

THERMAL ENERGY INVESTMENT PROGRAM
Project Preapproval Application (PON-007-2024 – Attachment A)



CUSTOMER / COMPANY INFORMATION

Company/Customer Name: <input type="checkbox"/> Business <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Municipal		Federal Tax ID:	TaxID Type: <input type="checkbox"/> EIN <input type="checkbox"/> SSN	
		Tax Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> 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.)		<input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building		
Replaced Heating Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> 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	<i>Include copies of all equipment price quotes and manufacturers equipment specifications</i>	Heating Equipment cost (sum of rows 1-5)	
12		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:	__ / __ / __