

CONSERVE & \$AVE

BUILDING SHELL REBATE APPLICATION 2010

1. TERMS AND CONDITIONS

This program offers rebates for the purchase of new energy-efficient equipment. Applicants should review the terms and conditions listed below and fill in the corresponding rebate information on the following pages. To qualify for a rebate, these requirements must be met:

- **Only one service address per application.**
- **The utilities reserve the right to apply rebates to past due accounts. All rebates \$25 and under may be applied to your account. Rebates will not exceed the purchase price.**
- Property must be connected to Austin Utilities or Owatonna Public Utilities natural gas service.
- Windows and insulation must be installed in a conditioned living space where the utility supplies the primary heating energy (e.g. NOT garages or sun porches).
- Qualified Contractors (QCs) have attended the Builder's Association of Minnesota's Air Sealing and Insulation training, have been trained on the details and guidelines of our program, and are willing to meet program standards and submit to quality control inspections.
- Equipment installations must meet our **Minimum Efficiency Requirements** to qualify for a rebate.
- The utilities reserve the right to inspect all work subject to verification or inspection. If property is subject to verification or inspection, rebates will be held until all are completed.
- **Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from the previous year's purchases must be received by March 31.**
- Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
- **Return the completed application and required documentation to your utility provider.**



Austin Utilities
Attn: Rebate Processing
400 - 4th Street NE
Austin, MN 55912-3495
(507) 433-8886
(507) 433-5045 fax
www.austinutilities.com



Owatonna Public Utilities
Attn: Rebate Processing
P.O. Box 800
Owatonna, MN 55060-0800
(507) 451-2480
(507) 451-4940 fax
www.owatonnautilities.com

ATTENTION! ALL THE FOLLOWING SUPPORT ITEMS MUST BE INCLUDED WITH YOUR FULLY-COMPLETED AND SIGNED APPLICATION OR APPLICATION WILL BE RETURNED.

- ✓ **FOR ALL REBATES**, applicants must include a final, detailed copy of the original sales receipt/invoice/picking slip, which must include the customer name, date of sale, manufacturer name, model number, and date of installation.
- ✓ **FOR WINDOW REBATES**, applicants must include the NPRC label for each window type.

SIGNATURE:
I certify that I have read, understand, and agree to the Terms and Conditions of this rebate application and that all equipment has been installed.

CUSTOMER SIGNATURE _____ **Date** _____
(Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.)

OFFICE USE ONLY ID _____ Appliance or Equipment _____

Date of Inspection _____ Approved By & Date _____ **Total Rebate Amount** \$

2. CUSTOMER INFORMATION (please print)

SECTION 2 MUST BE FILLED OUT COMPLETELY OR APPLICATION WILL BE RETURNED

Customer Name _____ E-mail Address _____

Home Phone Number (with area code) _____ Daytime Phone Number (with area code) _____

Mailing Address _____ City _____ State _____ Zip Code + 4 _____

Installation address (if different from mailing address) _____ City _____ State _____ Zip Code + 4 _____

Account Number / Location Number (Location Number for Austin and Owatonna customers only.) _____

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 _____

REQUIRED: I am a: **Residential** Customer
 Owner/Occupant
 Owner/Non-Occupant
 Renter

I am a: **Commercial** Customer
 Owner/Occupant
 Owner/Non-Occupant
 Renter

OFFICIAL USE ONLY

Gas
 Electric
 Water

My home/business is heated by: Electric Gas Don't Know

My water heating is: Electric Gas Don't Know

| Number of People in Household | Annual Household Income |
|-------------------------------|-------------------------|
| 1 | \$21,695 |
| 2 | \$29,140 |
| 3 | \$36,620 |
| 4 | \$44,100 |
| 5 or more | \$51,580 |

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- 1) Find your household size on the table to the left.
- 2) Determine your annual household income, before taxes, including pension, social security, etc.
- 3) Is your household income above or below the amount corresponding to your household size in this table? **above** **below**

(Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.)

3. CONTRACTOR/RETAILER INFORMATION (please print)

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

WINDOWS

MINIMUM EFFICIENCY REQUIREMENTS: 8 sq. ft. opening (one opening equals one window); ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .30 or equivalent energy performance)

REBATE: \$15 per window

Must include NFRC label for each window type:



Self-Installed Dealer Installed Installation Date: _____

Dealer Name (Purchased At): _____ Dealer Phone (with area code): _____

Dealer Address: _____ City: _____ State: _____ Zip Code + 4: _____

Complete the following sections for each window type. Attach an additional sheet if necessary.

U-Factor: _____ Manufacturer: _____ Model: _____ Window Type: _____

| Window Length | Width | Total Sq. In. | Sq. Ft. | # of Windows | Total Sq. Ft. | \$15 per Window |
|---------------|-------|-----------------------|---------|--------------|---------------|-----------------|
| _____ X _____ | | = _____ ÷ 144 = _____ | X _____ | = _____ | | \$ _____ |

U-Factor: _____ Manufacturer: _____ Model: _____ Window Type: _____

| Window Length | Width | Total Sq. In. | Sq. Ft. | # of Windows | Total Sq. Ft. | \$15 per Window |
|---------------|-------|-----------------------|---------|--------------|---------------|-----------------|
| _____ X _____ | | = _____ ÷ 144 = _____ | X _____ | = _____ | | \$ _____ |

U-Factor: _____ Manufacturer: _____ Model: _____ Window Type: _____

| Window Length | Width | Total Sq. In. | Sq. Ft. | # of Windows | Total Sq. Ft. | \$15 per Window |
|---------------|-------|-----------------------|---------|--------------|---------------|-----------------|
| _____ X _____ | | = _____ ÷ 144 = _____ | X _____ | = _____ | | \$ _____ |

U-Factor: _____ Manufacturer: _____ Model: _____ Window Type: _____

| Window Length | Width | Total Sq. In. | Sq. Ft. | # of Windows | Total Sq. Ft. | \$15 per Window |
|---------------|-------|-----------------------|---------|--------------|---------------|-----------------|
| _____ X _____ | | = _____ ÷ 144 = _____ | X _____ | = _____ | | \$ _____ |

ATTIC INSULATION (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THE QC INSTALLED REBATE.**

MINIMUM EFFICIENCY REQUIREMENTS: Must add a minimum of R19 with an ending R value of 44 or greater.

REBATE: **Self Installed:** \$0.10 per square foot; **Qualified Contractor (QC) Installed:** \$150 plus 0.15 per square foot. Rebate is capped at 50% of cost.

Self-Installed Qualified Contractor Installed Installation Date: _____

Check here to signify that all attic bypasses were sealed before insulation was added. If not, explain: _____

Description of Insulation Improvements: _____

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

| | |
|------------------|-------|
| OFFICE USE ONLY | |
| Rebate Total: \$ | _____ |
| Savings: _____ | ccf |

WALL INSULATION (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**

MINIMUM EFFICIENCY REQUIREMENTS: Minimum 450 sq. ft. of insulation for rebate. All requirements must be verified through House Call audit.

INJECTION (QUALIFIED CONTRACTOR INSTALLED): Empty cavities only. Post-Installation Blower Door Verification required.

EXTERIOR RIGID FOAM: R5 or greater over already insulated wall. Wall cavities must be filled.

REBATE: **Injection (Qualified Contractor Installed): \$300; Exterior Rigid Foam Insulation: \$200**

Injection (Qualified Contractor Installed) Exterior Rigid Foam Installation Date: _____

Description of Insulation Improvements: _____

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

ATTIC AIR SEALING (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**

MINIMUM EFFICIENCY REQUIREMENTS: All bypasses indicated by House Call audit must be addressed. Post-Installation Blower Door Verification required.

REBATE: **Qualified Contractor Installed: \$200**

Check here to signify that all bypasses identified in audit were sealed. If not, explain: _____

Describe any additional air sealing performed not identified by audit: _____

Installation Date: _____

Approximate Age of Furnace/Boiler: _____

Furnace/Boiler's Approximate Efficiency: _____ %

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

QUALIFIED CONTRACTOR VERIFICATION (Complete for any QC installed work, except windows.)

Qualified Contractors have attended the Builder's Association of Minnesota's Air Sealing and Insulation training, have been trained on the details and guidelines of our program, and are willing to meet program standards and submit to quality control inspections.

Summary of work performed (check all that apply):

Attic Air Sealing Attic Insulation Wall Cavity Insulation R5 Rigid Foam (added to outside of insulated walls)

The following section must be completed if attic air sealing, or wall cavity insulation work was performed:

Pre-installation blower door test: _____ CFM at _____ Pa Post-installation blower door test: _____ CFM at _____ Pa

% blower door CFM reduction: _____% If less than 25% reduction, please explain: _____

Does house have an atmospherically-vented water heater, furnace, or boiler? Yes No

If Yes, initial below to confirm that the following tests were completed and the property owner was advised of any safety issues:

_____ Spillage evaluation for all atmospherically-vented gas appliances

_____ Worst-case negative pressure measurement for each combustion appliance zone

Signature of Qualified Contractor: _____ **Date:** _____

By signing, I certify that all of the values above are true and accurate and that all work was performed in accordance with the *Conserve & Save House Call Program Air Sealing and Insulation Contractor Requirements and Standards.*

Contractor Name (printed): _____ Contractor License #: _____