

CONSERVE & \$SAVE®

COMMERCIAL LIGHTING REBATE APPLICATION

1. CUSTOMER INFORMATION (please print)

Account Name _____ Doing Business As (if different from Account Name) _____

Installation Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) (rebate check will be mailed here) _____ City _____ State _____ Zip Code _____

Account Number _____

Send us a rebate check. Apply rebate to our account.

Type of Business: Church Government Grocery Health Industrial Lodging
 Multi-family Office Restaurant Retail School Other _____

How did you hear about CONSERVE & SAVE®? Billboard Chamber of Commerce Contractor Newspaper Radio
 Retailer/Vendor TV Utility Mailing Utility Newsletter Utility Representative Utility Web Site Other _____

2. CONTACT INFORMATION (please print)/CUSTOMER SIGNATURE

ATTENTION: ALL INVOICES OR RECEIPTS AND ALL SPECIFICATION SHEETS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

Contact Name (rebate check will be mailed to contact) _____ () _____
Daytime Phone Number _____

Email _____

I certify that all the information in the application (including any associated worksheets) is correct to the best of my knowledge. I have read and agree to the Terms and Conditions on the back of this application booklet. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from The Utility is received, the proposed project may not qualify for a rebate.

Customer's Signature _____ Date _____

Check here if you DO NOT give us permission to use your business name in advertising our CONSERVE & SAVE® programs.

3. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Name _____ () _____
Daytime Phone Number _____

Email _____

TEAMING UP TO SAVE YOU MONEY

CONSERVE & \$SAVE®

OFFICE USE ONLY Date Received _____

Pre-Inspected? YES NO Date _____ Initials _____

Post-Inspected? YES NO Date _____ Initials _____

TOTAL REBATE AMOUNT \$ _____

4. REBATE INFORMATION: LIGHTING EQUIPMENT

Project Type: NEW CONSTRUCTION
 RETROFIT

O L D S Y S T E M			N E W S Y S T E M						R E B A T E			
A	B	C	D	E	F	G	H	I	J	K	L	M
Equipment Code*	Old Equipment Description	Qty.	New Equipment Code*	New Equipment Description	Total LED Wattage <i>(if applicable)</i>	Qty.	Is This Space Air Conditioned?	Annual Hours of Operation#	Check Here if Operated 10pm – 6am	Total Equipment Cost <i>(not including labor) (Unit Cost x G)</i>	Rebate Amount per Equipment*	Total Rebate Amount <i>(G x L)</i>
1.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
2.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
3.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
4.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
5.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
6.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
7.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
8.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
9.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$
10.							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	\$	\$	\$

*For equipment codes and rebate amounts, please see the Tables included with this application or visit our web site as listed on the back of this application.

LIGHTING EQUIPMENT SUBTOTAL

\$

#Guidelines for Annual Hours of Operation if Actual Hours are Unknown:

Building Type	Hours	Building Type	Hours
24-Hour Facility/Exits	8,760	Office	3,435
Exterior Lighting	4,380	Restaurant	4,156
Grocery/Supermarket	4,612	Retail	3,068
Health	3,392	School – College	5,010
Hospital (rooms)	4,532	School – Elementary/Secondary	2,080
Hotel/Motel (rooms)	2,697	Warehouse	2,388
Manufacturing	5,913	Other/Miscellaneous	2,278

TOTAL LABOR COST FOR ALL LIGHTING IMPROVEMENTS

This is the total labor cost for installation of ALL equipment listed on pages 2 and 3 – Lighting Equipment, LED Lighting in Enclosed Refrigerated Display Cases, Occupancy Sensors, and Photocells.

\$

5. REBATE INFORMATION: LED LIGHTING IN ENCLOSED REFRIGERATED DISPLAY CASES

Project Type: NEW CASE RETROFIT

CASE INFORMATION			EXISTING LIGHTING				LED LIGHTING				REBATE	
A	B	C	D	E	F	G	H	I	J	K		
Case Manufacturer/Description <small>(ex. "Zero Zone - pizza case #1")</small>	Case Door Quantity <small>(converted to LED)</small>	Code <small>(from Lighting Tables)*</small>	Qty.	Code <small>(from Lighting Tables)*</small>	LED Wattage per strip <small>(watts)</small>	Qty.	Annual Hours of Operation	Total Equipment Cost <small>(excluding labor) (Unit Cost x G)</small>	Rebate Amount per Door*	Total Rebate Amount <small>(B x J)</small>		
1.								\$	\$	\$		
2.								\$	\$	\$		
3.								\$	\$	\$		
4.								\$	\$	\$		
LED LIGHTING IN ENCLOSED REFRIGERATED DISPLAY CASES SUBTOTAL										\$		

*For equipment codes and rebate amounts, please see the Tables included with this application or visit our web site as listed on the back of this application.

6. REBATE INFORMATION: OCCUPANCY SENSORS/PHOTOCELLS

Project Type: NEW CONSTRUCTION RETROFIT

CONTROLLED EQUIPMENT					OCCUPANCY SENSORS / PHOTOCELLS					REBATE					
A	B	C	D	E	F	G	H	I	J	K	L	M			
Equipment Code*	Controlled Equipment Description	Total LED Wattage <small>(if applicable)</small>	Low-Wattage Fluorescent Lamps? <small>(if applicable)</small>	Qty. Controlled by Sensors/Photocells	Annual Hours of Operation#	Equipment Code*	Sensor/Photocell Description	Qty.	Is This Space Air Conditioned?	% of Time Lights Are Off**	Total Cost of Sensors/Photocells	Rebate Amount per Sensor/Photocell*	Total Rebate Amount <small>(I x M)</small>		
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$		
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$		
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$		
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$	\$		
OCCUPANCY SENSORS/PHOTOCELLS SUBTOTAL												\$			

* For equipment codes and rebate amounts, please see the Tables included with this application or visit our web site as listed on the back of this application.

Sensor Type	% of Time Lights Are Off
Occupancy Sensor - Wall Mount	30%
Occupancy Sensor - Ceiling Mount	30%
Photocell - Continuous Dimming	30%
Photocell - Multiple Step Dimming	20%
Photocell - On/Off	10%

TOTAL LABOR COST FOR ALL LIGHTING IMPROVEMENTS

This is the total labor cost for installation of ALL equipment listed on pages 2 and 3 - Lighting Equipment, LED Lighting in Enclosed Refrigerated Display Cases, Occupancy Sensors, and Photocells.

\$

7. TERMS AND CONDITIONS

1. ELIGIBILITY

Rebates are available to non-residential electric customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities (herein referred to as The Utility). All products must be in use in facilities in The Utility service territory. Rebates are for installed equipment only – extra bulbs/ballasts are NOT eligible. For lighting retrofit systems to be eligible, they must show a net reduction in kW usage from that of the existing lighting system.

2. APPLICATION

Program is offered January 1 through December 31 of the respective calendar year. **Due to limited funding, this rebate offer can be changed or withdrawn at any time without notice and is available on a first-come, first-serve basis.** The entire rebate application must be read and filled out completely or application will be returned.

3. INSPECTION AND VERIFICATION

The Utility reserves the right to inspect the customer's facility through on-site visits before and after new equipment installation to verify rebate eligibility.

4. INSTALLATION AND REBATE AMOUNTS

Qualifying energy-efficient equipment installed and operational within six (6) months of the date of purchase are eligible for rebate. Additional time may be granted subject to the Utility's pre-approval. In no case will the rebate paid by The Utility exceed the purchase price of the equipment. The maximum rebate amount is \$100,000 per customer location per technology per year. The Utility can, at its sole discretion, increase rebate amounts.

5. INVOICE AND PAYMENT

Following inspection and verification (see #3) and completed installation, the customer must notify The Utility and submit original invoices specifying the quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. After satisfactory review of the application and invoices, a rebate check or bill credit will be issued to the customer. Please allow 6-10 weeks from the date of application submission for delivery of rebate check or bill credit.

6. QUALIFYING EQUIPMENT

Ballasts:

To be eligible for a rebate, ballasts must meet the following requirements: 1) power factor greater than 90%, 2) U.L. approved, 3) class "A" sound ratings, 4) total harmonic distortion (THD) less than 20%, 5) warranted by the manufacturer for three (3) years. The Utility reserves the right to require documentation from a certified testing laboratory verifying ballast qualifications.

Reflectors:

To qualify as a reflector, white or specular metal reflectors must have a minimum reflectivity rating of 90%.

LED Lighting in Enclosed Refrigerated Display Cases:

- Applicable to low and medium temperature enclosed display cases with access by customers (open display cases and closed rear-entry deli cases excluded from this prescriptive program).
- For existing case lighting replacement, LED lighting system must replace a fluorescent lighting system and the existing fluorescent fixture end connectors and ballasts must be permanently removed and properly disposed of.
- For new cases, LED lighting system must be installed in lieu of a fluorescent lighting system.
- LED lighting system must be a permanently installed luminaire.
- LED lighting system color rendering index (CRI) must be equal to or greater than 70.
- LEDs must maintain no less than 70% of initial lumen output at 50,000 hours of operation.
- Manufacturer's warranty must be a minimum of 3 years and must include luminaires, mounting hardware, power supplies, and LEDs.
- The power supply must meet the following requirements:
 - Efficiency of at least 85% at 120 volts.
 - Power factor of at least 0.9.
 - Total harmonic distortion (THD) of 20% or less.

Exit Signs:

Only new exit signs that replace incandescent or CFL exit signs qualify. All new exit signs must meet UL-924 requirements. Exit signs must have a usage level less than 5 watts. New exit signs must meet local fire codes. Retrofit kits are not eligible.

7. TAX INFORMATION

The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for details.

8. DISCLAIMER

The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall The Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) office for details at (800) 657-3864.

9. ENDORSEMENT

The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.

10. PRIVACY

Information contained in this rebate application may be shared with the Minnesota Department of Commerce and our co-op partners and also may be used in our advertising efforts with your permission as granted in Section 2 of this rebate application.

RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

Austin Utilities
Attn: Rebate Processing
400 - 4th Street NE
Austin, MN 55912
(507) 433-8886
(507) 433-5045 fax
www.austinutilities.com

Owatonna Public Utilities
Attn: Rebate Processing
P.O. Box 800
Owatonna, MN 55060
(507) 451-2480
(507) 451-4940 fax
www.owatonnautilities.com

Rochester Public Utilities
Attn: Rebate Processing
4000 East River Road NE
Rochester, MN 55906-2813
(507) 280-1500
(507) 280-1542 fax
www.rpu.org