



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.



Step Three

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

- 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 on-site 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

PPL Electric Utilities E-power Rebates

INCENTIVE APPLICATION CHECKLIST

PRE-APPROVAL APPLICATION

Required Attachments

☐ [Customer/Contractor Information](#)

For Custom Projects

☐ Commissioning/Measurement Plan
☐ Scope of Work

For Technical Study Reimbursement

☐ Scope of Work Form

Incentives Worksheets*

☐ [Lighting \(p.8-9\)](#)
☐ [HVAC \(p.10-11\)](#)
☐ [Refrigeration \(p.12\)](#)
☐ [Misc Electric \(p.13\)](#)
☐ Food Service and Appliance (p.14-15)
☐ [Motors and VFD \(p.16 - 17\)](#)
☐ [Custom/Technical Study \(p.19-20\)](#)

Application Date: _____

Estimated Project Cost: _____

Expected Completion Date: _____

Project funds will only be reserved for 90 days from date of reservation.

FINAL APPLICATION

Required Attachments

☐ [Customer/Contractor Information](#)
☐ [Third Party Payment Designation, if applicable](#)
☐ [Signature Form](#)
☐ Itemized Invoices
☐ Equipment Specifications
☐ Updated scope, if applicable

For Custom Projects

☐ Commissioning/Measurement Report

For Technical Study Reimbursement

☐ Technical Study
☐ Reimbursement Form

Incentives Worksheets*

☐ [Lighting \(p.8-9\)](#)
☐ [HVAC \(p.10-11\)](#)
☐ [Refrigeration \(p.12\)](#)
☐ [Misc Electric \(p.13\)](#)
☐ Food Service and Appliance (p.14-15)
☐ [Motors and VFD \(p.16 - 17\)](#)
☐ [Custom/Technical Study \(p.19-20\)](#)

Application Date: _____

Final Project Cost: _____

Final Completion Date: _____

Incomplete applications will delay processing and incentive payment.

Rebate	Total Rebate
\$19.00 per fixture	
\$5.00 per fixture	
\$16.00 per lamp with installation of new fixture	
\$12.00 per lamp with installation of new fixture	
\$14.00 per fixture	
\$50.00 per fixture	
\$40.00 per lamp	

I understand that the program

I have read and understand
 set forth in this application
 meet all eligibility criteria

FOR FINAL APPLICATIONS
 OPERATIONAL. A CUSTOM
 FAX OR EMAIL WILL BE TR

TOTAL PROJECT COST

CUSTOMER SIGNATURE (PPL E)

PRINT NAME

THIRD PART

Complete this section ON
 listed on the Applicant Inf

I AM AUTHORIZING THIS R
 THAT I WILL NOT BE REC
 UNDERSTAND THAT MY R
 REBATE REQUIREMENTS

Authorized by:

CUSTOMER SIGNATURE (PPL C)

Check should be made payab

PAYEE: COMPANY

MAILING ADDRESS 1

CITY

Email: (Used to send status updates regarding this application and administrative correspondence)

CONTACT PHONE NUMBER

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 INFORMATION

PROJECT TYPE ☐ New Construction ☐ Entire Facility Renovation

Total Sq. Ftg. _____

Operating Hours: _____

Building Age: _____

EDUCATION - PRIMARY SCHOOL	<input type="checkbox"/>	LODGING HOTEL (GUEST ROOM)	<input type="checkbox"/>	RETAIL - 3 STORY LARGE	<input type="checkbox"/>
EDUCATION - SECONDARY SCHOOL	<input type="checkbox"/>	LODGING MOTEL	<input type="checkbox"/>	RETAIL - SINGLE-STORY LARGE	<input type="checkbox"/>
EDUCATION - COMMUNITY COLLEGE	<input type="checkbox"/>	MANUFACTURING - LIGHT	<input type="checkbox"/>	RETAIL - SMALL	<input type="checkbox"/>
EDUCATION - UNIVERSITY	<input type="checkbox"/>	MULTI-FAMILY - COMMON AREAS	<input type="checkbox"/>	STORAGE CONDITIONED	<input type="checkbox"/>
LARGE RETAIL/SERVICE	<input type="checkbox"/>	OFFICE - LARGE	<input type="checkbox"/>	STORAGE UNCONDITIONED	<input type="checkbox"/>
GROCERY	<input type="checkbox"/>	OFFICE - SMALL	<input type="checkbox"/>	WAREHOUSE	<input type="checkbox"/>
MEDICAL - HOSPITAL	<input type="checkbox"/>	RESTAURANT - SIT DOWN	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
MEDICAL - CLINIC	<input type="checkbox"/>	RESTAURANT - FAST-FOOD	<input type="checkbox"/>		

Business Type (select one)

Government (Federal/State/Local) ☐ Non-Profit Entity ☐
None of the Above ☐ School (University/College) ☐

Tax Status

Sole-Proprietor ☐ Non-Profit ☐ Government ☐
Partnership ☐ Corporation ☐ Religious ☐

START DATE	COMPLETION DATE	ESTIMATED TOTAL COST
NAME OF APPLICANT'S BUSINESS		PROJECT NAME (IF APPLICABLE)
NAME AS IT APPEARS ON UTILITY BILL	PPL ELECTRIC UTILITY ACCOUNT #	APPLICANT TAXPAYER ID # (SSN/FEDERAL ID)
MAILING ADDRESS	CITY	STATE ZIP



Sign your final
application.

Include your account
number.



Understand that the program may be modified or terminated without prior notice.

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 BY 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 #:	
<i>Jane Q Public</i>			
PRINT NAME	DATE	ACTUAL COMPLETION DATE	



Add the actual
project completion
date.



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TOTAL PROJECT COST		**TOTAL INCENTIVES REQUESTED	
CUSTOMER SIGNATURE (PPL Electric Utilities CUSTOMER)		Your PPL Electric Utilities 10-Digit Account #:	
<i>Jane Q Public</i>			
PRINT NAME	DATE	ACTUAL COMPLETION DATE	





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.

I 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

Check should be made payable to:

PAYEE: COMPANY

Attention To:

MAILING ADDRESS 1

CITY

STATE

ZIP

Email: (Used to send status updates regarding this application and additional information about other PPL Programs.)

CONTACT PHONE NUMBER

TAXPAYER ID # (SSN/FEIN OF PAYEE)

TAX STATUS Corporation (Inc., PC, Etc.), Tax Exempt, Individual, Other (May receive 1099)

****Rebate amount will pay the lesser of 1) The calculated incentive as approved and 2) 50% of the total cost of the 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 on or after July 1, 2009

Invoice #555-1212

Invoice Date: October 10, 2010

Installation address is included

For lighting installation at 567 E Cholla Street office building

Bill to:

My Favorite Customer Ltd PA

567 E. Cholla Street

City, PA

Description with model number for each item 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.

PAID -- December 15, 2010

Invoice shows paid status



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 WORKSHEET: 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		Computed Field				
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 type of the space which are being installed. pull down menu: COOL - Air Cooled space; FREZ - Free; MTRF - Medium refrigerated space; HTRF - High-temperature refrigerated space; UNCL - Uncooled

Navigation: [Previous] [Next] [Lighting Form] [User Input Instructions] [User Input] [Wattage Table] [Extension] [Fixture Code Legend] [Fixture]

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



Be available for the
final inspection.





Send your
application ASAP.
Funds are limited.