# 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: \_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_** |