



# Green Energy Program Grant Reservation Application **Photovoltaic**

 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 Utilitiy:  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 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. 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: .....		x 33 1/3%
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: _____