



POWERGRANT APPLICATION

Customer Information

Company Name	Minnesota Power Account #	Contact Person
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Service Address	City	State	Zip
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Billing Address (if different)	City	State	Zip
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E-Mail Address	Phone	Fax
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Corporation Non Profit Farm

Federal Tax ID/SSN

Type of Facility (check one)

- | | | | | |
|--|--------------------------------------|---|---------------------------------------|------------------------------------|
| Convenience Store <input type="checkbox"/> | Lodging <input type="checkbox"/> | Industrial/Manufacturing <input type="checkbox"/> | Office <input type="checkbox"/> | Warehouse <input type="checkbox"/> |
| Grocery <input type="checkbox"/> | Restaurant <input type="checkbox"/> | Agriculture <input type="checkbox"/> | Church <input type="checkbox"/> | Retail <input type="checkbox"/> |
| Fast Food <input type="checkbox"/> | Health Care <input type="checkbox"/> | Educational <input type="checkbox"/> | Multi-family <input type="checkbox"/> | Other _____ |

Project Overview

Replacement of Existing Equipment New Facility Addition to Existing Facility

Facility – Operating Hours (Fill in times – check a.m. or p.m.) **Yearly Operation (check one)**

Monday – Friday	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	to	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Summer only (June – Sept) <input type="checkbox"/>
Saturday	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	to	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Winter only (Oct – May) <input type="checkbox"/>
Sunday	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	to	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Year-round <input type="checkbox"/>
				Other _____

This project involves the following technologies (check all that apply)

- | | | | |
|--|---|---|---|
| Lighting
New Fixtures <input type="checkbox"/>
Lighting Controls <input type="checkbox"/>

Air Conditioning
New Equipment <input type="checkbox"/>
AC Controls <input type="checkbox"/>
AC Economizers <input type="checkbox"/> | High Efficiency Motors
New Motors <input type="checkbox"/>
Adjustable Speed Drives <input type="checkbox"/>
Process Improvement <input type="checkbox"/>
Other Controls <input type="checkbox"/>

Air Compressors
New Compressors <input type="checkbox"/>
Compressor Controls <input type="checkbox"/>
Maintenance <input type="checkbox"/> | Refrigeration
New Equipment <input type="checkbox"/>
Refrig. Controls <input type="checkbox"/>
Refrig. Maintenance <input type="checkbox"/>

Process Improvement <input type="checkbox"/>

Pumping <input type="checkbox"/> | Energy Management Systems
EMS for HVAC <input type="checkbox"/>
EMS for other equipment <input type="checkbox"/>

Non-Electric Technologies
Daylighting <input type="checkbox"/>
Insulation <input type="checkbox"/>
Windows <input type="checkbox"/>
Windows Tinting <input type="checkbox"/>
Other _____ |
|--|---|---|---|

Project Description (Briefly describe the planned improvement project or attach other documentation describing project.)

Complete the next page on the specific equipment or systems being changed.



Please describe the equipment or system changes you will be making. Use additional sheets if necessary.

	Existing Equipment	Proposed Equipment
Description (e.g., motor, AC unit, compressor, etc.)		
Manufacturer		
Model Number		
Size or nameplate data		
Efficiency Rating		
Quantity		
Equipment Cost		
Installation Cost		
Equipment Life		
	Existing Equipment	Proposed Equipment
Description (e.g., motor, AC unit, compressor, etc.)		
Manufacturer		
Model Number		
Size or nameplate data		
Efficiency Rating		
Quantity		
Equipment Cost		
Installation Cost		
Equipment Life		
	Existing Equipment	Proposed Equipment
Description (e.g., motor, AC unit, compressor, etc.)		
Manufacturer		
Model Number		
Size or nameplate data		
Efficiency Rating		
Quantity		
Equipment Cost		
Installation Cost		
Equipment Life		

Installation Contractor/Vendor Information

<input type="text"/>		<input type="text"/>	
<i>Contractor/Vendor Name</i>		<i>Contact Person</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<i>E-Mail Address</i>	<i>Phone</i>	<i>Fax</i>	

The information in this application is accurate and complete. My signature indicates that I have read the rules and requirements of the program and that all the listed equipment will be purchased, installed and operating at the facility listed above. I will provide dated invoices or other documentation verifying the purchase of the equipment. I understand that Minnesota Power may inspect and verify the installation of the equipment before and after the rebate payment.

Customer Signature _____ Date _____



Application Process

- 1 – Complete all appropriate information on application
- 2 – Sign application
- 3 – Attach cost estimate
- 4 – Send application to:



Mail: PowerGrants
Attention: Tim Gallagher
3215 Arrowhead Road
Duluth, MN 55811-4257

Email: tgallagher@mnpower.com
Subject: PowerGrant

Fax: Tim Gallagher
(218) 720-2795

Rules and Requirements

Qualifications

- PowerGrant rebate incentives are available to Minnesota Power’s commercial and industrial customers.
- Rebate incentives are based on \$0.035 per kWh saved or \$200 per kW saved, whichever is appropriate for the project.
- Maximum annual dollars per customer will be determined by the estimated annual average monthly demands over an annual period using the following ceiling:

<u>Customer Demand</u>	<u>Maximum Grant</u>
Less than 100 kW	\$10,000
100 to 300 kW	\$25,000
Over 300 kW	\$50,000

- A Minnesota Power review panel considers exceptions to the above criteria to better facilitate installations of technologies that are so new that a higher level of funding may be approved.
- Customer must contribute an amount greater than or equal to the estimated annual first year savings.

Requirements

- Projects must be pre-approved before equipment is purchased and installed to be eligible for a PowerGrant incentive rebate.
- Projects must be verified and invoices must be submitted to Minnesota Power.
- Minnesota Power may require pre- and post-energy use verification.

Disclaimer

- Minnesota Power, by providing rebate incentives, does not warrant any of the equipment installed.
- Minnesota Power is not responsible or liable for any personal injury or property damage caused by this equipment.
- Rebate incentives are subject to the availability of PowerGrant funds.

Further Information

If you have any questions about the program or need assistance with the application, contact Minnesota Power at 218-722-5642, ext. 2909 or 1-800-228-4966, ext. 2909.

Minnesota Power Approval and Verification Section

Pre-Approval Section

MP Rep Signature _____ Date _____

Results: Accepted Declined

Reason _____

Approved Incentive \$ _____

Demand Saved _____ kW Energy Savings _____ kWh

Customer Information Section

MP Premise # _____ MP Rate _____

Peak Demand _____ kW Annual Energy Usage _____ kWh

MP Rep _____ Ext. _____

Project Completion – Verification Section

Project Complete Date Verified _____

MP Rep Signature _____