# THERMAL ENERGY INVESTMENT PROGRAM

**Project Preapproval Application (PON-007-2024 – Attachment A)**

 **CUSTOMER / COMPANY INFORMATION**

|  |  |  |
| --- | --- | --- |
| Company/Customer Name: [ ]  Business[ ]  Nonprofit Organization[ ]  Municipal | Federal Tax ID: | Tax ID Type: [ ]  EIN [ ]  SSN |
| Tax Status: [ ]  Corporation [ ]  Individual/Sole Proprietor  [ ]  Partnership [ ]  Tax Exempt/Government |
| Mailing Address: | City: | State: | Zip Code: |

Contact Name/Title:

|  |  |  |
| --- | --- | --- |
| Email Address: | Telephone: | Fax: |
| Physical Installation Address (if different from above): | City: | State:MAINE | Zip Code: |
| Electric Utility Co: | Gas Utility Co: |
| Existing heating system capacity(BTU/hr.)  | [ ]  New Construction [ ]  Existing Building |
| Replaced Heating Fuel Type: [ ]  Natural Gas [ ]  Propane [ ]  Oil [ ]  Kerosene [ ]  Electric [ ]  Wood [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **HEATING EQUIPMENT COST (QUOTE)** |
|   | **Manufacturer** | **Model Number** | **Heating Capacity (Btu/hr.)** | **Fuel Type**  |  **Customer’s Cost**  |
| 1 |   |   |   |   |   |
| 2 |   |   |   |   |   |
| 3 |   |   |   |   |   |
| 4 |   |   |   |   |   |
| 5 |   |   |   |   |   |
| **ANCILLARY EQUIPMENT (QUOTE)** |
|   | **Equipment Description** | **Function/Purpose** |  **Customer’s Cost**  |
| 6 |   |   |   |
| 7 |   |   |   |
| 8 |   |   |   |
| 9 |   |   |   |
| 10 |   |   |   |
| 11 |   |   | Heating Equipment cost (sum of rows 1-5) |   |
| 12 | ***Include copies of all equipment price quotes and manufacturers equipment specifications*** | Estimated Incentive (35% of row 11) |   |
| 13 | Ancillary Equipment cost (sum of rows 6-10) |   |
| 14 | Estimated Incentive (10% of row 13) |   |
|   |   |   | **Estimated Incentive (Sum of row 12 & 14)** |  |

 **INSTALLER(s) INFORMATION**

|  |  |
| --- | --- |
| Lead Installation Company Name: |  |
| Lead Installation Contact Name: | Email: | Telephone: |
| Supplemental Installation Company Name: |  |
| Supplemental Installation Contact Name: | Email: | Telephone: |

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| --- |
| **ESTIMATED INSTALLATION COSTS [EXISTING BUILDING]** |
|  | **Installers name** | **Install hours** | **Rate/hr.** | **Total** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
|   |   | Total |  |
|   |   | **Requested Incentive (35% of total)** |   |

|  |  |
| --- | --- |
| Estimated Equipment Incentive |   |
| Estimated Installation Incentive |   |
| **Requested Incentives** |  |

|  |
| --- |
| **SIGNATURES** |
| *Please certify that all information on this application is correct by signing or typing your full name below. By submitting this application, I agree that this is for project pre-approval and that the project has not yet started. I agree to allow Efficiency Maine to verify existing site conditions. If building site access is required for this verification, I agree to work with Efficiency Maine to schedule a mutually convenient time. I understand that upon completion Efficiency Maine will be contacted and actual equipment costs and actual installation labor costs will be provided. I further understand that final incentives paid maybe adjusted based on final project cost not to exceed the pre-approved incentive.* |
| **Lead Installation Representative** | **Date:** | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_** |
| **Applicant Representative** | **Date:** | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_** |