



**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

**Solar Water Heating**

|             |                          |
|-------------|--------------------------|
| Residential | <input type="checkbox"/> |
| Commercial  | <input type="checkbox"/> |
| Non-Profit  | <input type="checkbox"/> |

**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 Months: \_\_\_\_\_ 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: \_\_\_\_\_



# Green Energy Program Grant Application

## Solar Water Heating

### Applicant Information

Name / Company:

### System Characteristics

|                              |  |   |
|------------------------------|--|---|
| Purpose:                     | <input type="checkbox"/> Solar Water Heating | <input type="checkbox"/> Space Heating                                  |
| Installation type: Check one | <input type="checkbox"/> New Construction    | <input type="checkbox"/> Existing Construction                          |
| System Type: Check one       | <input type="checkbox"/> Drain Back          | <input type="checkbox"/> Thermosyphon                                   |
|                              |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Glycol |

|                                |                                     |                                       |                                   |
|--------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|
| Installation type: (Check one) | <input type="checkbox"/> Rooftop    | <input type="checkbox"/> Ground mount | <input type="checkbox"/> Tracking |
| SRCC OG-300 Reference #        | SRCC OG -300 Annual Energy Savings: |                                       |                                   |

|                                  |                           |
|----------------------------------|---------------------------|
| Array Orientation: _____ degrees | Array Tilt: _____ degrees |
|----------------------------------|---------------------------|

|                         |                   |
|-------------------------|-------------------|
| Collector Manufacturer: | Collector Model # |
|-------------------------|-------------------|

|                             |                 |
|-----------------------------|-----------------|
| Total Collector Area: _____ | ft <sup>2</sup> |
|-----------------------------|-----------------|

|                    |               |         |
|--------------------|---------------|---------|
| Tank Manufacturer: | Volume: _____ | Gallons |
|--------------------|---------------|---------|

Tank Model #

|                              |               |         |
|------------------------------|---------------|---------|
| Auxiliary Tank Manufacturer: | Volume: _____ | Gallons |
|------------------------------|---------------|---------|

|                          |         |
|--------------------------|---------|
| Controller Manufacturer: | Model # |
|--------------------------|---------|

|             |         |
|-------------|---------|
| Pump Brand: | Model # |
|-------------|---------|

|                 |         |
|-----------------|---------|
| Heat Exchanger: | Model # |
|-----------------|---------|

### System Cost

|                |          |
|----------------|----------|
| Material Cost: | Permits: |
|----------------|----------|

|             |             |
|-------------|-------------|
| Labor Cost: | Other Fees: |
|-------------|-------------|

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

| Residential, Non-Residential, Replacement | Non-Profit                          |
|---|-------------------------------------|
| OG300 / Estimated KWHr. Saved _____       | OG300 / Predicted KWHr. Saved _____ |
| Rebate : \$1.00 / KWHr. Saved _____       | Rebate : \$2.00 / KWHr. Saved _____ |
| Amount of Rebate Requested: _____         | Amount of Rebate Requested: _____   |

Solar Rating & Certification Corporation (SRCC) provides Predicted KWHr. Saved on their website for OG300 Systems

Non-Residential and Non-Profit installing Non-OG300 systems must have a Professional Engineer (P.E.) Validate Savings

### 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

**Purchaser**

**Contractor**

Printed Name:

Printed Name:

Signature :

Signature: