

New Efficient Motor Size (hp):

Number of days per year pool operates (days/year):

NEW POOL PUMP INFORMATION

Manufacturer:

Model No:

Serial No:

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

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ENERGY STAR® Certified Appliances – Measures 36-44

Rebate cannot be processed with any missing information.

ROOM/WALL A/C UNITS – Measures 36-38

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
Room/Wall A/C Unit: <input type="checkbox"/> < 8k Btu/h <input type="checkbox"/> ≥ 8k and < 12k Btu/h <input type="checkbox"/> ≥ 12k Btu/h			
Room A/C Category: <input type="checkbox"/> Casement Only <input type="checkbox"/> Casement Slider <input type="checkbox"/> With Reverse Cycle and with Louvered Sides <input type="checkbox"/> With Reverse Cycle and w/o Louvered Sides <input type="checkbox"/> W/O Reverse Cycle and with Louvered Sides <input type="checkbox"/> W/O Reverse Cycle and w/o Louvered Sides			
NEW APPLIANCE INFORMATION			
Manufacturer:		Model No:	
		Serial No:	
New Cooling Capacity (Btu/h):		New Unit CEER:	
		No. of Floors:	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

CLOTHES WASHERS – Measures 39-40

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
Clothes Washer Type & Efficiency: <input type="checkbox"/> Top Load ≥ Tier 2 <input type="checkbox"/> Front Load ≥ Tier 2		Is Washer a Commercial Model?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dryer Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown		Water Heater Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			
OLD APPLIANCE INFORMATION			
Manufacturer:		Model No:	
		Serial No:	
NEW APPLIANCE INFORMATION			
Manufacturer:		Model No:	
		Serial No:	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

CLOTHES DRYERS – Measures 41-44

Item No. (on Rebate Chart):		No. of Unit(s) Installed:	
OLD APPLIANCE INFORMATION			
Dryer Type Base: <input type="checkbox"/> Standard Vented <input type="checkbox"/> Standard Ventless <input type="checkbox"/> Compact Vented, 120 V <input type="checkbox"/> Compact Ventless, 120 V <input type="checkbox"/> Compact Vented, 240 V <input type="checkbox"/> Compact Ventless, 240 V			
Manufacturer:		Model No:	
		Serial No:	
Dryer Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown			
NEW APPLIANCE INFORMATION			
Dryer Type EE: <input type="checkbox"/> Standard Vented <input type="checkbox"/> Standard Ventless <input type="checkbox"/> Compact Vented, 120 V <input type="checkbox"/> Compact Ventless, 120 V <input type="checkbox"/> Compact Vented, 240 V <input type="checkbox"/> Compact Ventless, 240 V			
Manufacturer:		Model No:	
		Serial No:	
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken			

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Duct Sealing – Measures 57-62

Rebate cannot be processed with any missing information. All fields marked with an asterisk (*) are optional. Please use a separate form for each additional unit.

UNIT INFORMATION (Condensing Coil/Outdoor Unit)

Item No. (on Rebate Chart):		Existing Quantity:		Building Structure Type: <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer:	Model No:	Serial No:	No. of Floors:	
Cooling Capacity Per Unit (tons):	Heating Capacity Per Unit (Btu/h):	Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, on Grade <input type="checkbox"/> Mechanical Equipment Room		
Fan System Type: <input type="checkbox"/> Airfoil/Backward-Inclined <input type="checkbox"/> Airfoil/Backward-Inclined with Inlet Guide Vanes		<input type="checkbox"/> Forward Curved <input type="checkbox"/> Forward Curved with Inlet Guide Vanes			
Conditioned Space (Sq Ft):	Equipment Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 3	SEER (10 to 30):	EER*:	HSPF (6 to 12)*:	COP*:

DUCT INFORMATION

Insulation R Value:	<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
Duct Type:	<input type="checkbox"/> Flex-Duct	<input type="checkbox"/> Rigid Board	<input type="checkbox"/> Rigid Sheet Metal		
Duct Testing Method:	<input type="checkbox"/> Modified Blower Door Subtraction <input type="checkbox"/> Duct Blaster Pre/Aerosol Post <input type="checkbox"/> Total Leakage Duct Blaster <input type="checkbox"/> Aerosol Test Equipment (If any of the above three options are selected, please fill in the CFM25 fields, where applicable.)				
CFM25 Leakage Pre:	CFM25 Leakage % Pre:	CFM25 Leakage Post:	CFM25 Leakage % Post:		
Reason for Work Done: <input type="checkbox"/> Retrofit Early Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit New Install <input type="checkbox"/> Retrofit Replace Broken					

DUCT SEALING/REPAIR CHECKLIST

All work is subject to a diagnostic quality assurance post-sealing test. If the post-sealing leakage does not equal 15% or less of total duct system leakage, then the program rebate will not be issued.

Condition of ducts prior to sealing based on visual inspection? ☐ Leaky ☐ Average ☐ Tight

The following standards serve as the pre-installation checklist and apply to all accessible ductwork:

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ducts in nonconditioned areas (crawl spaces, attics, garages and basements) are fully wrapped or internally insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All flexible ducts are straight runs and are not crushed, crimped or make turns sharper than 90 degrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ductwork is intact and connected from air source to termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All accessible sections of metal duct are secured with sheet metal screws
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust fan ductwork is insulated in unconditioned spaces				

The following connections shall be sealed with bucket mastic, aerosol-based sealant, or UL 181 duct tape (duct tape will NOT pass if it is not UL 181-rated):

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plenum seams (includes trunk lines, distribution boxes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collar to junction box seams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plenum to collars (tabbed metal collar sealed directly to rigid plenum material)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collar to return box (sheet metal to sheet metal)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collars to ducts (mechanically fastened and sealed with bucket mastic or UL-181 approved tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joints on the return box (only accessible from inside the return; if interior of the return is insulated, remove insulation, seal, replace insulation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ducts to supply boots (same as above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panned returns/seal all vertical and horizontal seams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air handler: Cabinet seams, electrical penetrations, plumbing penetrations (i.e., condensate lines) and line set penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply boots to subfloor/sealed from above or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing penetrations/sealed with caulk or adhesive patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply boots to ceiling/walls/sealed from above or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line set penetrations/sealed with high temperature caulk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return box to sheetrock and subfloor/sealed if building cavity is used as part of duct system

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Building Envelope

Rebate cannot be processed with any missing information.

AIR SEALING – Measures 45-56

Item No. (on Rebate Chart):

CFM Reduction: ☐ <20% or <2000 CFM = Limited ☐ 20-30% or 2000 to 3000 CFM = Moderate ☐ >30% or 3000 CFM = Extensive

CFM 50 Envelope Only Pre-Installation:

CFM 50 Envelope Only Post-Installation:

Hours Involved:

Primary Heating Fuel:

☐ Electric ☐ Non-Electric

Conditioned Space (Sq Ft):

No. of Floors:

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

ATTIC INSULATION – Measures 63-82 Rebate only applicable to added insulation up to a total of R-38

Item No. (on Rebate Chart):

Area free of moisture issues? ☐ Yes ☐ No

Old Insulation Type:

☐ Blown Fiberglass ☐ Blown Cellulose ☐ Loose Fill Rock Wool ☐ Fiberglass Batt
☐ Rock Wool Batt ☐ Denim Batt ☐ None

Old Insulation Thickness (Inches):

Primary Heating Fuel:

☐ Electric ☐ Non-Electric

Conditioned Space (Sq Ft):

No. of Floors:

New Insulation R-Value: ☐ R19 ☐ R24 ☐ R30 ☐ R38

New Insulation Type Added: ☐ Dense Pack ☐ Blown Fiberglass ☐ Blown Cellulose

Area of New Attic Insulation (Sq Ft):

Thickness of New Insulation (Inches):

Above Sheathing Ventilation:

☐ Yes ☐ No

Access Panels Insulated to R19:

☐ Yes ☐ No

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken

DRILL & FILL WALL INSULATION – Measures 83-85

Item No. (on Rebate Chart):

Old Insulation R-Value: ☐ None ☐ R6

Old Insulation Thickness (Inches):

New Insulation R-Value: ☐ R13

New Insulation Type: ☐ Dense Pack ☐ Blown Fiberglass ☐ Blown Cellulose

New Insulation Wall Area (Sq Ft):

New Insulation Thickness (Inches):

Primary Heating Fuel:

☐ Electric ☐ Non-Electric

Conditioned Space (Sq Ft):

No. of Floors:

Reason for Work Done: ☐ Retrofit Early Replacement ☐ New Construction ☐ Retrofit New Install ☐ Retrofit Replace Broken