



# COMPRESSED AIR SYSTEM AUDIT INCENTIVE APPLICATION

OFFICE USE ONLY  
PROJECT ID: \_\_\_\_\_

**THIS INCENTIVE APPLICATION FORM IS VALID FROM JULY 1, 2009 TO DECEMBER 31, 2009. INCOMPLETE APPLICATIONS WILL BE RETURNED.**  
Focus incentives are subject to change. Please visit [focusonenergy.com/incentives/business](http://focusonenergy.com/incentives/business) to ensure you are using the most current form.

## SECTION 1: CUSTOMER LEGAL INFORMATION

Company Legal Name		FEIN (Federal Tax ID #) of customer (Must be 9 digits)	
Mailing Address		City	State
		ZIP Code	
Business Classification of Customer (Check ONE): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			

## SECTION 2: PAYMENT INFORMATION

Make Incentive Check Payable to (Check ONE and complete information below):  
 Company  Business Owner's Legal Name (Only if Sole Proprietor)  Market Provider (complete Section 4)

Attention to	Social Sec. # of Business Owner (only if Sole Proprietor AND no Federal Tax ID)
	_____

## SECTION 3: JOB SITE INFORMATION (where equipment was installed or service performed)

Job Site Name		Project Contact Name	
Job Site Street Address (physical location)		Project Contact Telephone	
City	State <b>WI</b>	ZIP Code	Project Contact Email
Electricity Provider at Job Site	Natural Gas Provider at Job Site	Installation/Service Date	
Type of business where equipment was installed or service performed (Check ONE):			
<input type="checkbox"/> Office	<input type="checkbox"/> Food Processing	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Dairy & Livestock
<input type="checkbox"/> Retail	<input type="checkbox"/> Pulp & Paper	<input type="checkbox"/> Government Facility	<input type="checkbox"/> Horticulture & Crops
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Plastics	<input type="checkbox"/> Place of Worship (no School)	<input type="checkbox"/> Health Care Facility (Inpatient)
<input type="checkbox"/> Grocery	<input type="checkbox"/> Metal Casting	<input type="checkbox"/> Place of Worship w/ School (Specify Grades: _____)	<input type="checkbox"/> Health Care Facility (Outpatient)
<input type="checkbox"/> Lodging	<input type="checkbox"/> Other Manufacturing (Specify: _____)	<input type="checkbox"/> Multi-Family Building _____ # Bldgs, _____ Total # Units	<input type="checkbox"/> Other (Specify: _____)

## SECTION 4: MARKET PROVIDER INFORMATION (equipment provider/installer or service provider) **Note:** In order to pay Market Provider, invoice must have "Focus on Energy" incentive clearly indicated and deducted from customer's amount due and Market Provider must provide Federal Tax ID # or Social Security # below.

Market Provider Name		FEIN or Social Security # of Market Provider (if receiving payment)	
Market Provider Street Address		City	State
		ZIP Code	
Market Provider Contact Name	Contact Telephone	Contact Email	
Business Classification of Market Provider (Check ONE): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____			

## SECTION 5: CUSTOMER SIGNATURE

- Certification: The following certifications are required in order for this form to substitute for the IRS form W-9:**
1. The number shown on this form is the correct taxpayer identification number.
  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding.
  3. I am a U.S. citizen (includes a U.S. resident alien).

The undersigned agrees that the stated energy efficient measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agree to the Terms & Conditions within this application. To the best of my knowledge, the statements made on this application are correct, and I have submitted the appropriate supporting documentation to receive an incentive.  **Itemized Invoice Attached**

Customer Signature	Customer Name (Print)	Date

**FORM SUBMITTAL: Return signed, completed form and ITEMIZED invoice within 30 calendar days of installation to:**

**Mail:** Focus on Energy, Business Programs Incentives, 431 Charmany Drive, Madison, WI 53719.

**Email:** Applications and invoices can be scanned and emailed to [BPforms@weccusa.org](mailto:BPforms@weccusa.org).

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**REQUIREMENTS:**

1. Provide measured and graphed kW (or Amp and Voltage, but kW is preferred) and pressure readings for a period of at least one week.
2. Include description of system storage capacity and demand/flow controllers.
3. Include description of sequencing controls.
4. Provide performance improvement recommendations, including calculations, based on measured data showing existing energy consumption, estimated energy and cost savings and approximate cost to improve system operation and efficiency.
5. Entire audit report must be submitted with the application form. Electronic file emailed to [bpforms@weccusa.org](mailto:bpforms@weccusa.org) is preferred.

**COMPRESSED AIR SYSTEM – Use multiple forms for each installation address and if more than four compressors**

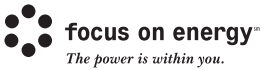
Existing Compressor Manufacturer, Model & Age	Rated HP, CFM, PSI	Compressor Type	Control Type
<p><b>Compressor #1</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Approx. Age: _____</p>	<p>_____ HP</p> <p>_____ scfm@ _____ psi</p>	<input type="checkbox"/> Reciprocating <input type="checkbox"/> Screw – oil-flooded <input type="checkbox"/> Screw – oil-less <input type="checkbox"/> Centrifugal <input type="checkbox"/> Two-stage <input type="checkbox"/> Vane <input type="checkbox"/> Other _____	<input type="checkbox"/> Load/no load <input type="checkbox"/> Inlet modulation <input type="checkbox"/> VFD-equipment <input type="checkbox"/> Variable displacement <input type="checkbox"/> Other _____
<p><b>Compressor #2</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Approx. Age: _____</p>	<p>_____ HP</p> <p>_____ scfm@ _____ psi</p>	<input type="checkbox"/> Reciprocating <input type="checkbox"/> Screw – oil-flooded <input type="checkbox"/> Screw – oil-less <input type="checkbox"/> Centrifugal <input type="checkbox"/> Two-stage <input type="checkbox"/> Vane <input type="checkbox"/> Other _____	<input type="checkbox"/> Load/no load <input type="checkbox"/> Inlet modulation <input type="checkbox"/> VFD-equipment <input type="checkbox"/> Variable displacement <input type="checkbox"/> Other _____
<p><b>Compressor #3</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Approx. Age: _____</p>	<p>_____ HP</p> <p>_____ scfm@ _____ psi</p>	<input type="checkbox"/> Reciprocating <input type="checkbox"/> Screw – oil-flooded <input type="checkbox"/> Screw – oil-less <input type="checkbox"/> Centrifugal <input type="checkbox"/> Two-stage <input type="checkbox"/> Vane <input type="checkbox"/> Other _____	<input type="checkbox"/> Load/no load <input type="checkbox"/> Inlet modulation <input type="checkbox"/> VFD-equipment <input type="checkbox"/> Variable displacement <input type="checkbox"/> Other _____
<p><b>Compressor #4</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Approx. Age: _____</p>	<p>_____ HP</p> <p>_____ scfm@ _____ psi</p>	<input type="checkbox"/> Reciprocating <input type="checkbox"/> Screw – oil-flooded <input type="checkbox"/> Screw – oil-less <input type="checkbox"/> Centrifugal <input type="checkbox"/> Two-stage <input type="checkbox"/> Vane <input type="checkbox"/> Other _____	<input type="checkbox"/> Load/no load <input type="checkbox"/> Inlet modulation <input type="checkbox"/> VFD-equipment <input type="checkbox"/> Variable displacement <input type="checkbox"/> Other _____

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**Questions:** Call 800.762.7077 then #2 for Business Programs.



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**GENERAL INFORMATION**

**System Storage**

Number of Receivers _____	Approximate Storage Capacity _____ Gallons
Point-of-use storage? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please describe in body of report	

**Sequencing Control**

Type of sequencing control:  None/manual  Mechanical-Pressure Controls  Electronic/digital

**System Pressure**

What is the current system pressure? \_\_\_\_\_

Has the customer made every effort to reduce the system pressure as much as possible?  YES  NO

Does the system have a demand expander/flow controller?  YES  NO What is the current system pressure? \_\_\_\_\_

Please list the largest compressed air loads and an estimate of the number of hours per week they exist:

_____	scfm	_____	hrs/wk
_____	scfm	_____	hrs/wk
_____	scfm	_____	hrs/wk

**Inappropriate Uses of Compressed Air**

Please list the largest compressed air loads and an estimate of the number of hours per week they exist:

_____	scfm	_____	hrs/wk
_____	scfm	_____	hrs/wk
_____	scfm	_____	hrs/wk

**Is proper ducting of outdoor air being used to optimize system efficiency?**

YES  NO Why not? \_\_\_\_\_

**Heat Recovery**

Is the compressor heat recovered now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, could it be economically recovered? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Compressed Air Leaks**

Does the facility have a formal compressed air leak detection program?  YES  NO

What would you estimate the total plant air leakage to be as a percentage of total use?  
Leak down test (preferred) \_\_\_\_\_% Other method (observation of leaks, etc.) \_\_\_\_\_%

**Based on supply-side audit, what is the estimated annual cost of compressor operations?** \$ \_\_\_\_\_ per year

**From answers to questions above, what is the estimated annual cost of compressed air leaks?** \$ \_\_\_\_\_ per year

Focus on Energy offers qualifying businesses cash incentives to make compressed air systems more energy efficient. Call 800.762.7077 then #2 for Business Programs, or visit [focusonenergy.com/incentives/business](http://focusonenergy.com/incentives/business) for more information.

**COMPRESSED AIR SYSTEM AUDIT INCENTIVE REQUEST**

A. Sum of compressor HP at \$4.00 per HP (exclude backup compressor)	( _____ HP) X \$4.00 per HP	= \$ _____
B. Maximum 50% of audit cost	(Audit Cost = \$ _____) x 50%	= \$ _____
C. Maximum Incentive of \$7,500		= \$7,500
<b>TOTAL INCENTIVE REQUESTED (Smallest of A, B, or C above):</b> Incentives not to exceed cost of the product or service.		<b>= \$ _____</b>

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## INCENTIVE LIMIT

Purchase and install qualifying equipment and receive an energy efficiency incentive of up to \$25,000 per project. Incentives exceeding \$25,000 must receive written approval BEFORE project initiation or equipment purchase. There is a maximum limit of \$500,000 per Corporate Tax ID per year for all Focus on Energy incentives (prescriptive and custom).

## PRESCRIPTIVE INCENTIVES

Cash incentives are available for a variety of technologies. Check the Focus on Energy Web site at [focusonenergy.com/incentives/business](http://focusonenergy.com/incentives/business) or call 800.762.7077, then press #2 for more information. Depending on your business tax classification, the IRS may require you to pay taxes on incentives totalling over \$600 per calendar year.

## CUSTOM INCENTIVES

If your project does not fit the descriptions on this prescriptive incentive application form, it may qualify for a custom incentive which requires approval prior to project initiation and equipment purchase. Direct inquiries to 800.762.7077 then press #2 for Business Programs, or visit [focusonenergy.com](http://focusonenergy.com).

## TERMS & CONDITIONS

- Incentive Offer:** This application covers products purchased and installed/service performed between July 1, 2009 and December 31, 2009. Applications must be **submitted within 30 calendar days of project installation** and no later than December 31, 2009. Please keep a copy for your records. Incomplete applications will be returned.
- Proof of Purchase:** This application must have complete information and be submitted with an invoice itemizing the services performed. See requirements section for required invoice detail. The signed application and invoices must be sent to Focus on Energy, Business Programs Incentives, 431 Charmany Drive, Madison, WI 53719.
- Compliance:**
  - All projects are expected to comply with federal, state and local codes.
  - All equipment must be new (with the exception of surveys, audits and service buydowns). Used or rebuilt equipment is not eligible for incentives. Existing equipment must be removed.
  - Equipment must meet specification requirements and be purchased and operating prior to submitting an incentive application form.
  - Only one incentive will be granted for each project. Incentives granted to contractors, distributors or other market providers cannot also be claimed by end-use customers.
- Payment:** Once completed paperwork is submitted, incentive payments are made within 6–8 weeks. Incomplete applications will be returned.
- Inspection:** Program staff may conduct an inspection of the facility to survey the installed projects.
- Publicity:** Focus on Energy reserves the right to publicize your participation in this program, unless you specifically request otherwise.
- Program Discretion:** Incentives are available on a first-come, first-served basis. This offer is subject to change or termination without notice at the discretion of the Focus on Energy Program.
- Focus Logo:** Customers or market providers may not use the Focus on Energy name or logo in any marketing, advertising or promotional materials without prior written permission.
- Disclaimers:** Focus on Energy
  - Does not endorse any particular market provider, manufacturer, product, labor or system design by offering this program;
  - Will not be responsible for any tax liability imposed on the customer as a result of the payment of incentives;
  - Does not expressly or implicitly warrant the performance of installed equipment or contractor's quality of work (contact your contractor for detailed warranties);
  - Is not responsible for the proper disposal/recycling of any waste generated as a result of this project; and
  - Is not liable for any damage caused by the installation of the equipment or for any damage caused by the malfunction of the installed equipment.
- Verification:** Any customer receiving an incentive check may be contacted by an evaluator to verify service/equipment installation or be asked to complete a customer survey.

## UTILITY ELIGIBILITY

Incentives for specific technologies are offered by Focus on Energy to business customers including commercial, industrial, state, federal and local governments, agricultural, and schools/institutions with locations in Wisconsin. Customers of a participating electric provider are eligible for electric technology incentives only. Customers of natural gas providers are eligible for gas savings technology incentives only. Customers who have both a participating electric provider and a participating natural gas provider could qualify for all incentives. To determine eligibility, visit the Focus on Energy Web site at [focusonenergy.com/utilities](http://focusonenergy.com/utilities).

Focus on Energy works with eligible Wisconsin residents and businesses to install cost effective energy efficiency and renewable energy projects. Focus information, resources and financial incentives help to implement projects that otherwise would not get completed, or to complete projects sooner than scheduled. Its efforts help Wisconsin residents and businesses manage rising energy costs, promote in-state economic development, protect our environment and control the state's growing demand for electricity and natural gas.

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