

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 Prescriptive Enhanced Program Bundle. Visit DomSavings.com to view the full list of qualifying measures and to select a participating contractor.

2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- An initial assessment is required for all projects. Contact us at Prescriptive@Honeywell.com to request an initial assessment.
- Wait until you receive notice that the initial assessment has been reviewed before starting your project with the participating contractor. You will receive a confirmation stating your project has been reviewed and the amount of rebate incentive reserved.
- All projects involving Evaporator Fans (Measure 1 in the Rebate Chart) or HVAC System Tune-Up (Measure 6) will be contacted for an on-site visit.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- The incentive reservation allows 60 days to complete your project. You can only submit a rebate application when the project is complete. Contact us if you think your project will require more than 60 days.

4. SUBMIT A REBATE APPLICATION

- 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 the following measures:
 - Evaporator Fans (All listed in Measure 1)
 - ENERGY STAR® Certified Appliances (All listed in Measure 2)
 - Commercial Freezer and Refrigerator Doors (Measure 3, Items R1 to R16)
 - Low/No Anti-Sweat Door Films (Measure 3, Items R25 and R26)
 - Ice Makers (All listed in Measure 4)
 - Enhanced Measures (All listed in Measure 10)
- Submit the rebate application in one of three ways below:
 - Email: Prescriptive@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 **Enhanced Prescriptive Bundle** ("Program"). The Program has been approved by the Virginia State Corporation Commission.

Any reference in these documents to "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

- Service must be performed **on or after January 1, 2026**.
- Program participant must be a Dominion Energy Virginia non-residential customer ("Customer") who is not exempt by statute, not under special contract, is responsible for the electric bill, and has not elected to opt-out of paying the DSM rider.
- Program participant must be a Dominion Energy Virginia non-residential customer who 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 Program time period, except as stated below.
- Customer who has previously received a rebate for any of the measures in the Program is not eligible to receive another rebate for installing the same measure on the same equipment/system that previously received an incentive.
- Work may be completed either by a registered contractor participating in Dominion Energy's network for this program, or by the individual Customer via self-install.
- Customers who choose to self-install the measures must submit an initial assessment form prior to purchasing equipment or initiating work. Self-install measures are subject to both a pre-approval inspection and a post-installation inspection for Quality Assurance (QA) purposes.
- Dominion Energy Virginia and/or its designees including Program administrators and evaluation contractors reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all Program requirements. Such reviews will be made at a time convenient to the applicant. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
- 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 Energy 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 programs for a period of three years following their year of participation. Year of participation is specifically based on the date of incentive approval by Dominion Energy.

PROCESS AND PAYMENT

- An approved initial assessment reserves incentive funding and allows 12 months to complete the project. Customer can only submit a rebate application when the project is complete.
- Rebate application must be submitted within 45 days of the service date.** It is the Customer's responsibility to ensure 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.
- 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.

- When the application is approved, a rebate check will be issued to the account holder and mailing address on record with Dominion Energy Virginia unless the Customer has authorized in writing that payment be made to the contractor specified in the application.
- 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.
- Please allow up to 90 days from the date all required information is received to process your rebate.**
- Customer should 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 Energy Virginia, 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, the quality of the work, labor and/or materials supplied, and/or the acts or omissions of the participating contractor.
- By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion Energy Virginia, its parents, subsidiaries, employees, affiliates and agents from any and all liability associated with the Program. Dominion Energy Virginia shall not be liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from participation in this Program.
- Dominion Energy Virginia retains all rights to energy and demand savings resulting from measures installed under this Program. Dominion Energy has the exclusive right to enroll, nominate, or offer a bid for energy or demand reductions resulting from measures installed under this Program into load management programs, demand response programs, or auctions operated by PJM Interconnection, L.L.C. ("PJM"), the regional electric transmission entity of which Dominion Energy Virginia is a member. Customer's participation in the program means that the Customer is consenting to Dominion Energy Virginia sharing the Customer's pertinent information with PJM, Dominion Energy Virginia'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 Virginia-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).
- The Customer agrees, as a condition of participation in the program, to remove and dispose of the equipment being replaced by the Program EEMs in accordance with all laws, codes, and regulations. The Customer agrees not to reinstall any of this equipment anywhere in Virginia or transfer it to any other party for installation in Virginia.
- 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.

Virginia Non-Residential Prescriptive Enhanced Program Bundle

REBATE APPLICATION FOR ALL MEASURES

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 dated invoice from the contractor who performed the work.

Attached a copy of the invoice for any product purchased (If applicable).

Submit in one of three ways:

1. Email: Prescriptive@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:

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

The payment of \$ _____ will be paid to:

To Customer (check here)

To Contractor (check here)

The following question is required:

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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Enhanced Measures

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

PRE-RINSE SPRAYER (EN1)

Foodservice Building Type (Select one): Cafeteria Fast-Food Restaurant Sit-Down Restaurant

Product Manufacturer:

Product Model No:

No. of Unit(s) Installed:

Water Heater Efficiency:

Water Heater Fuel:

Electric Non-Electric

Reason for Work: New Construction New Install Replace Broken Retrofit

HEAT PUMP WATER HEATER (EN2 and EN3)

Item No: AC System Type: Chiller: Air Cooled Chiller Chiller: Water Cooled Chiller Heat Pump: Geothermal Heat Pump: Packaged Terminal
 Heat Pump: Single Packaged Heat Pump: Split System Unitary AC: Packaged Terminal AIR Conditioner
 Unitary AC: Single Packaged Unitary AC: Split System AIR Conditioning

Primary Heating Fuel:

Electric Non-Electric None

No. of Unit(s) Installed:

Old Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Water Heater (gallons):

Baseline Unit: Heat Pump Water Heater
 Std. Electric Water Heater

COP (Coefficient of Performance (COP) of energy efficient water heater unit for commercial models):

New Equipment Information

Manufacturer:

Model No:

Serial No:

Size of Installed Water Heater (gallons):

First Hour Rating:

Uniform Energy Factor:

Located in Conditioned Space:

Yes No

Is this a commercial model?

Yes No

Gallons Per Day:

KBTU Required:

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

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Enhanced Measures (Continued)

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

CLOTHES WASHER FOR LAUNDROMAT (EN6 and EN7)

Item No:	Clothes Dryer Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown			Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown		
Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat						
Old Equipment Information						
Type of Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load			Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No			
New Equipment Information						
Manufacturer of Installed Equipment:			Model No. of Installed Equipment:		Serial No. of Installed Equipment:	
Product Tier: <input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3		No. of Units Installed:		Type of Installed Equipment: <input type="checkbox"/> Front Load <input type="checkbox"/> Top Load		Commercial Model? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit						

COMMERCIAL DISHWASHERS (EN8 – EN16)

Item No:	No. of Units Installed:	Water Heater Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown			Booster Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None		
New Equipment Information							
Type of Installed Equipment:							
<input type="checkbox"/> High Temperature: Multiple Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Pot, Pan, and Utensil, Stationary Rack		<input type="checkbox"/> High Temperature: Single Tank Door, Stationary Rack			
<input type="checkbox"/> High Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> High Temperature: Under Counter, Stationary Rack		<input type="checkbox"/> Low Temperature: Multiple Tank, Conveyor TYPE			
<input type="checkbox"/> Low Temperature: Single Tank Door, Stationary Rack		<input type="checkbox"/> Low Temperature: Single Tank, Conveyor TYPE		<input type="checkbox"/> Low Temperature: Under Counter, Stationary Rack			
Manufacturer of Installed Equipment:			Model No. of Installed Equipment:		Serial No. of Installed Equipment:		
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit							

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Enhanced Measures (Continued)

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

FOOD SEAL WRAPPERS (EN17)

New Equipment Information

Manufacturer of Installed Equipment:		Model No. of Installed Equipment:		Serial No. of Installed Equipment:	
Food Seal Wrapper Control Type: <input type="checkbox"/> Mechanical <input type="checkbox"/> Optical Eye		Food Seal Wrapper Type: <input type="checkbox"/> Chamber <input type="checkbox"/> External Strip		Food Seal Wrapper Base Case Equipment (Rated power, watts):	
Food Seal Wrapper Equipment (Size, inches):		Food Seal Wrapper Equipment			
No of Units Installed:		Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

CLOTHES DRYER FOR LAUNDROMAT (EN19)

New Equipment Information

Manufacturer of Installed Equipment:		Model No. of Installed Equipment:		Serial No. of Installed Equipment:	
Installed Clothes Dryer Type: <input type="checkbox"/> Compact Vented, 120 V <input type="checkbox"/> Compact Vented, 240 V <input type="checkbox"/> Compact Ventless, 120 V <input type="checkbox"/> Compact Ventless, 240 V <input type="checkbox"/> Standard Vented <input type="checkbox"/> Standard Ventless				Product Tier: <input type="checkbox"/> CEE Tier 2 <input type="checkbox"/> CEE Tier 3	
Type of Facility with Laundry Equipment: <input type="checkbox"/> Assisted Living <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Healthcare <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Laundromat		Clothes Dryer Primary Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> Unknown		New Dryer CEF (lbs/kWh):	
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit		No. of Units Installed:			

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Enhanced Measures (Continued)

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

EC MOTOR (EN20 – EN22)

New Equipment Information

Item No:	Manufacturer of Installed Equipment:	Model of Installed Equipment:	Motor Size (hp):	No. of Units Installed:
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Air-Handling Equipment Application:

24/7
 Cooling
 Heating
 Heating & Cooling
 Occupied Ventilation

Reason for Work:
 New Construction
 New Install
 Replace Broken
 Retrofit

GUEST ROOM ENERGY MANAGEMENT (EN23 – EN26)

Item No:	Type of Cooling System (Specific to lodging guest rooms): <input type="checkbox"/> AC: Packaged Terminal (PTAC) <input type="checkbox"/> FCU: Chilled-Water Fan Coil Unit <input type="checkbox"/> HP: Packaged Terminal (PHTP)	No. of Units Installed:	Make of Installed Equipment:
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System Cooling Capacity (Tons):	Lodging Type: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel	Type of Heating System: <input type="checkbox"/> Electric Resistance <input type="checkbox"/> HP: Packaged Terminal (PHTP) <input type="checkbox"/> Non-Electric	Housekeeping practices temperature setback during vacant rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Type of Heating Fuel Used for HVAC: <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	SEER:	Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit
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HEAT PUMP POOL HEATER (EN27)

Old Equipment Information

Pool Heater Efficiency of Old Electric Resistance Heater:

New Equipment Information

Manufacturer of Installed Equipment:	Model of Installed Equipment:	Serial No. of Installed Equipment:	
Heat Pump Pool Heater Rated Efficiency, COP:	Heat Pump Pool Heater Rated Capacity, Btu/h	Is the pool covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Surface Area of Pool (sq. ft.):	No. of Units Installed:		
Reason for Work: <input type="checkbox"/> New Construction <input type="checkbox"/> New Install <input type="checkbox"/> Replace Broken <input type="checkbox"/> Retrofit			

Dominion Energy Account Number:

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DEV-NRPE-BUNDLE-4ENHANCED-REBATE-v0226

Building Information

Rebate cannot be processed with any missing information.

Annual Operating Hours:	No. of Floors:	Structure Type (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached	
Building Type (Select one): <input type="checkbox"/> Education – Elementary and Middle School <input type="checkbox"/> Education – High School <input type="checkbox"/> Education – College and University <input type="checkbox"/> Food Sales – Convenience Store	<input type="checkbox"/> Food Sales – Gas Station Convenience Store <input type="checkbox"/> Food Sales – Grocery <input type="checkbox"/> Food Service – Fast Food <input type="checkbox"/> Food Service – Full Service <input type="checkbox"/> Health Care – Inpatient	<input type="checkbox"/> Health Care – Outpatient <input type="checkbox"/> Lodging – Hotel, Motel and Dormitory <input type="checkbox"/> Mercantile – Mall <input type="checkbox"/> Mercantile – Retail (not Mall) <input type="checkbox"/> Office – Large (≥40,000 sq ft) <input type="checkbox"/> Office – Small (<40,000 sq ft)	<input type="checkbox"/> Public Assembly <input type="checkbox"/> Public Order and Safety – Police and Fire Station <input type="checkbox"/> Religious Worship <input type="checkbox"/> Service – Beauty, Auto Repair Workshop <input type="checkbox"/> Warehouse and Storage <input type="checkbox"/> Other: _____