

# Non-Residential Prescriptive Enhanced Program Bundle Initial Assessment for Virginia

DEV-NRPE-BUNDLE-7CAS-IA-v0826

## INSTRUCTIONS FOR INITIAL ASSESSMENT

**This form must be completed and submitted for all projects in the Non-Residential Prescriptive Enhanced Program Bundle. You can only begin work through a participating contractor after your initial assessment is approved.**

### 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](http://DomSavings.com) to view the full list of qualifying measures and to select a participating contractor.

### 2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- 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 120 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 120 days.

### 4. SUBMIT A REBATE APPLICATION

- Visit [DomSavings.com](http://DomSavings.com) to download the rebate application. Read all instructions carefully and submit your rebate application including additional requested information within 45 days of the service date.

**SUBMIT IN ONE OF THREE WAYS:**

**Email:** [Prescriptive@honeywell.com](mailto:Prescriptive@honeywell.com)

**eFax:** 804-621-2241

**Mail:** Honeywell Smart Energy  
3951 Westerre Parkway, Suite 350 • Richmond, VA 23233

## 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 Initial Assessment for Compressed Air Systems

**SUBMIT IN ONE OF THREE WAYS:**

1. **Email:** [Prescriptive@honeywell.com](mailto: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:

**Dominion Energy Account Number:**

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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.

*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

City:

State:

Zip Code:

Company Phone:

Email Address:

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## Customer Eligibility Form • Compressed Air Systems

If you are eligible and want to participate, we will need your utility account number(s). To help verify your eligibility, please complete this form and submit it to [NRSmallManuf@Honeywell.com](mailto:NRSmallManuf@Honeywell.com).

### CUSTOMER INFORMATION

|                                          |                   |
|------------------------------------------|-------------------|
| Service Name on Dominion Energy Account: | Key Contact Name: |
|                                          |                   |
| Phone Number:                            | Email Address:    |
|                                          |                   |

### CUSTOMER ELIGIBILITY SECTION

|                                                          |                                                                           |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| Are you a Dominion Energy customer?                      | Please specify state:                                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Virginia <input type="checkbox"/> North Carolina |

Please provide the utility account numbers for all facilities participating in this program. Use another sheet if you have more entries.

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Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Audit Cost Reimbursement • Compressed Air Systems

Customers may be eligible to receive reimbursement to cover a portion of the audit cost if program criteria are met. Audit cost reimbursement will be paid with the rebate incentive after reimbursement requirements are met. Rebate and audit incentive cannot exceed 75% of the total invoice amount.

|                                                          |                                                                           |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| Would you be requesting for an audit cost reimbursement? | Please provide the estimated audit cost for all locations, if applicable. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                           |

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## Building Information

**Rebate cannot be processed with any missing information.**

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

## Initial Assessment Review Notes (For Internal Use Only)

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