Franklin County Rural Electric Cooperative

2024 Commercial, Industrial and Agricultural Water Heater Form

Membe	er Name										
Address, City, Zip											
Rebates 50% of equipment cost up to:											
			Rebates		Qty & Gals/Each \$EE	E Rebate	\$E-Value	<u>KW</u>	<u>KWH</u>	<u>Hours</u>	
Electric Resistance Storage Water Heaters											
		EE Rebate	E-Value	Total							
50-79 g	gallon	\$100/unit	\$300/unit	\$400/uni	<u>t</u>						
80+ gal	llon	\$200/unit	\$400/unit	\$600/uni	t						
 Minimum Energy Factor 0.90 Electric storage tank-type only (no on-demand water heaters) Member must sign a load management agreement and allow load management device to be installed For domestic hot water use only (not space heating) No rebate for units smaller than 50 gallons 											
Heat Pump Water Heaters											
		EE Rebate	E-Value	Total							
Add-or	n or integrated (stand-alone)	\$300/unit		\$300/unit	<u> </u>						
• Integr	perheaters connected to geot ated (stand-alone) heat pump Vater Heaters		ers must be		′ STAR® qualified units	• ,					
Must be connected to a resistance storage water heater Solar water heaters must be ENERGY STAR® qualified units											
Cooperative Representative: Date: Total = \$ I certify that the incentive payments requested are for equipment installed at the member's site in the last 12 months.											
Note:	A copy of the member's receipt and Energy Star or manufacturer specification sheet indicating type of equipment, quantity and dollar amount paid is required. The incentives listed above are the maximum available rebate. Total rebates limited to \$100,000 per project. See the Energy Efficiency Programs document for more information. Actual rebates will not exceed 50% of the documented equipment purchase price. This program is subject to cancellation without notice. Submit rebates over \$5,000.00 to your Cooperative prior to installation in order to assure the maximum rebate. Rebate checks will be issued to the account holder. Applications for rebates must be submitted within 30 days of installation. Your Cooperative reserves the rights to verify all installations. The site must be served by your Cooperative										
	r's Signature:	Date:			Phone: _						
I certify	that the incentive payments	requested a	re for equip	ment insta	illed at address listed a	above, and	agree to the i	noted terms a	above.		
Office Date:	Information: Co	ntrol#		-			_		_		