

Commercial and Industrial Incentive Program

Your electric cooperative provides energy-efficiency incentives for retrofit projects of qualifying equipment in your existing building under the Rules and Requirements provided. Qualifications for equipment can be found on the Worksheet provided in this enrollment packet.

To apply for an incentive under \$10,000:

- 1. Complete the application and worksheet forms in its entirety.
- 2. Scan/copy and include in your submission Technical Specifications (cut sheet/spec sheet) on equipment you are applying for.
- 3. Scan/copy and include in your submission an itemized invoice(s). Quantity, make, model number and unit price of each item(s) **MUST** appear on the invoice(s).
- 4. Email the completed application, worksheet, technical specifications, and invoice(s) to rebates@hepn.com. If you are unable to email the following, you can mail the completed packet to:

Rebates

Hoosier Energy REC, Inc.

2501 South Cooperative Way

Bloomington, IN 47403

5. When <u>rebates@hepn.com</u> finalizes the enrollment, you will receive a follow-up email letting you know your submission has been completed and when to expect payment.

To apply for an incentive OVER \$10,000:

- 1. Complete the application and worksheet forms in its entirety.
- 2. Scan/copy and include in your submission Technical Specifications (cut sheet/spec sheet) on equipment you are applying for.
- 3. Scan/copy and include in your submission an itemized quote(s). Quantity, make, model number and unit price of each item(s) **MUST** appear on the quote(s).
- 4. Email the completed application, worksheet, technical specifications, and quote(s) to rebates@hepn.com. If you are unable to email the following, you can mail the completed packet to:

Rebates

Hoosier Energy REC, Inc.

2501 South Cooperative Way

Bloomington, IN 47403

- 5. When your enrollment has been approved, you will receive a pre-approval letter via email. This pre-approval letter must be signed and emailed to rebates@hepn.com at your earliest convenience to confirm and reserve your incentive payment.
- 6. When your equipment has been installed and your project is complete, you will need to submit a scan/copy of the invoice(s). Quantity, make, model number and unit price of each item(s) **MUST** appear on the invoice(s).
- 7. When receives the invoice(s) and finalizes the enrollment, you will receive a follow-up email letting you know your submission has been completed and when to expect payment.



Commercial / Industrial Incentive Application

This incentive application form is valid when received from January 1, 2022 through December 31, 2022. This program is being coordinated by Hoosier Energy REC, Inc.

Section 1: Customer Information				
Electric Account #	Company Name			
Contact Name (Print)	Email*			
Phone(s)	Fax			
Mailing Address	City	State	Zip	
Total Material Cost				
Customer Signature		Date		

By typing your name above, you agree that you are electronically signing this application.

Customer hereby certifies:

- 1. the form submission is by the electric customer who is solely responsible for the accuracy of the information contained in this application;
- 2. all equipment installation is complete and operational prior to submitting payment request;
- 3. an agreement to allow an electric cooperative or Hoosier Energy representative verify installed measure through an onsite pre and/or post-inspection of the installation site;
- 4. an agreement to all Rules and Requirements of this program and has followed the terams as found on whyelectrify.com.

Preapproval supplied for payments greater than \$10,000.

If applicant does not submit Commercial / Industrial Incentive Application for preapproval, funds are not guaranteed.

*By providing your email address you are granting Jackson County REMC and Hoosier Energy REC, Inc. permission to send further emails regarding our programs and services.



Section 2: Installation Site Information (where equipment was installed)						
Job Site Name Operating Hours/Year Installation Completion Date						
Project Contact Name Project Contact Telephone Project Contact Email						
Job Site Address (physical location) City State Zip						
Type of business where equipment was installed (Check ONE per box):						
Construction Type Building Type Assembly/Industrial School Existing Year Built: Past Food Restaurant Full Service Restaurant Grocery/Convenience Store Light Industrial Heating Type AC with Gas Heat AC with Gas Heat AC with Electric Heat Belectric Heat Belectric Heat Only Gas Heat Only Gas Heat Only Gas Heat Only Gas Heat Only						
Section 3: Contractor / Installer Information						
Contractor / Installer Business Name						
Contractor / Installer Contact Person Contact Telephone Contact Email						
Contractor / Installer Street Address City State Zip						
Section 4: Payment Information						
Make payable to						

LED Fixtures

Requirements

- New LED equipment wattage cannot exceed 60% of existing fixture wattage and operate less than 1,500 hours per year.
- Incentive amount cannot exceed 50% of equipment costs.
- Incentive totals greater than \$10,000 require preapproval
- Equipment must be new and installed on electric account listed on the application
- The following lighting equipment must be DesignLights Consortium (DLC) qualified. DLC Product ID # can be
 found by searching the model number of your new equipment on the following site:
 https://qpl.designlights.org/solid-state-lighting

Code	Linear Ambient Luminaires full fix	ture replacing	
LALF	Direct/indirect illumination:1x4, 2x2, 2x	4, 8-foot fixtures, linear fluorescent	\$30
Code	LED High/Low Bay Fixture Equipm	ent replacing	
LH1N	High-intensity Discharge fixture	<250 watt lamp	\$30
LH2N	High-intensity Discharge fixture	250 -300 watt lamp	\$50
LH3N	High-intensity Discharge fixture	310 -500 watt lamp	\$75
LH5N	High-intensity Discharge fixture	510 -750 watt lamp	\$125
LH7N	High-intensity Discharge fixture	760 -1000 watt lamp	\$200
Code	HID RETROFIT KIT LED High/Low	Bay Equipment replacing	
LH1R	High-intensity Discharge fixture	<250 watt lamp	\$15
LH2R	High-intensity Discharge fixture	250 -300 watt lamp	\$25
LH3R	High-intensity Discharge fixture	310 -500 watt lamp	\$40
LH5R	High-intensity Discharge fixture	510 -750 watt lamp	\$65
LH7R	High-intensity Discharge fixture	760 -1000 watt lamp	\$100
Code	LED Refrigerator, Freezer, Case Eq	uipment replacing	
LRF1	T12fluorescent lamps without occupancy sensors \$5		
LRF2	T12 fluorescent lamps with occupancysensors		\$7/foot

- The following equipment does not need to be DLC qualified but must be Energy Star listed. You can confirm listing by searching at: http://www.energystar.gov/productfinder/product/certified-light-fixtures
- Incentive amount cannot exceed 75% of equipment cost.

Code	LED Lamps replacing	
LEDL	A-type or omnidirectional lamps	\$3
LEDF	Indoor flood or spot lamps, downlight fixtures (recessed, surface or pendant-mounted)	\$6

Code	LED Exit Signs replacing	
LEXT	Incandescent exit signs	\$5

Commercial / Industrial Lighting Worksheet

For **sensors**, please fill out page 3.

Electric Account #	Company Name

Existing Fixtures

	Quantity	Description (e.g. 4-lamp 4' T12 or 1-lamp metal halide)	Wattage
Ex.	5	4-lamp 4' T8	400
1			
2			
3			
4			
5			
6			

New Fixtures

	Code*	Quantity	Manufacturer & Model #	DLC Product ID	Wattage
Ex.	LALF	5	4-lamp 4' T8	PL7XEW5DI	50
1					
2					
3					
4					
5					
6					

^{*}See previous page for code

Operation & Incentive Amount

	Annual Operating Hours	Daily Operating Hours Between: 7 a.m 9 a.m. 3 p.m 8 p.m.		Incentive per unit	Subtotal
Ex.	2,250	2	1	\$30	\$150
1					
2					
3					
4					
5					
6					

Total Incentive:

Commercial / Industrial Sensor Worksheet

Electric Account #	Company Name

Sensor Controls

- Incentive amount cannot exceed 50% of equipment costs
- Incentive totals greater than \$10,000 require preapproval
- Equipment must be new and installed on electric account listed on the application
- Each sensor must control a minimum of 125 watts

Code	Automatic Controls installed	
OSWC	Vacancy: Wall or ceiling mounted. Must operate on a manual on/auto-off basis	\$15
OSRC	Occupancy: Remote or ceiling mounted. Must operate on an auto-on/auto-off basis	\$15
OSHB	High/Low bay: Fixture mounted sensor. Must operate on auto-on/auto-off basis	\$15

	Code*	Quantity	# of Fixtures Controlled	Average Watts Controlled	Manufacturer & Model #	Sensor Control Type
Ex.	oswc	5	5	50	Sensor company SDL67WHT	Wall mounted
1						
2						
3						
4						
5						
6						

Operation & Incentive Amount

	Annual Operating Hours	Daily Operating Ho 7 a.m 9 a.m.	ours Between: 3 p.m 8 p.m.	Incentive per unit	Subtotal
Ex.	2,250	2	1	\$15	\$75
1					
2					
3					
4					
5					
6					

Total Incentive: