



Green Energy Program
Grant Reservation Application
Geothermal Heat Pump

Residential Commercial / Industrial

Division of Energy and Climate - Phone: 302-735-3480 & Fax: 302-739-1840
1203 College Park Drive, Suite 101, Dover DE, 19904

1. Purchaser Information

Name / Company: _____

For Faster Service Provide an Email Address: _____

Daytime Phone: _____ Fax: _____

Installation Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Social Security or Federal Tax I.D. (Check One) Insert Number Here: _____

Installation Address Utility: Delmarva Power Municipality (Write In) _____

Installation Address Utility Account # _____ Last 12 months _____ kWh Usage

2. Rebate Recipient: (If other than the Purchaser)

Name / Company: _____

For Faster Service Provide an Email Address: _____

Daytime Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security or Federal Tax I.D. (Check One) Insert Number Here: _____

The total system cost was reduced by the grant amount. Please transfer this rebate to the above named company. I understand that I am no longer eligible for a grant on this project.

Purchaser Signature: _____

3. Contractor/Installer

Name / Company: _____

For Faster Service Provide an Email Address: _____

DE Business License Number: _____

Daytime Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

4. Retailer: (If other than contractor/installer)

Name: _____

Company Name (If applicable): _____

Daytime Phone: _____ Fax: _____

Installation Address: _____

City: _____ State: _____ Zip: _____

5. System Characteristics

Installation Type: New Construction Existing Structure Replacement

System Type: Open Loop Closed Loop/Vertical Closed Loop/Horizontal Direct Exchange

(Systems must qualify under rating conditions: ISO 13256-1 - Closed and Open Loop; ARI 870 - Direct Exchange)

Manufacturer: _____ Model: _____ Serial Number: _____

Manual J Calculation (or equivalent) attached System diagram and site plan attached

Performance: System: EER _____ COP _____ (Minimum Required: EER 14.0 COP 3.0)

Grant can not be calculated with out Performance Data

BTU per Hour Output: _____ Capacity: _____ tons
 Grant can not be calculated with out Capacity Data

Fuel Used for old water heating system Electric Natural Gas Propane Other _____
 None N/A - New Construction

6. System Cost (Please attach itemized Estimate, Purchase Order or Letter of Intent)

Material Cost: _____ Permits & Fees: _____

Labor Cost: _____ Total Engineering Cost: _____

Total Ineligible Costs (Total excluded materials and engineering costs.) _____

7. Rebate Calculation (This Section must be completed by the Applicant)

1 Total System Costs		
2 Ineligible Costs		
3 Other Incentives (Source: _____)		
4 Sum of Reductions (add line 2 and 3):.....	-	
5 Total Qualifying System Costs (line 1 minus line 4):		
6 Rebate Multiplier: EER>15 = tons X \$600 or EER 14 to 15 = tons X \$500		
7 Amount of Rebate Requested: (See Program Regulations for Maximums).....		

8. Declaration

I understand and agree that:

- 1) the information provided in 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 purchasers electricity needs at the installation site,
- 3) the site of installation is located in the described Power Delivery service territory,
- 4) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation,
- 5) all warranties are provided by installing contractor, and
- 6) the purchaser has received a copy of this form.

Purchaser	Installation Contractor
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____