

2009 Compressed Air Rebate

Section A: CUSTOMER INFORMATION

Customer Name	Electric Account Number	Rate	Application Number
Facility Address	City	State	Zip Code
Service Location Identification			
Mailing Address (if different from above)	City	State	Zip Code
Contact Person/Title	Telephone Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
Federal Tax Identification Number	Rebate Payment Preference (Check one.) <input type="checkbox"/> Check <input type="checkbox"/> Bill Credit <input type="checkbox"/> Pay Contractor	Please Assign Payment to Contractor. Customer Signature:	

Section B: CONTRACTOR INFORMATION

Contractor Name	Contact Person/Title (Print)	Contact Person Signature	
Mailing Address	City	State	Zip Code
Federal Tax Identification Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	Telephone Number	

Section C: DOCUMENT APPROVALS

PRE-INSTALLATION INSPECTION

Utility Signature	Date
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PRE-APPROVAL OFFER

Technical Review - Utility Signature	Date		
Utility Signature	Date	Amount of Rebate Offer (\$)	Completion Date

By signing and dating below, customer accepts this rebate offer and agrees to the Utility Terms and Conditions attached hereto. Pursuant to a Commission order, customer also agrees that the utility will capture all kW and kWh savings and to forgo applying directly or indirectly for any ISO-NE capacity payments resulting from this energy efficiency project. This agreement is contingent upon continued approval and authorization by the Commission to recover said amounts from the System Benefits Charge. The rebate amount cannot exceed the total project costs.

Customer Signature: _____ Date: _____

POST-INSTALLATION INSPECTION

Utility Signature	Date	Total Project Cost (\$)	Amount of Rebate (\$)
Customer Signature	Date		

MANAGEMENT APPROVAL

Utility Signature	Date
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RETROFIT COMPRESSED AIR REBATE WORKSHEET

Air Compressor Rebate Calculation

Item	Compressor Horsepower (A)	Compressor CFM	Annual Hours of Operation	Compressor Control Code ¹	Additional Storage (Yes or No)	Rebate (\$) per HP ² (B)	Air Compressor Rebate (\$) (A X B)
Ex.	25	110	2,950	VSD	Y	\$200	25 X \$200 = \$5,000
1							

Note: Vendor quote or proposal required for rebate.

Additional Primary Storage Rebate Calculation (only applicable if storage code above = "Y")

Item	*Minimum Storage Required (gallons) (A)	**Maximum Storage Eligible (gallons) (B)	Existing Storage (gallons) (C)	Minimum New Storage Required (gallons) (D = A - C)	Maximum New Storage Eligible (gallons) (E = B - C)	***Storage to be installed (gallons) (F)	Storage Rebate F (not to exceed E) x \$2.75
Ex.	220	330	100	120	230	200	200 x \$2.75 = \$550.00
1							

*** System must at least Minimum Storage (A) to be eligible for Compressor Rebate
 Storage capacity over Maximum Storage (E) is not eligible for Storage rebate
 Storage Eligible for rebate is the number of gallons added between D and E

Total Rebate

¹ Compressor Control Codes & Storage Requirements

Compressor Type	Control Code	*Minimum Gallons per CFM	**Maximum Gallons per CFM
Load/No Load	L/NL	4	5
Variable Speed Drive	VSD	2	3
Variable Displacement	VD	2	3

² High Efficiency Air Compressor Rebate per HP

Horsepower	Rebate per HP (L/NL)	Rebate per HP (VSD)	Rebate per HP (VD)
15 to 24	\$170	\$170	N/A
25 to 49	\$145	\$200	N/A
50 to 75	\$120	\$180	\$165

* Minimum Gallons per CFM recommended by the Compressed Air Challenge

** This is the maximum gallons eligible for rebates. Installed capacity may be larger.

Storage Requirement Calculations

	CFM	Gallons per CFM	Calculated Storage in Gallons
Minimum Reg. Storage			
Maximum Reg. Storage			