

PROPANE AND ELECTRIC INCENTIVE APPLICATION

FOR PROJECTS COMPLETED BY 6/30/2022

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 June 30, 2022 or before funding is exhausted, whichever occurs first. For an electronic copy of this form, visit focusonenergy.com/propane.

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ACCOUNT AND CUSTOMER INFORMATION

Tax Identification Number (Check one) FEIN **or** SSN

If you use a Social Security Number (SSN) as your Tax Identification Number, **do not provide it below**. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. **You must list an email address in Section 3.**

FEIN

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 Company - C Corp
 Limited Liability Company - S Corp
 Limited Liability Company - 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: _____

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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

ELECTRIC UTILITY/GAS UTILITY ACCOUNT #

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

JOB SITE ADDRESS

CITY STATE ZIP

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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 _____

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TRADE ALLY INFORMATION



TRADE ALLY CONTACT NAME

PRIMARY PHONE # E-MAIL ADDRESS

TRADE ALLY COMPANY NAME

ADDRESS

CITY STATE ZIP

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BUSINESS PAYMENT INFORMATION

Make incentive check payable to:

- Customer Trade Ally (complete item A)
 Other Payee (complete item B)

Payee is responsible for any associated tax consequences.
Mail check to: Customer Address Job Site Address

Trade Ally Address 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. Provide the Trade Ally's Tax Identification Number. If you use a Social Security Number 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 Other (specify) _____

3. Select your business classification. (Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 LLC - C Corp LLC - S Corp LLC - Partnership
 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):

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BUSINESS PROPERTY TYPE

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

- Equipment Upgrades & Retrofits
- New Construction & Major Renovations

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

- Dairy – Traditional → If Dairy, how many milking cows do you have? (including dry cows, excludes heifers not yet fresh)
- Dairy – Robotics
- Livestock _____
- Greenhouses
- Crop Farming
- Other: _____

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INCENTIVE PRODUCT INFORMATION

Refer to:

- **Applicable incentive catalog at focusonenergy.com/catalogs** for incentive codes, incentive per unit and product eligibility requirements.
- **focusonenergy.com/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 CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	REQUESTED INCENTIVE (A X B)
(Example) L3111	STARK LIGHTING	LED5VZP	Fixture	10	\$ 15.00	\$ 150.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Manufacturer Specifications Attached (if applicable):			Yes <input type="radio"/>	Subtotal from Incentive Product Information Sheet (if applicable)		\$
Itemized Invoice(s) Attached:			Yes <input type="radio"/>	PROJECT COMPLETION DATE: / /	INCENTIVE TOTAL*	\$

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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.

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 and supporting documentation 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.