

HEATING AND COOLING SYSTEM TUNE-UP INCENTIVE APPLICATION

OFFICE USE ONLY
PROJECT ID:

HEATING EQUIPMENT, CHILLERS AND AIR CONDITIONERS AND STEAM TRAPS

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 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 WI	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):

Office Food Processing Educational Facility Dairy & Livestock Warehouse
 Retail Pulp & Paper Government Facility Horticulture & Crops Health Care Facility (Inpatient)
 Restaurant Plastics Place of Worship (no School) Health Care Facility (Outpatient)
 Grocery Metal Casting Place of Worship w/ School (Specify Grades: _____) Multi-Family Building _____ # Bldgs, _____ Total # Units
 Lodging Other Manufacturing (Specify: _____) 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:**
- The number shown on this form is the correct taxpayer identification number.
 - 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.
 - I am a U.S. citizen (includes a U.S. resident alien).

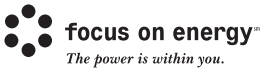
The undersigned agrees that the stated energy efficient measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agree to the Terms & Conditions within this application. To the best of my knowledge, the statements made on this application 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.



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NATURAL GAS SPACE HEATING EQUIPMENT TUNE-UP REQUIREMENTS:

1. Service Provider must perform before and after combustion efficiency tests and record the results below.
2. Burner must be adjusted to improve combustion efficiency as needed.
3. Unit must have a minimum output of 120 MBh. Residential applications are not eligible.
4. A burner that is dual fuel is considered one burner. A single unit with multiple burners or modules is considered one unit. A rooftop unit is considered one unit.
5. This incentive is only eligible for HVAC natural gas boilers, unit heaters, make-up air units, rooftop units and furnaces, and industrial process heating equipment with forced or induced draft combustion.
6. This incentive is available only once in a 12 month period.
7. Copy of paid invoice (or work order and annual service agreement) must be included with application. Incentive will not exceed invoice cost.

NATURAL GAS SPACE HEATING EQUIPMENT TUNE-UP

Unit 1 (Check one): Boiler Unit Heater Make-up Air Unit Rooftop Unit Furnace

Unit Input Capacity in MBh:	Date of Previous Service:	Annual Hours of Operation:
Current Service Date:	Pre Service Combustion Efficiency:	Post Service Combustion Efficiency:
Pre Service Stack Temperature:	Post Service Stack Temperature:	

Describe work performed:

Unit 2 (Check one): Boiler Unit Heater Make-up Air Unit Rooftop Unit Furnace

Unit Input Capacity in MBh:	Date of Previous Service:	Annual Hours of Operation:
Current Service Date:	Pre Service Combustion Efficiency:	Post Service Combustion Efficiency:
Pre Service Stack Temperature:	Post Service Stack Temperature:	

Describe work performed:

Unit 3 (Check one): Boiler Unit Heater Make-up Air Unit Rooftop Unit Furnace

Unit Input Capacity in MBh:	Date of Previous Service:	Annual Hours of Operation:
Current Service Date:	Pre Service Combustion Efficiency:	Post Service Combustion Efficiency:
Pre Service Stack Temperature:	Post Service Stack Temperature:	

Describe work performed:

Unit 4 (Check one): Boiler Unit Heater Make-up Air Unit Rooftop Unit Furnace

Unit Input Capacity in MBh:	Date of Previous Service:	Annual Hours of Operation:
Current Service Date:	Pre Service Combustion Efficiency:	Post Service Combustion Efficiency:
Pre Service Stack Temperature:	Post Service Stack Temperature:	

Describe work performed:

Unit 5 (Check one): Boiler Unit Heater Make-up Air Unit Rooftop Unit Furnace

Unit Input Capacity in MBh:	Date of Previous Service:	Annual Hours of Operation:
Current Service Date:	Pre Service Combustion Efficiency:	Post Service Combustion Efficiency:
Pre Service Stack Temperature:	Post Service Stack Temperature:	

Describe work performed:

Did you indicate unit capacity for each unit above? (required to receive incentive) Yes

NATURAL GAS SPACE HEATING EQUIPMENT TUNE-UP INCENTIVE

TOTAL INCENTIVE REQUESTED (Total Number of Units x \$100):
Incentive not to exceed invoice cost.

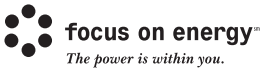
\$

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Questions: Call 800.762.7077 then #2 for Business Programs.



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COOLING TUNE-UP REQUIREMENTS:

1. This incentive is available only once in a 12 month period.
2. Unit must have a minimum capacity of 2 tons (24,000 Btu/hr).
3. Copy of paid invoice (or work order and annual service agreement) must be included with application.
4. Cooling service must include the following normal maintenance items (as applicable):

<ul style="list-style-type: none"> ■ Air cooled condenser coil cleaning ■ System pressure check and adjust ■ Filter inspect or replace ■ Belt inspect or replace ■ Economizer condition check & repair ■ Contactors condition ■ Evaporator condition 	<ul style="list-style-type: none"> ■ Compressor amp draw ■ Supply motor amp draw ■ Condenser fan(s) amp draw ■ Liquid line temperature ■ Sub-cooling & super heat ■ Suction pressure & temperature ■ Oil level & pressure 	<ul style="list-style-type: none"> ■ Low pressure controls ■ High pressure controls ■ Crankcase heater operation ■ Water cooled chiller condenser tube cleaning ■ Water cooled chiller evaporator tube cleaning
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COOLING TUNE-UP

UNIT 1	Equipment Type: <input type="checkbox"/> Unitary/Rooftop Unit A/C <input type="checkbox"/> Split System A/C <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller	Manufacturer: _____ Date of Previous Service: _____ Equipment Capacity in Tons (provide documentation): _____ Describe work performed: _____	Model #: _____ Current Service Date: _____
UNIT 2	Equipment Type: <input type="checkbox"/> Unitary/Rooftop Unit A/C <input type="checkbox"/> Split System A/C <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller	Manufacturer: _____ Date of Previous Service: _____ Equipment Capacity in Tons (provide documentation): _____ Describe work performed: _____	Model #: _____ Current Service Date: _____
UNIT 3	Equipment Type: <input type="checkbox"/> Unitary/Rooftop Unit A/C <input type="checkbox"/> Split System A/C <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller	Manufacturer: _____ Date of Previous Service: _____ Equipment Capacity in Tons (provide documentation): _____ Describe work performed: _____	Model #: _____ Current Service Date: _____
UNIT 4	Equipment Type: <input type="checkbox"/> Unitary/Rooftop Unit A/C <input type="checkbox"/> Split System A/C <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller	Manufacturer: _____ Date of Previous Service: _____ Equipment Capacity in Tons (provide documentation): _____ Describe work performed: _____	Model #: _____ Current Service Date: _____

Did you indicate equipment type and capacity in tons for each unit above? (required to receive incentive) Yes

COOLING TUNE-UP INCENTIVE

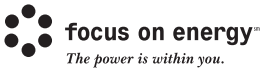
A. Total up equipment capacity of all units above (in tons) then multiply by \$2.00/ton =	\$ _____
B. Cost of Service = \$ _____ x 50% =	\$ _____
TOTAL INCENTIVE REQUESTED (Lesser of A or B above):	\$ _____

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STEAM TRAP SURVEY AND REPAIR REQUIREMENTS:

1. Customer may apply for survey incentive, or repair incentive, or both. Survey incentive is available for all traps, regardless of condition. Repair incentive is only available for the repair or replacement of traps that have malfunctioned **and are leaking steam**. It is not available for traps that are failed closed or are plugged.
2. Copy of paid invoice must be included with application. Survey and/or repair incentives will not exceed invoice cost.
3. These incentives are available only once per steam system per 12 month period. Repairs should be performed within 9 months of survey completion to ensure that all failed traps have been repaired.
4. Municipal steam systems (i.e. "city steam") are not a qualifying utility.
5. If mass replacement of steam traps is done without a survey, the program will assume that 30 percent of the traps were leaking and will pay a repair incentive on 30 percent of the traps replaced.
6. Log Sheet: Steam trap survey and repair work must be recorded and attached to the incentive application. Vendor must create and fill in the log as work is completed. Required fields (minimum):

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ■ ID Tag Number ■ Location Description ■ Nominal Steam Pressure ■ Trap Type | <ul style="list-style-type: none"> ■ Indicate Condition (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Functioning Properly <input type="checkbox"/> Malfunctioning, Not Leaking Steam <input type="checkbox"/> Malfunctioning, Leaking Steam | <ul style="list-style-type: none"> ■ Survey Date / Repair Date ■ Survey / Repair Technician Name ■ Orifice Size (if repaired or replaced) ■ Notes |
|--|--|---|

A sample log sheet can be found at www.focusonenergy.com/incentives/business

SURVEY INCENTIVE FOR STEAM TRAPS Survey must include information listed above

Do you intend to repair (or replace) the leaking traps identified in this survey?	
If not now, when?	
Is a copy of survey log included? (must be included to receive incentive)	<input type="checkbox"/> Yes
A. Number of traps surveyed, ≤15 psig _____ x \$15 =	\$
B. Number of traps surveyed, >15 psig _____ x \$25 =	\$
C. Incentive Subtotal (sum of A and B) =	\$

REPAIR INCENTIVE FOR LEAKING STEAM TRAPS

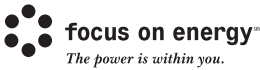
Indicate number of leaking steam traps repaired or replaced in each pressure range and calculate incentive	D. Number of leaking traps repaired, <50 psig _____ X \$50 =	\$
	E. Number of leaking traps repaired, 50-125 psig _____ X \$100 =	\$
	F. Number of leaking traps repaired, 126-225 psig _____ X \$150 =	\$
	G. Number of leaking traps repaired, >225 psig _____ X \$200 =	\$
	H. Incentive Subtotal: Sum of D, E, F, G =	\$
Indicate type of steam system: <input type="checkbox"/> General Heating (i.e. HVAC) <input type="checkbox"/> Industrial Process		
	TOTAL INCENTIVE REQUESTED (C+H) =	\$
Incentive not to exceed invoice cost.		

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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 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.

TERMS & CONDITIONS

- Incentive Offer:** This application covers 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 service(s) 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.
 - 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.

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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