



# Green Energy Program Grant Application

Delaware Energy Office  
1203 College Park Drive, Suite 101, Dover, DE 19904  
Phone: (302) 735 - 3480 & Fax (302) 739 - 1840

## Wind

Residential  
Commercial  
Nonprofit


### Applicant Information

Name / Company: Renewable Energy Relief Program Participant ( ) Yes ( ) No

Email: Energy Audit Attached ( ) Yes ( ) No

Daytime Phone: Evening Phone:

Installation Address:

City: State: Zip code:

Mailing Address:

City: State: Zip code:

Electric Utility: Last 12 Month : KWH usage

### Rebate Designee: (If other than applicant)

Name / Company:

Email:

Daytime Phone: Evening Phone:

Mailing Address:

City: State: Zip code:

### Contractor:

Name / Company: DE Business License #

Email:

Daytime Phone:

Mailing Address:

City: State: Zip code:

### Licensed Installation Professional (Electrician, Plumber, HVAC Contractor)

Name: DE Business License #

Email: Professional License #

Daytime Phone: Professional License Issuing State:

Mailing Address:

City: State: Zip code:



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### Applicant Information

Name / Company:

### System Characteristics

Installation type: Check one	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Construction	<input type="checkbox"/> PPA
System Type: Check one	<input type="checkbox"/> Utility Interconnected	<input type="checkbox"/> Utility Interconnected w/ battery	
	<input type="checkbox"/> Stand - Alone	<input type="checkbox"/> Stand - Alone w/ battery	
Installation type: Check one	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Ground mount	

Average Wind Speed at Turbine Site:	mph	Wind Data Source:
Turbine Manufacturer:		Turbine Model #
Turbine Power Rating:	(AC or DC Watts)	Number of Turbines:
Total System Size:	(Number of Wind turbines x Power Rating AC or DC Watts)	
Turbine Location:	Turbine Hub Height	ft
Inverter Manufacturer:		Inverter Model #
Inverter Power Rating:	(AC Watts)	
Inverter Efficiency:		Inverter Location:
System Rated Output:	AC Watts	
Estimated Annual Production:	Annual kWh (method of calculation needed)	

### System Cost

Material Cost:	Permits:
Labor Cost:	Other Fees:

### Rebate Calculation: Grants may not exceed the Grant Cap

Residential, Non-Residential, PPA	Non-Profit
(1) First 5000 watts (w) x \$1.25/(w)	(1) First 5000 watts (w) x \$2.55/(w)
(2) Second 5000 (w) x \$0.75/(w)	(2) Second 5000 (w) x \$1.50/(w)
(3) 10,001 - 100,000 (w) x \$0.35/(w)	(3) 10,001 - 100,000 (w) x \$0.70/(w)
Total Request: (1) + (2) + (3)	Total Request: (1) + (2) + (3)

### Declaration

I understand and agree that:

- 1) the information provided on this form is true and correct to the best of my knowledge
- 2) the above described system is intended to offset part or all of the applicants electricity needs at the installation site
- 3) the site of installation is located in the utility service territory as described on page 1 of the application
- 4) the State of Delaware and its agents provide no warranty for this system
- 5) all warranties are provided by the installing contractor and shown on the final invoice as 5 years parts and labor
- 6) the applicant has received a copy of this completed form
- 7) completed grants may be queued pending availability of funding

### Signatures

<b>Purchaser</b>	<b>Contractor</b>
Printed Name:	Printed Name:
Signature :	Signature: