

POWERGRANT APPLICATION - LIGHTING

Customer Information

Company Name _____ HPUC Customer # _____ Contact Person _____
 Service Address _____ City _____ State _____ Zip _____
 Billing Address (if different) _____ City _____ State _____ Zip _____
 E-Mail Address _____ Phone _____ Fax _____
 Corporation Non-Profit
 Federal Tax ID/SSN _____

Type of Facility (check one)

Convenience Store <input type="checkbox"/>	Lodging <input type="checkbox"/>	Health Care <input type="checkbox"/>	Educational <input type="checkbox"/>	Multi-family <input type="checkbox"/>
Grocery <input type="checkbox"/>		Industrial/Manufacturing <input type="checkbox"/>	Office <input type="checkbox"/>	Warehouse <input type="checkbox"/>
Fast Food <input type="checkbox"/>		Agriculture <input type="checkbox"/>	Church <input type="checkbox"/>	Retail <input type="checkbox"/>

Project Overview

Replacement of Existing Equipment (OR) New Facility Addition to Existing Facility

Facility - Operating Hours (Fill in times - circle a.m. or p.m.)

Monday - Friday	<input type="text"/>	a.m. / p.m.	to	<input type="text"/>	a.m. / p.m.	Summer only (June - Sept) <input type="checkbox"/>
Saturday	<input type="text"/>	a.m. / p.m.	to	<input type="text"/>	a.m. / p.m.	Winter only (Oct - May) <input type="checkbox"/>
Sunday	<input type="text"/>	a.m. / p.m.	to	<input type="text"/>	a.m. / p.m.	Year-round <input type="checkbox"/>
						Other <input type="text"/>

Eligible Lighting Equipment (Fill in the number of RETROIT or NEW CONSTRUCTION fixtures of each type)		Retrofit # Fixtures x Rebate per Fixture = Total Rebate			New Construction # Fixtures x Rebate per Fixture = Total Rebate		
		Number of Fixtures	Rebate per Fixture	Total Rebate	Number of Fixtures	Rebate per Fixture	Total Rebate
T-8 Fluorescent Lamps with Electronic Ballasts							
4 foot or less	1 or 2 lamps		\$5.00			\$2.00	
	3 or 4 lamps		\$10.00			\$3.00	
	5 or more lamps		\$20.00			\$6.00	
5 foot to 8 foot	1 or 2 lamps		\$9.00			\$3.00	
T-5 Fluorescent Lamps with Electronic Ballasts							
2 or 3 foot	1 or 2 lamps		\$3.00			\$1.00	
4 foot or more	1 or 2 lamps		\$5.00			\$2.00	
	3 or 4 lamps		\$6.00			\$2.00	
	5 or more lamps		\$12.00			\$4.00	
Compact Fluorescents - hard wired							
22 watts or less			\$10.00			\$3.00	
23 watt or more			\$20.00			\$6.00	
Compact Fluorescents - screw in							
CFL screw in lamp			\$2.00			\$2.00	
Pulse Metal Halide							
250 watts or less			\$12.00			\$4.00	
More than 250 watts			\$30.00			\$10.00	
Other							
LED Exit			\$3.00			\$1.00	
				Total			
					Total		

Lighting Controls					
Occupancy Sensors	Type of fixtures controlled	# of Fixtures	Number of Controls	Rebate per Control	Total Rebate
> Wall mount				\$8.00	
> Ceiling mount				\$30.00	
> Individual light				\$8.00	
Photocell control				\$15.00	
				Total	

TOTAL REBATE

Vendor Information

Vendor Name _____ Contact Person _____

Customer Agreement

The information in this application is accurate and complete. My signature indicates that I have read the rules and requirements of the program and that all the listed equipment will be purchased, installed and operating at the facility listed above. I will provide dated invoices or other documentation verifying the purchase of the equipment. I understand the HPUC may inspect and verify the installation of the equipment before and after the rebate payment.

Customer Signature _____ Date _____

Send completed application to: Powergrants, Hibbing Public Utilities Commission, PO Box 249, Hibbing, MN 55746