



## RESIDENTIAL INCENTIVES APPLICATION

The following information is provided as part of the PowerSavers conservation program to encourage residential customers to select and install energy efficient equipment for their facilities. This program is a joint offering from participating utilities of the Minnkota Power Cooperative (MPC) and the Northern Municipal Power Agency (NMPA).

### Instructions for Use:

*For complete instructions, please refer to the Terms and Conditions on page 8.*

**Step 1: Determine Eligibility:** Equipment must be new and installed in a residence served by one of the participating municipal or cooperative utilities listed below.

<input type="checkbox"/> City of Alvarado	<input type="checkbox"/> Halstad Municipal Utilities	<input type="checkbox"/> Roseau Electric Cooperative
<input type="checkbox"/> Bagley Public Utilities	<input type="checkbox"/> Hawley Public Utilities	<input type="checkbox"/> Roseau Municipal Utilities
<input type="checkbox"/> Baudette Municipal Utilities	<input type="checkbox"/> North Star Electric Cooperative	<input type="checkbox"/> Stephen Municipal Utilities
<input type="checkbox"/> Beltrami Electric Cooperative	<input type="checkbox"/> PKM Electric Cooperative	<input type="checkbox"/> Thief River Falls Municipal Utilities
<input type="checkbox"/> Clearwater-Polk Electric Cooperative	<input type="checkbox"/> Red Lake Electric Cooperative	<input type="checkbox"/> Warren Municipal Utilities
<input type="checkbox"/> Fosston Municipal Utilities	<input type="checkbox"/> Red River Valley Cooperative Power Association	<input type="checkbox"/> Wild Rice Electric Cooperative

**Step 2: Install Equipment.** New equipment must be installed and old equipment removed. Only new products which are exact product types listed in this form are eligible for prescriptive incentives. If the potential incentive is greater than \$5,000 contact the utility to get pre-approval.

**Step 3: Complete and sign the application.** Forms must be received within 60 days of installation. Incomplete applications will cause delays in payment.

**Step 4: Mail completed application and a copy of the itemized invoice to your participating utility,** listed on page 2 of this form.

## PARTICIPATING COOPERATIVES

**Beltrami Electric Cooperative**  
4111 Technology Drive, P.O. Box 488  
Bemidji, MN 56619-0488  
(218) 444-2540 or 1-800-955-6083, (218) 444-3676 (fax)

**Clearwater-Polk Electric Cooperative**  
315 N. Main Ave.  
Bagley, MN 56621  
(218) 694-6241 or 1-888-694-3833, (218) 694-6245 (fax)

**North Star Electric Cooperative**  
441 State Hwy.172 N.W.  
P.O. Box 719  
Baudette, MN 56623-0719  
(218) 634-2202 or 1-888-634-2202, (218) 634-2203 (fax)

**PKM Electric Cooperative**  
406 N. Minnesota Street  
Warren, MN 56762  
(218) 745-4711 or 1-800-552-7366, (218) 745-4713 (fax)

**Red Lake Electric Cooperative**  
P.O. Box 430  
Red Lake Falls, MN 56750-0430  
(218) 253-2168 or 1-800-245-6068, (218) 253-2630 (fax)

**Red River Valley Cooperative Power Association**  
P.O. Box 358  
Halstad, MN 56548-0358  
(218) 456-2139 or 1-800-788-7784, (218) 456-2102 (fax)

**Roseau Electric Cooperative**  
1107 Third Street N.E.  
Roseau, MN 56751  
(218) 463-1543 or 1-888-847-8840, (218) 463-3713 (fax)

**Wild Rice Electric Cooperative**  
P.O. Box 438  
Mahnomon, MN 56557-0438  
(218) 935-2517 or 1-800-244-5709, (218) 935-2519 (fax)

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## PARTICIPATING MUNICIPALS

**City of Alvarado**  
155 Marshall Street  
P.O. Box 935  
Alvarado, MN 56710  
(218) 965-4911

**Bagley Public Utilities**  
P.O. Box M  
Bagley, MN 56621  
(218) 694-2300, (218) 694-6623 (fax)

**Baudette Municipal Utilities**  
P.O. Box 548  
Baudette, MN 56623  
(218) 634-1850, (218) 634-9777 (fax)

**Fosston Municipal Utilities**  
220 East 1<sup>st</sup> Street  
Fosston, MN 56542  
(218) 435-1737, (218) 435-1961 (fax)

**Halstad Municipal Utilities**  
405 2<sup>nd</sup> Ave. West  
Halstad, MN 56548  
(218) 456-2128, (218) 456-2018 (fax)  
www.halstad.com

**Hawley Public Utilities**  
P.O. Box 69  
Hawley, MN 56549  
(218) 483-3331, (218) 483-3332 (fax)

**Roseau Municipal Utilities**  
1198 Center Street West  
Roseau, MN 56751  
(218) 463-2351, (218) 463-1231 (fax)

**City of Stephen Municipal Utilities**  
P.O. Box 630  
Stephen, MN 56757  
(218) 478-3614, (218) 478-3806 (fax)

**Thief River Falls Municipal Utilities**  
P.O. Box 528  
Thief River Falls, MN 56701  
(218) 681-5816, (218) 681-8225 (fax)

**Warren Municipal Utilities**  
120 East Bridge Ave.  
Warren, MN 56762  
218-745-5343, 218-745-5344 (fax)



## 2017 Residential Incentive Application

### Customer Information (Please Print)

Name of Homeowner		Contact Phone	Contact Mobile	
Mailing Address		City	State	ZIP Code
Installation Address		City	State	ZIP Code
Email Address				
Electric Utility Name: _____ Account Number: _____	Gas Utility Name: _____ Account Number: _____	Building Type <input type="checkbox"/> Existing <input type="checkbox"/> New Construction	Building Use <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family How many units? _____	
Fuel Type for Space Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP (Propane) <input type="checkbox"/> Oil <input type="checkbox"/> Other _____				
Fuel Type for Water Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP (Propane) <input type="checkbox"/> Oil <input type="checkbox"/> Other _____				
How did you learn about the program? <input type="checkbox"/> My Utility <input type="checkbox"/> Utility Web site <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Event <input type="checkbox"/> Mail/Bill Insert <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____				

### Contractor Information

Name of Installing Contractor (if applicable)		Contact Phone	Contact Mobile	
Contractor Address		City	State	ZIP Code

#### A. Lighting Equipment *(Incentive must not exceed 75% of purchase price)*

Equipment Type	Specifications	Incentive	Qty	Total
CFL Lamp	Replace incandescent bulb with Compact Fluorescent Lamp (CFL). ENERGY STAR® recommended.	75% of the purchase price (\$2 max/bulb)		
LED Screw-In Bulb	40-60W equivalent incandescent. ENERGY STAR recommended.	75% of the purchase price (\$4 max/bulb)		
	65W or greater equivalent incandescent. ENERGY STAR recommended.	75% of the purchase price (\$8 max/bulb)		
LED Fixture	Complete fixture or replacement kit. ENERGY STAR recommended.	75% of the purchase price (\$8 max/fixture)		
LED Outdoor Fixture	LED Outdoor Fixture Wattage of <40 Watts. Dusk to dawn operation required. DesignLights Consortium™ or ENERGY STAR recommended.	75% of the purchase price (\$20 max/fixture)		
	LED Outdoor Fixture Wattage of >40 Watts. Dusk to dawn operation required. Design Lights Consortium or ENERGY STAR recommended.	75% of the purchase price (\$40 max/fixture)		

B. Appliances					
Equipment Type	Specifications	Incentive	Qty	Total	
Clothes Washer	ENERGY STAR	\$50/unit			
Brand Installed:	Model Number Installed:	Serial Number Installed:			
Clothes Dryer	ENERGY STAR	\$50/unit			
Brand Installed:	Model Number Installed:	Serial Number Installed:			
Refrigerator or Freezer	ENERGY STAR	\$25/unit			
Brand Installed:	Model Number Installed:	Serial Number Installed:			
Removed and recycled old refrigerator <input type="checkbox"/> If yes, you qualify for the bonus incentive of \$25 Removed and recycled old freezer <input type="checkbox"/> If yes, you qualify for the bonus incentive of \$25 <i>(Form on page 9 must be completed and returned with application in order to receive additional incentive)</i>		\$25/unit			
Engine Block Heater Timer		\$10/unit			
C. Water Heating Measures					
Equipment Type	Specifications	Incentive	Qty	Total	
Electric Water Heater	Minimum 80-gallon total capacity, EF ≥0.91. Must be controlled under the utility's load management program	\$150/unit			
Brand Installed:	Model Number Installed:	Serial Number Installed:			
Equipment Replaced <input type="checkbox"/> Electric Water Heater <input type="checkbox"/> Natural Gas Water Heater <input type="checkbox"/> LP Water Heater <input type="checkbox"/> Other: _____					
D. Programmable Thermostat					
Equipment Type	Specifications	Incentive	Qty	Total	
Programmable Thermostat		\$25/unit			
Brand Installed:	Model Number Installed:				
E. Heating, Ventilation Air Conditioning Measures (HVAC) <sup>1</sup> <i>(See page 5 for HVAC requirement)</i>					
Equipment Type	Specifications	AHRI/GAMA Reference Number	Incentive/Unit	Qty	Total
Tune-up for Central AC	Not valid on window AC units		\$25/unit		
Tune-up for Air-Source Heat Pump or Mini-Split Ductless Air-Source Heat Pump			\$25/unit		
<b><i>(Checklist on page 10 must be completed and returned with application in order to qualify for tune-up incentives)</i></b>					
Supplemental Heating Source ASHP	Must modulate to allow ENERGY STAR-rated ASHP to operate down to 5°F, and be on load control		\$500/unit		
Air-Source Heat Pump <sup>3,4</sup>	14 SEER, 8.2 HSPF		\$400/unit		
	15 SEER, 8.5 HSPF		\$500/unit		

Equipment Type	Specifications	AHRI/GAMA Reference Number	Incentive/Unit	Qty	Total
Furnace (Air Handler) with ECM blower <sup>1,2,8,9</sup>	Furnace with an ECM blower		\$100/unit		
Mini-Split Ductless Air-Source Heat Pump <sup>5</sup>	15 SEER		\$500/unit		

Information must be listed for the indoor, outdoor and furnace unit, unless an AHRI certificate can be produced without the furnace unit information:

Furnace Manufacturer:	Model Number(s) Installed:	Serial Number(s) Installed:
Outdoor Unit Air-Source Heat Pump Manufacturer:	Model Number(s) Installed:	Serial Number(s) Installed:
Indoor Unit Air-Source Heat Pump Manufacturer:	Model Number(s) Installed:	Serial Number(s) Installed:

#### F. Geothermal Measures <sup>1, 6, 7, 10</sup>

If equipped with backup electric heat, home must be on load control or demand billing per local utility offerings

Equipment Type	Specifications	AHRI Reference	Incentive/Ton	Qty	Total
Ground-Source Heat Pump Open Loop <135,000 BTUH @ 59°F	16.2 EER/3.6 COP Maximum incentive \$2,500/home		\$200/ton		
Ground-Source Heat Pump Closed Loop <135,000 BTUH @ 77°F	14.1 EER/3.3 COP Maximum incentive \$5,000/home		\$400/ton		
Manufacturer:	Model Number:	Serial Number:			
Manufacturer:	Model Number:	Serial Number:			
Design Temperature used for analysis:	Resulting Heat Loss:	Equipment Heating Capacity Required for Home:			

System Provides:

Cooling  Heating  Both

Type of Geothermal System:

Water-to-water  Water-to-air

#### Requirements for all HVAC Measures:

- Must be installed by qualified, insured contractor. New installations only. Must be the primary heating source for the home and be on a list of prequalified units.
- New furnace/indoor unit installations only. Unit must be equipped with an electronically commutated motor (ECM) as original equipment in the furnace, heat pump or indoor blower. Must be the primary heating source for the home.
- Qualifying units are standard split system, furnace integrated for homes with ductwork. Electricity must be a primary heating source in your new or existing home.
- Unit must be on a list of prequalified units. Units must be labeled as ENERGY STAR® qualified (current listing) or include proof of the following ratings: split-system installations must be rated with a minimum SEER of 14.0, a HSPF of 8.2, considering the evaporator coil, condenser coil and furnace. The furnace and condenser model and serial numbers, evaporator model and serial number, and AHRI reference number are required for all installations. All efficiency ratings will be verified using the AHRI database (ahridirectory.org) or manufacturer specifications.
- Unit must be rated with a minimum SEER of 15.0 and be on a list of prequalified units. AHRI reference numbers are required for all installations. All efficiency ratings will be verified using the AHRI database (ahridirectory.org).
- Geothermal incentives require a heat load calculation to be submitted with the incentive application. Incentive is based off total heating capacity for the home.
- Water-to-water systems need the manufacturer's specifications indicating the equipment meets incentive requirements.
- Indoor units that contain ECM motors which include, fuel-fired furnaces or air handlers with no secondary heating source, also qualify.
- Indoor units that contain ECM motors with system ratings less than 14.0 SEER, 8.2 HSPF, would qualify under the \$100 furnace incentive.
- Units must meet or exceed above efficiency levels or carry an ENERGY STAR qualification. Multi-stage units may be qualified based on the following:  

$$EER = (\text{highest rated capacity EER} + \text{lowest rated capacity EER}) / 2$$

$$COP = (\text{highest rated capacity COP} + \text{lowest rated capacity COP}) / 2$$

**G. Replacement Ground-Source Heat Pump (See requirements listed on next page)**

Equipment Type	Specifications	AHRI Reference	Incentive/Ton	Qty	Total
Replacement Ground-Source Heat Pump Open Loop <135,000 BTUH @ 59°F	16.2 EER/3.6 COP Maximum incentive \$1,250/home		\$100/ton		
Replacement Ground-Source Heat Pump Closed Loop <135,000 BTUH @ 77°F	14.1 EER/3.3 COP Maximum incentive \$2,500/home		\$200/ton		
Manufacturer	Model Number	Serial Number			
Design Temperature used for analysis:	Resulting Heat Loss:	Equipment Heating Capacity Required for Home:			
System Provides: <input type="checkbox"/> Cooling <input type="checkbox"/> Heating <input type="checkbox"/> Both		Type of Geothermal System: <input type="checkbox"/> Water-to-water <input type="checkbox"/> Water-to-air			

**Additional Requirements on Replacement Geothermal Equipment**

1. Incentive available for failed geothermal equipment only.
2. Entire indoor unit replacement is required to receive incentive. Replacing only the compressor will not qualify for the incentive.
3. Equipment must meet or exceed efficiency requirements as stated above.
4. Equipment being replaced must fall outside of any warranty period to receive incentive. Invoice showing proof of purchase must be attached
5. If equipped with backup electric heat, building must be on load control or demand billing per local utility offering.
6. Heat load calculation required with all replacement applications submitted clearly delineating
  - a. Design temperature used for analysis
  - b. Resulting loss
  - c. Equipment heating capacity required for building

**H. Insulation and Air Sealing (See requirements on page 7)**

Measure Type	Specifications	Previous Condition	Post Installation Condition	Incentive	Total Incentive Paid
Attic Insulation	No rebate available for attic insulation upgrades that do not include air sealing of all accessible attic air leaks.			No rebate available	
Air Sealing Only	<u>Pre and post blower test results required</u>			30% of sealing cost, maximum incentive \$300	
Attic Insulation and Air Sealing	<ul style="list-style-type: none"> <li>• Must include air sealing of all accessible attic air leaks</li> <li>• No rebate will be issued for attic upgrades that do not include sealing of all accessible attic air leaks</li> <li>• Attic insulation improvement from a pre-existing R-Value of R-30 or lower to a post R-Value of R-50</li> <li>• No rebate will be issued for attic-insulation only upgrade projects</li> <li>• Attic knee walls insulated to a minimum of R-25 up to R-30</li> </ul>			30% of insulation cost, maximum incentive \$500	

Measure Type	Specifications	Previous Condition	Post Installation Condition	Incentive	Total Incentive Paid
Wall Insulation	<ul style="list-style-type: none"> <li>Wall insulation improved from R-5 or <u>less</u> to a post R-Value of R-11 or higher</li> <li>Attic knee walls are excluded from this portion or the rebate program.</li> </ul>			30% of insulation cost, maximum incentive \$500	

**Insulation and Air Sealing Requirements:**

1. Must have electric heat as the primary heating source.
2. Existing home upgrades only. Not available for new home construction. New construction is defined as a home built within the last two years.
3. Incentives are not eligible for garages, sheds or workshops.
4. Recommend working with a qualified insulation contractor or energy auditor to determine the best air sealing and insulation for your home.
5. If self-installed, the maximum incentive is based on the material cost only (e.g. cost of insulation).

**Summary of Incentives**

A. Subtotal	B. Subtotal	C. Subtotal	D. Subtotal	E. Subtotal	F. Subtotal	G. Subtotal	H. Subtotal	Total Incentives
\$	\$	\$	\$	\$	\$	\$	\$	\$

**Certifications and Signature**

I hereby certify that: 1. The information contained in this application is accurate and complete; 2. All installation is complete and the unit(s) is operational prior to submitting application; 3. All rules of this incentive program have been followed; 4. I have read and understand the terms and conditions included with this document.

I agree to verification of equipment installation, which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one incentive from this program on any piece of equipment. I hereby agree to indemnify, hold harmless and release the utility from any actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages.

Customer Signature	Print Name	Date Equipment Installed:
		Date Submitted:

**Program Use Only**

Date Received:	Post Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incentive Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$	Date Approved:
Utility or Program Representative:			
Joint Program Tracking #			

## Terms and Conditions

1. Incentive Offer: Projects must be implemented (completed) by December 31, 2017. An original signed application and invoices for materials and labor must be delivered to the participating utility at the address located on page 2 of this application within 60 calendar days of installation (completion). Please keep a copy for your records.
2. Proof of Purchase: This application must have complete information and be submitted with an invoice itemizing the new equipment purchased. The manufacturer (OEM) specification sheet(s) are needed only if an AHRI certificate is not available. The invoice must indicate date of purchase, size, type, make, model and total project cost.
3. Compliance:
  - a. All projects are expected to comply with federal, state, and local codes.
  - b. All equipment must be new or retrofitted with new components per the program specifications. Used or rebuilt equipment is not eligible for incentives. Existing equipment must be removed or permanently disconnected.
  - c. Equipment must meet specification requirements and be purchased and operating prior to submitting an incentive application.
  - d. Customers may only receive one incentive per piece of qualifying equipment.
  - e. If the project is in a leased building, the term of the lease must be at least five (5) years.
4. Payment: Once completed paperwork is submitted, incentive payments are usually made within 45 calendar days. Incomplete applications will either delay payments or be denied. The participating utilities reserve the right to refuse payment and participation if the customer or contractor violates program rules and procedures. All projects exceeding \$5,000 in incentives will be inspected prior to incentive payment.
5. Inspection: Program staff may conduct an inspection of the facility to survey installed projects.
6. Publicity: The participating utilities reserve the right to publicize your participation in this program, unless you specifically request otherwise.
7. Program Discretion: Incentives are available on a first-come, first-served basis. This incentive is subject to change or termination without notice at the discretion of the participating utilities.
8. Logo Use: Customers or allies may not use the participating utilities' name or logo in any marketing, advertising, or promotional material without written permission.
9. Disclaimers: The participating utilities
  - a. Do not endorse any particular manufacturer, product, labor or system design by offering these programs;
  - b. Will not be responsible for any tax liability imposed on the customer as a result of the payment of incentives;
  - c. Do not expressly or implicitly warrant the performance of installed equipment or contractor's quality of work (contact your contractor for detailed warranties);
  - d. Is not responsible for the proper disposal/recycling of any waste generated as a result of this project;
  - e. Is not liable for any damage caused by the installation of the equipment or for any damage caused by the malfunction of the installed equipment.

### INCENTIVE LIMIT:

An incentive exceeding \$5,000 must receive written approval before project installation. Total incentives paid are limited to \$10,000 per customer per year. Total incentive not to exceed 75 percent of the project cost.

### ELIGIBILITY:

These incentives are offered by member utilities of the Minnkota Power Cooperative, Inc. and the Northern Municipal Power Agency. For questions regarding eligibility, call your local utility listed on page 2.





# Refrigerator/Freezer Recycling Receipt

## Customer Information:

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Customer Name

Date

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Customer Address

Phone Number

## Recycler Information:

Refrigerator     Freezer

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Brand of Refrigerator or Freezer

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Recycler Company Name

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Recycler Signature

Date

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Customer Signature

Date

**Note: Refrigerator/freezer must be in working condition in order to qualify for \$25 incentive.**



# AC Tune-up Checklist

The technician performing the tune-up must initial that each of the following requirements have been completed. If repair is required above the scope of the tune-up, please note that a proposal was provided to the customer for the additional service in the box provided below.

- Clean and inspect condensate pan and drain
- Clean condenser coil, straighten fins
- Clean evaporator coil, straighten fins
- Clean, repair or replace damaged fan blades (contractor’s discretion if they should be replaced or straightened)
- Inspect, lubricate fan motors
- Repair damaged suction line insulation
- Clean or replace air filter (should be performed minimum of 4 times annually)
- Clean or replace grills and screening
- Calibrate thermostat for accurate control
- Describe overall unit condition:  Excellent  Good  Fair  Poor

**Please note any additional services recommended below:**

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_