

CONSERVE & \$AVE™

COMMERCIAL COMPRESSED AIR EQUIPMENT REBATE APPLICATION

SECTION A. 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.
(Rebates \$75 and under will be applied to your account. If a box is not checked a bill credit will automatically be issued.)

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 ☐ Social Media ☐ TV ☐ Utility Newsletter ☐ Utility Representative ☐ Utility Web Site ☐ Other _____

SECTION B. 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.

SECTION C. CONTRACTOR/VENDOR INFORMATION (please print)

Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip Code _____

() _____
Daytime Phone Number _____ Email _____

TEAMING UP TO SAVE YOU MONEY



OFFICE USE ONLY

Date Received: _____

Inspected (Date & Initials): Pre: _____ Post: _____

Approval: _____

Date: _____

A/N: _____

TOTAL REBATE:

\$

SECTION D. REBATE INFORMATION – VARIABLE SPEED DRIVE (VSD) AIR COMPRESSOR < 50 HP

EXISTING/BASE COMPRESSOR		NEW COMPRESSOR				REBATE	
A	B	C	D	E	F	G	H
Modulation Type (check one)	Manufacturer	Model	Rated HP (must be < 50 HP)	Quantity	Total Equipment Cost	Rebate per HP	Rebate (D x E x G)
<input type="checkbox"/> Inlet Modulating <input type="checkbox"/> Load/No Load <input type="checkbox"/> Variable Displacement <input type="checkbox"/> None (new installation)					\$	\$30	\$
<input type="checkbox"/> Inlet Modulating <input type="checkbox"/> Load/No Load <input type="checkbox"/> Variable Displacement <input type="checkbox"/> None (new installation)					\$	\$30	\$
TOTAL VARIABLE SPEED DRIVE (VSD) AIR COMPRESSOR < 50 HP REBATE:							\$

SECTION E. REBATE INFORMATION – AIR STORAGE/RECEIVER TANK

EQUIPMENT						REBATE		
A	B	C	D	E	F	G	H	I
Total HP of Baseload Compressors (load/no load systems only)	Total CFM of Baseload Compressors (CFM) ¹	Existing Storage Volume (gallons)	Existing Storage Volume (gallons/CFM) ²	New Storage Volume (gallons)	New (existing + added) Storage Volume (gallons/CFM) ³	Total Equipment Cost	Rebate per HP	Rebate (A x H)
			<input type="checkbox"/> None (new installation) <input type="checkbox"/> 0-1 gallons/CFM <input type="checkbox"/> 2-3 gallons/CFM <input type="checkbox"/> 4-5+ gallons/CFM		<input type="checkbox"/> 5-7 gallons/CFM <input type="checkbox"/> 8+ gallons/CFM	\$	\$15	\$
TOTAL AIR STORAGE/RECEIVER TANK REBATE: \$								

¹ If actual CFM is unknown, estimate CFM as follows: Total HP (from column A) x 5 CFM/HP = _____ CFM (enter value into column B)

² Existing Storage Volume (gallons/CFM) = Existing Storage Volume (gallons) / CFM (from column C) / CFM (from column B) = _____ gallons/CFM (check matching option in column D)

³ New Storage Volume (gallons/CFM) = New Storage Volume (gallons) / CFM (from column E) / CFM (from column B) = _____ gallons/CFM (check matching option in column F)

SECTION F. REBATE INFORMATION – PRESSURE/FLOW CONTROLLER

A	B	C	D	E	F	G	H	I
Total HP of Baseload Compressors Distributing Through Controller (must be ≥ 50 HP)	Controller Manufacturer	Controller Model	Average System Pressure Without Controller (psig)	Average System Pressure With Controller (psig)	Pressure Reduction (must be ≥ 5 psig) (D - E))	Total Equipment Cost	Rebate per HP	Rebate (A x H)
						\$	\$5	\$
TOTAL PRESSURE/FLOW CONTROLLER REBATE:								\$

SECTION G. REBATE INFORMATION – NO LOSS CONDENSATE DRAIN

A	B	C	D	E	F
Drain Manufacturer	Drain Model	Quantity	Total Equipment Cost	Rebate per Drain	Rebate (C x E)
			\$	\$100	\$
			\$	\$100	\$
			\$	\$100	\$
			\$	\$100	\$
TOTAL NO LOSS CONDENSATE DRAIN REBATE:					\$

SECTION H. REBATE INFORMATION – LOW PRESSURE DROP FILTERS

A	B	C	D	E	F	G	H	I
Total HP of Baseload Compressors Distributing Through Controller (must be ≥ 50 HP)	Filter Manufacturer	Filter Model	Rated Initial Pressure Drop of New Filter (must be ≤ 1 psi)	Rated Life of New Filter (must be ≥ 5 years)	Quantity	Total Equipment Cost	Rebate per HP	Rebate (A x F x H)
						\$	\$5	\$
						\$	\$5	\$
						\$	\$5	\$
TOTAL LOW PRESSURE DROP FILTERS REBATE:								\$

SECTION I. REBATE INFORMATION – REFRIGERATED CYCLING AIR DRYER

A	B	C	D	E	F	G
Dryer Manufacturer	Dryer Model	Dryer Rated CFM	Quantity	Total Equipment Cost	Rebate per CFM	Rebate (C x D x F)
				\$	\$2	\$
				\$	\$2	\$
				\$	\$2	\$
				\$	\$2	\$
TOTAL REFRIGERATED CYCLING AIR DRYER REBATE:						\$

SECTION J. REBATE INFORMATION – ENGINEERED NOZZLES

A	B	C	D	E	F	G	H	I
Nozzle Diameter	Nozzle Manufacturer	Nozzle Model	Maximum SCFM @ 80 psig	Rated SCFM @ 80 psig	Quantity	Total Equipment Cost	Rebate per Nozzle	Rebate (F x H)
1/8"			10			\$	\$25	\$
1/4"			18			\$	\$25	\$
5/16" – 3/8"			35			\$	\$25	\$
1/2"			60			\$	\$25	\$
TOTAL ENGINEERED NOZZLES REBATE:								\$

LEAK CORRECTION

If you are an electric customer of the Utility that has a total of at least 10 HP of air compressors that operate at least 2,000 hours per year, your Utility can provide you the use of an Ultrasonic Leak Detector for free to locate your leaks without shutting down your processes. Please see our Compressed Air Leak Correction Rebate Application for details.

SECTION K. TERMS AND CONDITIONS

1. ELIGIBILITY

Rebates are available to non-residential customers of Austin Utilities, Owatonna Public Utilities, and Rochester Public Utilities (here-in referred to as The Utility). All products must be in use in facilities in the Utility service territory.

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-served basis.** All projects must be pre-approved by the Utility to qualify for a rebate. The entire rebate application must be read and filled out completely or the 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 or inventory to verify rebate eligibility. The Utility reminds you to follow all local permitting and building code ordinances.

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.

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 model number, quantity and price of all materials purchased, the date ordered, installation costs, and applicable taxes. After satisfactory review of the invoices and on-site verification, a rebate check will be issued to the Customer. Vendors or contractors are not eligible to receive the rebate. Please allow 6 – 10 weeks from the date of on-site inspection for delivery of payment. The utility reserves the right to apply rebates to past due accounts.

6. EQUIPMENT ELIGIBILITY REQUIREMENTS

All equipment must be new. Used or rebuilt equipment is not eligible for an incentive. Eligible equipment must meet or exceed the specific requirements shown below. Usage of the new equipment must be at least 2,000 hours per year. Equipment that does not meet the requirements shown in this application may be eligible for an incentive under our Custom Program. Please contact the Utility for details.

Variable Speed Drive (VSD) Air Compressor < 50 HP:

- VSD compressor must be less than 50 HP.
- VSD compressors purchased for backup do not qualify.
- Adding a VSD to an existing compressor does not qualify.
- Manufacturer specification sheet and CAGI sheet must accompany this application.

Air Storage/Receiver Tank:

- Applicable to load/no-load compressor systems only.
- New storage capacity (existing + added capacity) must be at least 5 gallons/CFM.
- Manufacturer specification sheet must accompany this application.

Pressure/Flow Controller:

- Controller must reduce average system air pressure by at least 5 psig.
- Total HP of baseload compressors distributing through controller must be at least 50 HP.
- Controller must be installed downstream from air storage/receiver tanks.
- Manufacturer specification sheet must accompany this application.

No Loss Condensate Drain:

- No loss/zero loss condensate drains only.
- Manufacturer specification sheet must accompany this application.

Low Pressure Drop Filters:

- New filter must replace standard coalescing filter.
- Total HP of baseload compressors distributing through filter must be at least 50 HP.
- New filter must have rated initial pressure drop of 1 psi or less.
- New filter must have rated life of at least 5 years.
- Filters purchased for backup do not qualify.
- Manufacturer specification sheet must accompany this application.

Refrigerated Cycling Air Dryer:

- Refrigerated cycling air dryers purchased for backup do not qualify.
- Existing dryer cannot be equipped with feature allowing operation in cycling mode.
- Installation of controls to existing dryers does not qualify.
- Manufacturer specification sheet and CAGI sheet must accompany this application.

Engineered Nozzles:

- The rated SCFM of the new nozzles cannot exceed the values shown in Section J, column D.
- Manufacturer specification sheet for each nozzle must accompany this application.

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 B of this rebate application.

MAIL OR EMAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTATION TO YOUR UTILITY PROVIDER:

Austin Utilities
Attn: Rebate Processing
1908 14th St NE
Austin, MN 55912-4904
507-433-8886
www.austinutilities.com
rebates@austinutilities.com

Owatonna Public Utilities
Attn: Rebate Processing
PO Box 800
Owatonna, MN 55060
507-451-2480
www.owatonnautilities.com
rebates@owatonnautilities.com

Rochester Public Utilities
Attn: Rebate Processing
4000 E River Rd NE
Rochester, MN 55906-2813
507-280-1500
www.rpu.org
rebates@rpu.org