



Green Energy Program Grant Reservation Application **Photovoltaic**

 Residential Commercial / Industrial

Division of Energy and Climate - Phone: 302-735-3480 & Fax: 302-739-1840
100 W. Water Street, Suite 5A, 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: _____

_____ _____

Installation Address Utilty: DEMEC Municipality (Write In) _____

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

2. Grant 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 grant 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 Licence 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: Utility Interconnected Utility Interconnected with Battery Backup
 Stand-Alone Stand-Alone with Battery Backup
 PV Array Location: Rooftop Pole or Ground Mount Tracking
 Array Orientation: _____ degrees Array Tilt/Slope: _____ degrees
 Module Manufacturer: _____ Module Model: _____
 Module Power Rating: _____ DC Watts (At STC Conditions) Number of Modules: _____
 Total Array Output: _____ DC Watts (No. of Modules x Power Rating)
 Inverter Manufacturer: _____ Inverter Model Number: _____
 Inverter AC Rating: _____ AC Watts Inverter Peak Efficiency: _____
 Inverter Location: _____
 System Rated Output: _____ AC Watts (Total Array Output x Inverter Peak Efficiency)
 Estimated annual electricity production: _____ kWh per annum

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 _____

7. Grant Calculation

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 Multiplier:		x 33 1/3%
7 Amount of Grant 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: _____