

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed the equipment cost.
- ❖ Incentives not allowed for a measure and a component of that measure. For example, if an air source heat pump has a variable speed blower motor, the air source heat pump qualifies for an incentive but not the variable speed blower motor.
- ❖ Incentives are in place through December 31, 2020. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of install date. If submitted after December 31, 2020, equipment will be considered for the 2021 incentive if offered.
- ❖ Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- ❖ **Required documentation** listed below must be submitted no later than 3 months after install date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ Documentation showing the equipment has been installed

Submit required documentation to: 1027 N Jefferson St. Richland Center, WI 53581

MEMBER INFORMATION *(Please fill out entire section)*

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| Member Name | | | Email | | |
| | | | <i>Email addresses will be used for cooperative communication only, including eNewsletters filled with energy saving tips. Opting out now or in the future is always available. <input type="checkbox"/> Opt out Now</i> | | |
| Address | | | Account | Phone | |
| City | State | Zip | Date | Member Signature | |
| Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other: | | | | | |

INCENTIVE INFORMATION *(Please fill in gray shaded boxes for requested incentives)*

| Equipment | Specifications | Size <i>Size is based on 12,000 btuh/ton If < 1 ton, round up to nearest ¼ ton If > 1 ton, round up to nearest ½ ton</i> | Quantity | Incentive | Total <i>Size x Quantity x Incentive</i> |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------------------------------------------------|
| Heat Pump - Air Source & MiniSplit | SEER 14+, HSPF 8.2+, or EER 11+ | | | \$250/ton | |
| Heat Pump - Commercial Air Source & PTHPs | < 20 ton: EER 11+ 20 to < 60 ton: EER 10.5+ ≥ 60 ton: EER 10+ | | | \$250/ton | |
| Heat Pump - Geothermal | | | | \$500/ton | |
| New Furnace with Efficient ECM Blower Motor | The AHRI certificate must state the unit is either: 1) Variable speed <u>OR</u> 2) Efficiency (AFUE) ≥ 95% & kWh/yr (Eae) ≤ 670 | | | \$35/unit | |
| | <i>Is air conditioning present?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Total Incentive Amount Requested: | | | | | |

ADDITIONAL INFORMATION *(Please enter information below to qualify for incentive)*

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Manufacturer or Brand Name: <i>Required for all equipment</i> | AHRI Certified Reference Number: <i>Required for all equipment</i> | SEER or EER value: <i>Required for Air Source Heat Pumps</i> |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------|

OFFICE USE ONLY

| | |
|-----------------------------------------------------------------------------------|----------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved - Reason: | Total Incentive Issued: \$ |
| Cooperative Representative: | Date: |