

INCENTIVE APPLICATION

FOR PROJECTS COMPLETED BY 12/31/2020

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL DELAY PAYMENT OF INCENTIVES. APPLICATIONS MUST BE SUBMITTED WITHIN 60 DAYS OF COMPLETED PROJECT INSTALLATION, NO LATER THAN JANUARY 31, 2021. FOR ADDITIONAL COPIES OF THIS FORM, VISIT FOCUSONENERGY.COM/CATALOGS.

SECTION 1

ACCOUNT AND CUSTOMER INFORMATION

TAX IDENTIFICATION NUMBER (Check one.)

FEIN or SSN _____
FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF CUSTOMER

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 Limited Liability Corporation Classification C, S, P _____
(C = C corporation, S = S corporation, P = partnership)
 Other _____

OWNER NAME (REQUIRED IF SSN IS USED AS TAX IDENTIFICATION NUMBER) _____

COMPANY NAME _____

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9) _____

CITY _____ STATE _____ ZIP _____

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY ON THIS PROJECT? (CONTACT NAME) _____

How did you hear about us? (Check one.)

- Community Association/Agency Distributor/Supplier
 Focus Direct Mail/Postcard Focus Email Focus Event
 Focus Staff/Energy Advisor Focus Website Internet Search
 Manufacturer National Rebate Administrator Newspaper
 Past Participation Radio Social Media Trade Ally/Contractor
 Trade Show/Fair TV Utility Bill Insert/Direct Mail
 Utility Contact Utility Email Utility Website
 Word of Mouth - Referral Other: _____

SECTION 2

JOB SITE INFORMATION

(Refer to your utility bills for account numbers below.)

JOB SITE BUSINESS NAME _____

ELECTRIC UTILITY AT JOB SITE _____ ELECTRIC ACCOUNT # _____

GAS UTILITY AT JOB SITE _____ GAS ACCOUNT # _____

- Job Site Address is same as Legal Address
 Job Site Address is different (complete below)

JOB SITE ADDRESS _____

CITY _____ STATE _____ ZIP _____



SECTION 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME _____

PRIMARY PHONE # _____ E-MAIL ADDRESS _____

I opt in to receive program updates via text message.

Preferred method of contact:

- Call E-mail Text

If Focus on Energy has a question about this application, we should contact:

- Customer Trade Ally Other _____

SECTION 4

TRADE ALLY INFORMATION



TRADE ALLY CONTACT NAME _____

PRIMARY PHONE # _____ E-MAIL ADDRESS _____

TRADE ALLY COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SECTION 5

BUSINESS PAYMENT INFORMATION

Make incentive check payable to:

- Customer Trade Ally (complete items B and C)
 Other Payee (complete items A, B and C)

Mail check to:

- Customer Address Job Site Address Trade Ally Address
 Other Payee or Alternate Address (complete below)

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENTION TO (OPTIONAL) _____

A. For Other Payee, specify relationship to utility account holder (this is required if check payable to someone other than Customer or Trade Ally):

- Tenant Building Owner Other (specify) _____

B. If a Trade Ally or Other Payee is receiving the incentive payment, provide the Tax Identification Number. To receive payment, a Trade Ally must be registered. Payee is responsible for any associated tax consequences.

TAX IDENTIFICATION NUMBER (Check one.)

FEIN or SSN _____
FEIN OR SOCIAL SECURITY NUMBER

C. BUSINESS CLASSIFICATION

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 Limited Liability Corporation Classification C, S, P _____
(C = C corporation, S = S corporation, P = partnership)
 Other _____

SECTION 6

BUSINESS PROPERTY TYPE

Select one only. If applying for both existing and new construction equipment incentives please complete two separate applications.

- Existing Building New Construction

Select one (1) property type that best describes your business:

- | | | | |
|---|--|---|--|
| <input type="radio"/> Agriculture Producer | <input type="radio"/> Government | <input type="radio"/> Multifamily | <input type="radio"/> Retail |
| <input type="radio"/> Dairy - Traditional | <input type="radio"/> Grocery/Convenience Store | <input type="radio"/> Office | <input type="radio"/> Vehicles Sales/Service |
| <input type="radio"/> Dairy - Robotic | <input type="radio"/> Healthcare | <input type="radio"/> Religious Worship | <input type="radio"/> Water/Wastewater |
| <input type="radio"/> Other: _____ | <input type="radio"/> Hotels & Lodging | <input type="radio"/> With K+ Daily Education | <input type="radio"/> Other: _____ |
| <input type="radio"/> Education | <input type="radio"/> Manufacturing (product): _____ | <input type="radio"/> No K+ Daily Education | |
| <input type="radio"/> Financial Institution | | <input type="radio"/> Restaurant | |

→ If Dairy, how many milking cows do you have (includes dry cows; excludes heifers not yet fresh)?: _____

SECTION 7

INCENTIVE PRODUCT INFORMATION

Refer to:

- **Applicable incentive catalog at focusonenergy.com/catalogs** for incentive codes, incentive per unit and product eligibility requirements.
- **focusonenergy.com/business/qpls** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at focusonenergy.com/catalogs** if additional lines are needed.

INCENTIVE CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	REQUESTED INCENTIVE (A X B)
L3111 (example)	STARK LIGHTING	LED5VZP	Fixture	10	\$ 18.00	\$ 180.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Manufacturer Specifications Attached (if applicable):		Yes <input type="radio"/>	RESERVATION CODE(S) (if applicable):		Subtotal from Incentive Product Information Sheet (if applicable)	
Itemized Invoice(s) Attached:		Yes <input type="radio"/>	INSTALLATION DATE:		INCENTIVE TOTAL*	

SECTION 8

CUSTOMER SIGNATURE

I, the undersigned Customer or authorized representative of the Customer, agree the stated energy-efficiency measure(s) was (were) installed at the job site address listed above as part of the FOCUS ON ENERGY® Program. I have read and agreed to the provisions set forth herein and to the Terms and Conditions posted at focusonenergy.com/terms. I understand Focus on Energy may revise these Terms and Conditions at any time, and I will not be notified in the event changes are made. To the best of my knowledge, the statements made on this application are complete, true and correct, and I have submitted the appropriate supporting documentation to receive an incentive.

If Other Payee is indicated in Section 5, I, the Customer, attest I am the ratepayer (utility account holder) for the site(s) listed in Section 2, and I assign the right to participate in and receive incentives from the Focus on Energy Program to the Other Payee identified in Section 5.

Certification: The following certifications are required in order for this form to substitute for the Internal Revenue Service (IRS) form W-9. Under penalty of perjury, I certify that:

- 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 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. person.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.



CUSTOMER SIGNATURE _____

NAME (PRINT) _____

DATE _____



Submit applications to:

MAIL: Focus on Energy
725 W. Park Avenue
Chippewa Falls, WI 54729

E-MAIL: business@focusonenergy.com

*Incentive may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.