

RENEWABLE ENERGY GEOTHERMAL INCENTIVE APPLICATION

Complete this application for products purchased and installed between January 1, 2018 and December 31, 2018. Please return the signed, completed application and copy of sales invoice postmarked within 60 days of installation. Focus on Energy incentives are limited and are subject to change without notice. Allow 8–10 weeks for processing. Visit focusonenergy.com/terms for program terms and conditions.

Step 1: Reserve your incentive

Funds are available on a first-come, first-served basis. If you have not started installation, complete and submit a reservation application to hold your incentive funds for up to 90 days. If your installation has already been completed, please submit your incentive application.

Step 2: Complete installation

Work with your contractor to schedule your geothermal installation and complete it within 90 days of your reservation approval.

Step 3: Complete your application

Please fill out all fields unless otherwise directed, and make sure to sign your application. Incomplete or missing information will delay processing.

WHAT YOU'LL NEED:

- A copy of your invoice for installation of a geothermal system.

Step 4: Submit paperwork

Submit your application **within 60 days of the equipment installation** along with supporting documentation to Focus on Energy. Please allow 8–10 weeks for processing and retain a copy for your records.

Focus on Energy – Renewable Incentives
3113 W. Beltline Highway, Suite 100
Madison, WI 53713
Email: renewables@focusonenergy.com
Fax: 888.627.0938

For questions, call: 855.339.8866

1 Customer Contact Information

Customer Name: _____

Email: _____

Phone Number: _____

2 Installation Address Information

Electric Utility Provider: _____

Electric Utility Account Number: _____

Gas Utility Provider: _____

Gas Utility Account Number: _____

Installation Address: _____

City: _____

State: _____

ZIP: _____

WI

This is a(n): Existing Home/Business New Construction

Site Type: Single Family (1–3 units) Multifamily (4+ units) Commercial
 Agriculture School/Government Industrial

3 Payment Information

MAKE CHECK PAYABLE TO: Customer Contact Company
 Business Owner's Legal Name (Sole Proprietors Only)

Mailing Address: _____

City: _____

State: _____

ZIP: _____

4 Customer Legal Information

(Non-Residential or Landlord Customers Only)

Company Legal Name: _____

Business Classification of Customer: (Required for all businesses.)

LLC Corporation Partnership Sole Proprietorship/Individual Other

Tax ID Number: (Complete **ONE** only, must be nine digits)

FEIN: _____ OR SSN: _____

5 Trade Ally/Contractor Information

Company Business Name: _____

Phone Number: _____

Email: _____

City: _____

State: _____

ZIP: _____

6 Signature

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS AVAILABLE AT FOCUSONENERGY.COM/TERMS. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT IN THIS APPLICATION AND THE PRODUCT(S) AND/OR EQUIPMENT FOR WHICH I AM REQUESTING AN INCENTIVE MEETS THE REQUIREMENTS IN THIS APPLICATION. I UNDERSTAND THAT FOCUS ON ENERGY DOES NOT WARRANTY OR GUARANTEE THE DELIVERY OF SERVICES OF MY CHOSEN TRADE ALLY.

Customer Signature: _____

Date: _____

How did you hear about this program?

Community Association/Agency Contractor/Trade Ally Direct Mail
 Friend/Neighbor Internet Social Media Utility Company
 Other (please describe): _____



focus on energySM

Partnering with Wisconsin utilities

Geothermal Heat Pump System Requirements

Geothermal Heat Pump System with Auxiliary Electric Resistance/LP: \$650

- Limited to customers of participating electric utilities who do not have access to natural gas service.

Geothermal Heat Pump System with Auxiliary Natural Gas: \$650

- Limited to customers of participating electric and natural gas utilities.
- If natural gas is available in the area, either a natural gas auxiliary/emergency heat must be used or no auxiliary/emergency heat may be used.

Geothermal Heat Pump Requirements:

- System must have a coefficient of performance (COP) equal to or greater than 3.5 based on the efficiency of a closed-loop system.
- System must have an energy efficiency ratio (EER) rating equal to or greater than 15.
- System must have a multi-stage compressor.
- Large commercial (i.e. three-phase) units are ineligible under this application. Contact Focus on Energy for more information.
- The air handler must have an electronically commutated motor (ECM). An ECM is sometimes referred to as a variable-speed, constant-airflow, constant-torque, electronically efficient (EEM) or X-13 motor. A permanent split capacitor motor (PSC), single- or multi-speed, does not qualify. A Pre-Qualified Equipment List is available at focusonenergy.com/residential/renewable/geothermal-heat-pumps.
- Installed systems must include an air cooling option.
- System must have a minimum of a five-year warranty.
- System must be the primary heating and cooling source for the site.
- Incentive cannot exceed cost to customer.
- If the project site is serviced by a participating Focus on Energy utility and uses a non-residential rate, the project site does not have to be owned by the applicant. The project/system equipment, however, must be owned by the applicant in order to qualify and confirmation of this ownership should be provided. System ownership must revert to the property owner after a specified period of time, not to exceed 25 years.
- System must be purchased new. Resale equipment, new parts installed in existing equipment, or equipment that is rebuilt, rented, received from insurance claims, received from a warranty, or won as a prize does not qualify.

SYSTEM INFORMATION

Brand Name:	Model Number:	Capacity (Tons):	Furnace/Air Handler has ECM: <input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor Brand (Coil):	Indoor Model Number:	Type: <input type="checkbox"/> Water-to-water <input type="checkbox"/> Water-to-air <input type="checkbox"/> Direct <input type="checkbox"/> Open-loop <input type="checkbox"/> Closed-loop	
AHRI Certification Reference Number:		Installation Date:	Installation Cost:
Type of Auxiliary Heat/Emergency Heat Source: <input type="checkbox"/> None <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other _____		Type of Heating System Replaced: <input type="checkbox"/> None <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Electric Resistance <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Other _____	