



PROJECT ELIGIBILITY FOR LIGHTING AND DEHUMIDIFICATION

1. Indoor cannabis cultivation for flower rooms with non-tiered grow systems and vegetative rooms with non-tiered or tiered grow systems.
2. Limited to facilities not using central plant systems (i.e. chilled water systems, water source heat pump systems or large multi-zone direct expansion systems with four-pipe air handling units).
3. Eligible facilities must have in-space standalone dehumidifiers selected to provide all required dehumidification.
4. Eligibility is limited to non-residential facilities, including structures on a residential property that are separate from the residential building. Grow operations within an attached or detached structure, i.e. garage, barn, of a residential building must be conditioned separately from the residential space and served by a commercial meter. Living spaces including basements and attics of a residential building are not eligible.
5. LED lighting products must have a current listing on the DesignLights Consortium Qualified Products List in Horticultural Lighting.
6. All projects require pre-approval prior to the purchase of any lighting fixtures or dehumidification units. Submit application along with all material and installation quotes to CIP@efficiencymaine.com. Quotes must list make and model of equipment and cost per fixture.
7. Please provide applicable license information. For recreational/adult use cultivators, we will verify the company name with the Maine OCP's license search engine at <https://www.maine.gov/dafs/ocp/open-data/adult-use>. The details should match the submitted documents; size and location, and a have an Active or Conditional status. For medicinal operations, we require copies of all medical caregiver cultivation licenses (front and back of card) associated with the facility and verify that the submitted canopy area or plant counts do not exceed the listed parameters on the license(s).
8. For New Construction and Refit projects, proof of municipal approval for cannabis cultivation is required before incentive payment. Please provide evidence, such as an approved site plan, that the facility is approved to operate within the municipality. Recreational/adult use cultivators with an Active or Conditional, Jurisdiction Approved status do not need to supply additional evidence.
9. For New Construction and Refit projects, please provide a copy of the electrical permit, certificate of occupancy, or name and master electrician license for the individual responsible for the electrical work. This information will be required before incentive payment.

CUSTOMER / COMPANY INFORMATION

Company Name:	<input type="checkbox"/> Business <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Government	Federal Tax ID:	TaxIDType: <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:	Zip Code:
Electric Utility Co:	Gas Utility Co:		
Heating Fuel Type:	<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Electric		
Cooling System Efficiency (provide either SEER or IEER):	SEER:	IEER:	
Project Type:	<input type="checkbox"/> New Construction (new footprint) <input type="checkbox"/> Refit/Repurpose (change of space use) <input type="checkbox"/> Retrofit (existing grow facility)		
Measure Type:	<input type="checkbox"/> Lighting <input type="checkbox"/> Standalone Dehumidifier		

MATERIAL SUPPLIER AND INSTALLER COMPANY INFORMATION

Material Supplier Company Name:			
Supplier Contact Name:	Email:	Telephone:	
Installer Company Name:			
Installer Contact Name:	Email:	Telephone:	
Self-installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIGHTING SYSTEMS RUNTIME HOURS PER SPACE

Item	Flower or Vegetative Stage	Unique Location/ Space Description	Lighting Runtime Hours*		Days per Week	Weeks per Year	Total Annual Lighting Runtime (hours)
			Start Time	End Time			
<i>Ex</i>	<i>Flower</i>	<i>Flower Room 1</i>	<i>8:00 AM</i>	<i>8:00 PM</i>	<i>7</i>	<i>52</i>	<i>4368</i>
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* If the lighting runtime hours are not consistent per day or changes over time, please provide a detailed explanation on the annual runtime hours.

LIGHTING SYSTEMS SCOPE OF WORK

Item	Unique Location/ Space Description	Existing Fixture		Proposed Fixture				Proposed Fixture Square Footage of Canopy Lighted	
		Type/Description	Quantity	Type/Description	Quantity	Material Quote Cost per fixture	Total Cost		Manufacturer, Model Number
<i>Ex</i>	<i>Flower Room 1</i>	<i>1000W HPS</i>	<i>25</i>	<i>LED</i>	<i>25</i>	<i>\$900.00</i>	<i>\$22,500.00</i>	<i>ABC, Grow Light Pro</i>	<i>10,000</i>
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Customer Signature

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Date

STAND ALONE DEHUMIDIFIER FOR INDOOR CANNABIS CULTIVATION

1. Units must be a stand alone packaged dehumidifier.
2. Dehumidifier unit must have an Energy Factor of 2.9 liters/kWh or greater at a rated condition of 80°F and 60% relative humidity.
3. The incentive is based on pints per day (PPD) and may not exceed 1 PPD per square foot of plant canopy per unit.

Item	Unique Location/ Space Description	Existing Fixture	Proposed Dehumidifier					
		Type/Description	Manufacturer, Model Number	Quantity	Area Served (sq ft)	Rated Pints Per Day	Material Quote Cost per Unit	Total Labor Cost
<i>Ex</i>	<i>Flower Room 1</i>	<i>HPS or LED</i>	<i>Anden 225 Dual</i>	<i>1</i>	<i>500</i>	<i>225</i>	<i>\$4,000.00</i>	<i>\$500.00</i>
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Customer Signature