

Rebate and Incentive Application Process



Application Review Process: Understanding the Steps

- What do we check in the final review?
 - Project and customer eligibility
 - Application completeness
 - Technical specs of equipment installed
 - Invoices, proof of payment
 - Actual installation, with on-site inspection
 - Final review of details



Step One

- Eligibility check
 - Completeness check
 - Technical check
 - Inspection
 - Review check

- Customer is eligible for the program.
- Project meets program specifications.



Step Two

- Eligibility check

 Completeness check
 - Technical check
 - Inspection
 - Review check

- Customer information page is complete.
- Final project completion date is within the program timeframe.
- Customer has signed agreement and signature page.



Eligibility check Completeness check Technical check

- Inspection
- Review check

Step Three

- Worksheets are complete for all measures.
- Specifications are provided as required.
- Invoices match equipment listed on worksheets.
- Energy savings are in final form for custom projects.



Step Four

- Eligibility check
 Completeness check
 Technical check
 Inspection
 - Review check

 Confirms details onsite that may be difficult for the customer or the contractor to confirm through invoices or other documentation.



Step Five

Eligibility check
Completeness check
Technical check
Inspection
Review check

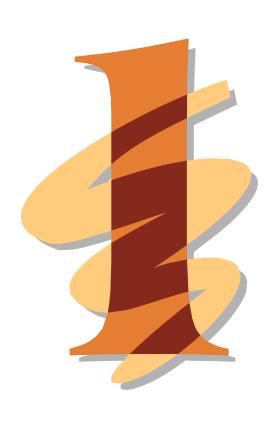
 Ensures the correct program team members have reviewed and approved the application.



Your efforts can speed the process

TIPS TO HELP YOUR APPLICATION MOVE QUICKLY





Be sure to submit the entire application.

Use the checklist.



PPL Electric Utilities E-power Rebates

Total

Rebate

Rebate

PPL Electric Utilities E-power Rebates

INCENTIVE APPLICATION CHECKLIST

ranoorotano tnat tno program	PRE-APPROVAL APPLICATION	FINAL APPLICATION	\$19.00 per fixture	
	Required Attachments	Required Attachments		
I have read and understar set forth in this application meet all eligibility criteria FOR FINAL APPLICATIONS	Customer/Contractor Information For Custom Projects Commissioning/Measurement Plan	Customer/Contractor Information Third Party Payment Designation, if applicable Signature Form Itemized Invoices	\$5.00 per fixture	
OPERATIONAL. A CUSTON FAX OR EMAIL WILL BE TR	Scope of Work For Technical Study Reimbursement Scope of Work Form	Equipment Specifications Updated scope, if applicable For Custom Projects	\$16.00 per lamp with installation of new fixture	
CUSTOMER SIGNATURE (PPL EI PRINT NAME THIRD PART	Incentives Worksheets* Lighting (p.8-9)	Commissioning/Measurement Report For Technical Study Reimbursement Technical Study Reimbursement Form	\$12.00 per lamp with installation of new fixture	
Complete this section ON listed on the Applicant Info I AM AUTHORIZING THIS F THAT I WILL NOT BE RECI	Food Service and Appliance (p. 14-15)	Incentives Worksheets* Lighting (p.8-9) HVAC (p.10-11) Refrigeration (p.12)	\$14.00 per fixture	
UNDERSTAND THAT MY F REBATE REQUIREMENTS Authorized by: CUSTOMER SIGNATURE (PPL CI Check should be made payab	Motors and VFD (p.16 - 17) Custom/Technical Study (p.19-20)	Refrigeration (p.12) Misc Electric (p.13) Food Service and Appliance (p.14-15) Motors and VFD (p.16 - 17) Custom/Technical Study (p.19-20)	\$50.00 per fixture	
PAYEE: COMPANY	Application Date:	Application Date:		
MAILING ADDRESS 1	Estimated Project Cost: Expected Completion Date:	Final Project Cost: Final Completion Date:	\$40.00 per lamp	
II I	Project funds will only be reserved for 90 days	CT EMAIL ADDRESS		





Verify your PPL account number and tax id number.

Submit a copy of your PPL utility bill.



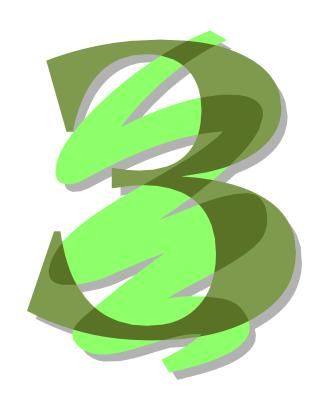
PPL Electric Utilities E-power Rebates

Important: Please read the terms and conditions before signing and submitting this application.

You must complete all information and provide required additional documentation to avoid processing delays.

		CUSTOMER INF	OR	RMATION	
PROJECT TYPE	□N∈	ew Construction		Entire Facility Renovation	
Total Sq. F	tg			Operating Hours:	
Building A	ge:				
EDUCATION - PRIMARY SCHOOL EDUCATION - SECONDARY SCHOOL EDUCATION - COMMUNITY COLLEGE EDUCATION - UNIVERSITY LARGE RETAIL/SERVICE GROCERY MEDICAL - HOSPITAL MEDICAL - CLINIC		LODGING HOTEL (GUEST ROOM) LODGING MOTEL MANUFACTURING - LIGHT IULTI-FAMILY - COMMON AREAS OFFICE - LARGE OFFICE - SMALL RESTAURANT - SIT DOWN RESTAURANT - FAST-FOOD		RETAIL - 3 STORY LARGE RETAIL - SINGLE-STORY LARGE RETAIL - SMALL STORAGE CONDITIONED STORAGE UNCONDITIONED WAREHOUSE OTHER	
Business Type (select one)					
Government (Federal/State/Local) None of the Above		Non-Profit Entity School (University/College)			
Tax Status	_		_		_
Sole-Proprietor		Non-Profit		Government	
Partnership		Corporation		Religious	
START DATE		COMPLETION DATE		ESTIMATED TOTAL COS	ST
NAME OF APPLICANT'S BUSINESS				PROJECT NAME (IF APPLICABLE)	
NAME AS IT APPEARS ON UTILITY BILL		PPL ELECTRIC UTILITY ACCOUN	IT #	APPLICANT TAXPAYER ID # (SSN/F	EDERAL ID)
MAILING ADDRESS				CITY	STATE





Sign your final application.

Include your account number.



randoretana triat trio program may do modinos or terminatos mitriost prior netico.

INCENTIVES REQUESTED AGREEMENT

I have read and understand the program requirements, measure specifications, and terms and conditions set forth in this application and agree to abide by those requirements. Furthermore, I concur that I must meet all eligibility criteria in order to be paid under this program.

FOR FINAL APPLICATIONS, SIGN AND SUBMIT ONLY AFTER ALL EQUIPMENT HAS BEEN INSTALLED AND OPERATIONAL. A CUSTOMER SIGNATURE IS REQUIRED FOR PAYMENT. SIGNED APPLICATIONS RECEIVED B FAX OR EMAIL WILL BE TREATED THE SAME AS ORIGINAL APPLICATIONS RECEIVED BY MAIL.

TOTAL PROJECT COST		"TOTAL INCENTIVES REQUESTED	
CUSTOMER SIGNATURE (PPL Electric	Utilities CUSTOMER)	Your PPL Electric Utilities 10-Digit Account #:	
Jane Q Public			
PRINT NAME	DATE	ACTUAL COMPLETION DA	-7E
II.			





Add the actual project completion date.



randoretana triat trio program may be meanica er terminatea retireat prior netico.

INCENTIVES REQUESTED AGREEMENT

I have read and understand the program requirements, measure specifications, and terms and conditions set forth in this application and agree to abide by those requirements. Furthermore, I concur that I must meet all eligibility criteria in order to be paid under this program.

FOR FINAL APPLICATIONS, SIGN AND SUBMIT ONLY AFTER ALL EQUIPMENT HAS BEEN INSTALLED AND OPERATIONAL. A CUSTOMER SIGNATURE IS REQUIRED FOR PAYMENT. SIGNED APPLICATIONS RECEIVED B FAX OR EMAIL WILL BE TREATED THE SAME AS ORIGINAL APPLICATIONS RECEIVED BY MAIL.

ATE





Complete 3rd party payment release, if applicable.



THIRD PARTY PAYMENT RELEASE AUTHORIZATION (OPTIONAL)

Complete this section ONLY if incentive payment is to be paid to an entity other than the PPL customer listed on the Applicant Information page.

AM AUTHORIZING THIS REBATE PAYMENT TO THE THIRD PARTY NAMED BELOW AND I UNDERSTAND THAT I WILL NOT BE RECEIVING THE REBATE PAYMENT CHECK FROM PPL ELECTRIC UTILITIES. I ALSO UNDERSTAND THAT MY RELEASE OF PAYMENT TO THE THIRD PARTY DOES NOT EXEMPT ME FROM THE REBATE REQUIREMENTS OUTLINED IN THE APPLICATION.

Authorized by:

CUSTOMER SIGNATURE (PPL CUSTOMER)		PRINT NAME	PRINT NAME		
Check should be made payable to:					
PAYEE: COMPANY		Attention To:	Attention To:		
MAILING ADDRESS 1		,			
CITY		STATE	ZIP		
Email: (Used to send status updates regarding this	application and additional in	formation about other PPL Program	os.)		
CONTACT PHONE NUMBER					
TAXPAYER ID # (SSN/FEIN OF PAYEE)	TAX STATUS Corpo	oration (Inc., PC, Etc.), Tax Exempt, Indiv	idual, Other (May receive 1099)		
**Rebate amount will pay the lesser of 1) The calc	ulated incentive as approved	and 2) 50% of the total cost of the p	project		





Submit manufacturer specification sheets for equipment installed.





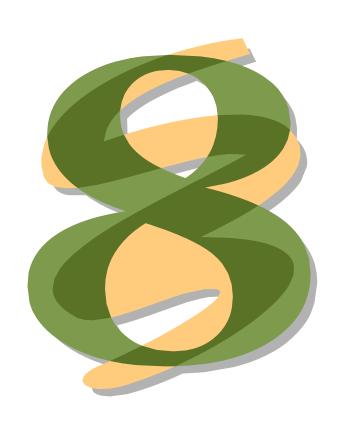
Attach dated, itemized invoices.

Check that equipment listed matches the specifications.



PA's Best Contractor, Inc.				
123 N. Fourth Street				
My City, PA	Date is o	on or afte	er July 1, 20	09
Invoice #555-1212	Inetallat	ess is inclu	ıdı	
Invoice Date: October 10, 2010	IIIStaliat	ion auur	288 18 111010	luc
·	fine building			
For lighting installation at 567 E Cholla Street off	nce building			
Bill to:				
My Favorite Customer Itd PA				
567 E. Cholla Street				
City, PA				
Description with mode	el number for ea	ch item i	installed	
/				
Description	Qty	Cost	Total	
4 Foot T8 lamps (F32T8/841/ECO)	48	\$2.35	\$112.80	
4 lamp Ballasts (EPL4/32VMV/SC/HE)	12	\$13.95	\$167.40	
Misc Supplies	1	\$40.00	\$40.00	
Labor	1	\$275.00	\$275.00	
			\$595.20	
Please remit payment within 20 days.				
Thank you for your business.				
Paíd Decembe	r 15, 2010			





Include PA lighting form for any lighting projects. This is a statewide requirement.



Lighting Form	Appendix C of the PA TRM
Applicant Name:	
Facility Name:	
Facility Address:	
Installation Date (MANDATORY):	
Submission Date:	
PPL Electric Account Number:	

INSTRUCTIONS TO SUBMIT ELECTRONIC EXCEL VORKSHEET: Always submit the Lighting Form worksheet. If it is used, submit the User Input Sheet along with the Lighting Form.

INSTRUCTIONS TO SUBMIT PAPER COPY: Print the form on legal sized paper and submit the *Lighting Form*, including all Applicant information and the Operating Schedule.

Applicant Input Field

	Applicant input Field		Computed Field	J		
Line Item	Floor	Area Description	Facility Type	Usage Group	Equivalent Full Load Hours	Space C
Instruction	Enter the floor on which the fixtures are being installed.	Provide a brief description of the area in which the fixture is being installed to help identify the fixtures.	Use the drop-down menu to select Facility Type. If Facility Type is not listed, fill in "User Input" sheet.	If your connected load savings are less than 50 kW, select "N/A". If your connected load savings are greater than 50 kW, define each usage group in Table 1 of the "User Input" sheet and select the appropriate "Usage Group" from the pull down menu.	Average annual operating hours of the lighting equipment	Select the ty the space w are being ins pull down me COOL - Air C cooled space FREZ - Free MTRF - Medi refrigerated HTRF - High- refrigerated UNCL - Unco
→ →	Lighting Form 🕖 🛚	ser Input Instructio	ns / User Input / Wattage	Table / Extension / Fixtu	re Code Lege	

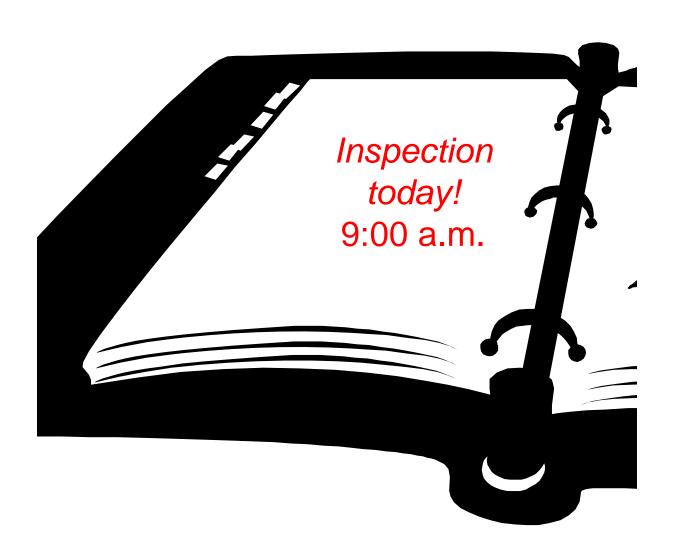
Call for assistance with this form: 1-866-432-5501





Be available for the final inspection.









Send your application ASAP. Funds are limited.