# PROPANE AND ELECTRIC INCENTIVE APPLICATION

FOR PROJECTS COMPLETED BY 12/31/2021

Complete all sections. Incomplete applications cannot be processed and will delay payment of incentives. Applications must be submitted **within 60 days** of project installation no later than January 31, 2022 or before funding is exhausted, whichever occurs first. For an electronic copy of this form, visit **focusonenergy.com/propane**.



#### **ACCOUNT AND CUSTOMER INFORMATION**

**TAX IDENTIFICATION NUMBER** (Check one. If you use a Social Security number as your tax identification number, leave blank. You will be contacted by a program representative via email to provide a copy of your W-9. You must list an email address in Section 3.)

| O FEIN or O SSN |       |
|-----------------|-------|
|                 | CCINI |

| BUSINESS | CLASSIFICATION | OF CUSTOMER |
|----------|----------------|-------------|
|----------|----------------|-------------|

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

| O Sole Proprietors | hip | O Individual  | <ul><li>Single-Member LLC</li></ul> |
|--------------------|-----|---------------|-------------------------------------|
| O C Corporation    | 0   | S Corporation | O Partnership                       |

| O Limited Liability Company - C Corp   | O Limited Liability Company - S Corp |
|--|--------------------------------------|
| O Limited Liability Company - Partners | hip Q Other                          |

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

| COMPANY N | IAME |
|-----------|------|
|           |      |

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9)

| CITT | SIAIL | ZIF |
|------|-------|-----|
|      |       |     |
|      |       |     |
|      |       |     |

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY ON THIS PROJECT? (CONTACT NAME) How did you hear about us? (Check one.)

| $\circ$ | Community | Association/Agency | $\circ$ | Distributor | /Sunnlier |
|---------|-----------|--------------------|---------|-------------|-----------|

- O Focus Direct Mail/Postcard O Focus Email O Focus Event
- O Focus Staff/Energy Advisor O Focus Website O Internet Search
- ${f O}$  Manufacturer  ${f O}$  National Rebate Administrator  ${f O}$  Newspaper
- O Past Participation O Radio O Social Media O Trade Ally/Contractor
- O Trade Show/Fair O TV O Utility Bill Insert/Direct Mail O Utility Contact
- O Utility Email O Utilty Website O Word of Mouth Referral
- **O** Other: \_\_\_\_\_



## JOB SITE INFORMATION

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

JOB SITE BUSINESS NAME

TYPE OF FUEL DISPLACED (EXAMPLE - PROPANE, DIESEL, ELECTRICITY)

PROPANE SUPPLIER AT JOB SITE

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

JOB SITE ADDRESS

CITY STATE ZIP

ELECTRIC UTILITY/GAS UTILITY ACCOUNT #



3 CUSTOMER CONTACT INFORMATION

| JOB SITE CUSTOMER CONTACT NAME  |   |
|---|---|
| PRIMARY PHONE # E-MAIL ADDRESS  | _ |
| O I opt in to receive program updates via text message.   |   |
| Preferred method of contact: O Call O E-mail O Text   |   |
| If Focus on Energy has a question about this application, we should contact:  |   |
| O Customer O Trade Ally O Other   |   |
| TRADE ALLY INFORMATION TRADE  |   |
| TRADE ALLY CONTACT NAME   | _ |
| PRIMARY PHONE # E-MAIL ADDRESS  |   |
| TOADE ALIV COMPANYAME   |   |
| TRADE ALLY COMPANY NAME   |   |
| ADDRESS   | _ |
| CITY STATE ZIP  |   |
| OIII SIAIE ZIF  |   |
| BUSINESS PAYMENT INFORMATION  |   |
| Make incentive check payable to:  |   |
| O Customer O Trade Ally (complete item A) O Other Payee (complete item B  | 3 |
| Payee is responsible for any associated tax consequences.   |   |
| Mail check to: O Customer Address O Job Site Address  |   |
| O Trade Ally Address O Alternate Address or Other Payee (complete below)  |   |
| COMPANY NAME  | _ |
| ADDRESS   | _ |
| CITY STATE ZIP  | _ |
|   |   |
| ATTENTION TO (OPTIONAL)   | _ |
| A. For Trade Ally Payee To receive payment, a Trade Ally must be registered with a current W-9 on file. P vide the Trade Ally's Tax Identification Number. If you use a Social Security numl as the company tax ID, do not provide it here. |   |
| FEIN  |   |
| B. For Other Payee 1. Individual Contact Information:   |   |
| NAME EMAIL ADDRESS  |   |
| 2. Specify relationship to utility account holder (this is required if check is payable to someone other than the Customer or Trade Ally):  • Tenant • Building Owner • O Other (specify)   |   |
| 3. Select your business classification. (Check one. Required for all businesses, including non-profits.)  |   |
| O Sole Proprietorship O Individual O Single-Member LLC O C Corporation  | n |
| O S Corporation O Partnership O LLC - C Corp O LLC - S Corp   |   |
| O LLC - Partnership O Other   |   |
| 4. A representative of Focus on Energy will reach out to you via email with a method to securely provide a copy of your W-9. This is required to receive  |   |

payment. Provide the email address (if different than the one provided above):



## **BUSINESS PROPERTY TYPE**

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

O If Dairy, how many milking cows do you have?

(including dry cows, excludes heifers not yet fresh)

O Equipment Upgrades & Retrofits O New Construction & Major Renovations

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

- O Dairy Traditional
- O Dairy Robotics
- O Livestock
- Greenhouses
- O Crop Farming
- O Other:



# **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.
- · Your invoice for Manufacturer and Model Number.
- · Incentive Product Information Sheet at focusonenergy.com/catalogs if additional lines are needed.

| INCENTIVE<br>CODE | MANUFACTURER N                          | IAME  | MODEL #                              | UNIT<br>MEASURE | # OF UNITS<br>(A) | INCENTIVE<br>PER UNIT (B)                   | REQUESTED<br>INCENTIVE<br>(A X B) |
|-------------------|---|-------|--------------------------------------|-----------------|-------------------|---|-----------------------------------|
| L3111 (example)   | STARK LIGHTING                          |       | LED5VZP                              | Fixture         | 10                | \$ 15.00                                    | \$ 150.00                         |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
|                   |   |       |                                      |                 |                   | \$  | \$                                |
| Manufacturer Sp   | pecifications Attached (if applicable): | Yes 🔾 | RESERVATION CODE(S) (if applicable): |                 |                   | n Incentive Product<br>neet (if applicable) | \$                                |
| Itemize           | d Invoice(s) Attached:                  | Yes 🔾 | PROJECT COMPLETION DATE:             | / /             | INCE              | NTIVE TOTAL*                                | \$                                |



### **CUSTOMER SIGNATURE**

I, the undersigned 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 the Customer is identified as the Payee in Section 5, the following certifications are required 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.

E-MAIL:

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

|                    |              |      | SIGN<br>HERE |
|--------------------|--------------|------|--------------|
| CUSTOMER SIGNATURE | NAME (PRINT) | DATE |              |



## Submit applications and supporting documentation to:

business@focusonenergy.com

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

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