



REBATE FORM

Return completed form and required paperwork to Heartland Power Cooperative
 PO Box 70 | St. Ansgar, IA 50472 | or email to energy@heartlandpower.com

MEMBER NAME: _____ EMAIL: _____
 ADDRESS: _____ ACCOUNT NUMBER: _____
 CITY: _____ STATE: _____ ZIP: _____ DATE: _____ PHONE: _____
 INCENTIVE USED FOR: RESIDENCE FARM COMMERCIAL INDUSTRIAL/GOVERNMENT OTHER _____

GENERAL REBATE INFORMATION

- Must be purchased and/or installed in 2018 (Jan 1 - Dec 31, 2018)
- **Submit rebate form, copy of your invoice, and Energy Star label if applicable**
- Rebates are in place through December 31, 2018 or until funds are depleted.
- Rebate application form and copy of receipt must be submitted within 3 months of purchase/installation and no later than January 5, 2018.
- Rebate not to exceed 20% of cost of efficiency equipment (except for appliance recycling)

CUSTOM REBATES

Please Note: Commercial and agricultural customers that install certain types of energy saving equipment and/or incorporate energy efficiency measures may qualify for custom rebates. New and existing facilities are eligible. Please contact us for details.

HOUSEHOLD APPLIANCES PLEASE INCLUDE A COPY OF YOUR INVOICE & ENERGY STAR LABEL

- Clothes Dryer (\$25 each) | Must be Energy Star
- Clothes Dryer - Heat Pump (\$50 each) | All heat pump clothes dryers qualify
- Clothes Washer (\$25 each) | Must be Energy Star
- Dishwasher (\$25 each) | Must be Energy Star
- Refrigerator (\$25 each) | Must be Energy Star and > or = 10 cubic ft.
- Dehumidifier (\$25 each) | Must be Energy Star
- Recycling - Freezer (\$25 each) | Must be working appliance
- Recycling - Refrigerator (\$25 each) | Must be working appliance
- Recycling - Room Air Conditioner (\$25 each) | Must be working appliance

**TOTAL APPLIANCE
REBATE REQUEST**

\$ _____

WATER HEATING PLEASE INCLUDE A COPY OF YOUR INVOICE

Electric water heater must have energy factors (EF) indicated below. Water heater must be controlled by the cooperative's load control program. Rebate cannot exceed purchase and installation or repair costs. Submit rebate form with a copy of your invoice/receipt showing the efficiency or repair.

- 50-79 Gallon: E.F. 0.90 or above (\$250/unit) EF _____ Gallons: _____
- 80-99 Gallon: E.F. 0.90 or above (\$500/unit) EF _____ Gallons: _____
- 100+ Gallons Capacity: E.F. 9.90 or above (\$500/system) EF _____ Gallons: _____
- Heat Pump Water Heater - Load control not required (\$500/unit)
- Solar Storage Water Heaters w/ Electric Back-Up (\$500/unit)
- Water Heater Repair (\$75/repair)

**TOTAL WATER
HEATING REBATE
REQUEST**

\$ _____

LIGHTING PLEASE INCLUDE A COPY OF YOUR INVOICE

- LED Bulb (\$1/bulb) 5 bulb min. | Capped at 20% of cost Quantity _____ x \$1/Lamp = _____
- LED Exit Sign (\$5/sign) Quantity: _____ x \$5/Sign = _____
- Occupancy Sensor (\$5/each) Quantity: _____ x \$5/Sensor = _____
- T5 Fixture (\$6/lamps/fixture) Quantity: _____ x \$6/Unit = _____
- T8 Fixture (\$4/lamps/fixture) | Retrofit only Quantity: _____ x \$4/Unit = _____
- LED Fixture (\$1/800 lumens) | Capped at 20% of cost Lumens: _____ x \$1/Lumen = _____

**TOTAL LIGHTING
REBATE REQUEST**

\$ _____

REBATE FOR:

- Residence
- Non-Residence

WINDOWS PLEASE INCLUDE A COPY OF YOUR INVOICE

Primary heating source must be heat pump or electric. Qualifying windows must be a minimum of 8 square feet. Window must be Energy Star rated. (U-factor of .35 or less.) Maximum of \$150 rebate per member.

_____ x \$15 per opening = **TOTAL WINDOW REBATE REQUEST** \$ _____

HEATING & COOLING PLEASE INCLUDE A COPY OF YOUR INVOICE

TOTAL HEATING & COOLING REBATE REQUEST

Heat Pump - Air Source & MiniSplit SEER 14+, HSPF 8.2+, or EER 11+ (\$150/ton)

Tons: _____ x \$150/Ton = _____

Heat Pump - Commercial Air Source & PTHPs (\$150/ton)

<20 ton: EER 11.5+ | 20 to <60 ton: EER 10.5+ | > or = 60 ton: EER 10+

Tons: _____ x \$150/Ton = _____

Heat Pump - Geothermal (\$400/ton) Tons: _____ x \$400/Ton = _____

New Furnace with ECM Blower Motor (\$35/unit) Units: _____ x \$35/Unit = _____

Variable speed motor (not multi-speed) "or" AFUE > = 95% & Eae < = 670 kWh/year

Model # _____ **SEER** _____ **Fuel Being Replaced:** LP Natural Gas Other _____

Evaporator Model # _____ **Tons** _____ **Back-Up Fuel Used:** LP Natural Gas Other _____

Wi-Fi Thermostat (\$25/unit)

\$

MOTORS/FANS/AG PLEASE INCLUDE A COPY OF YOUR INVOICE

Fans must be AMCA or BESS Lab rated

Circulation Fan (\$1/inch) | Fans under 36" must be >= 18 lbs. force/kW; Fans 36"+ must be >= 21 lbs. force/kW

Inches: _____ x \$1/Inch = _____

Exhaust Fan (\$1/inch) | Fans under 36" must be >= 18 cfm/watt; Fans 36+" must be >= 21 cfm/watt

Inches: _____ x \$1/Inch = _____

Dairy Plate Cooler / Well Water Pre-Cooler (\$500/each) Quantity: _____ x \$500/Cooler = _____

Dairy Refrigeration Heat Recovery with Electric Backup (\$300/each) Units: _____ x \$300/Each = _____

Low/Zero Energy Livestock Waterer (\$50/each) | 500 watts or less, insulated tank Tanks: _____ x \$50/Each = _____

Scroll Refrigerant Compressor (\$30/hp) | \$1,000 cap per compressor hp: _____ x \$30/hp = _____

Variable Frequency Drive (VFD) (\$30/hp) | \$1,000 cap per drive; minimum of 1 hp hp: _____ x \$30/hp = _____

TOTAL CONSERVATION REBATE REQUEST \$

ENERGY AUDITS PLEASE INCLUDE A COPY OF YOUR INVOICE

Contact Heartland Power for an audit recommendation. Incentive not to exceed 20% of the cost of implemented improvements. Members only qualify for incentive once every 5 years.

Audit-Recommended Improvements (20% of cost of implemented improvements, \$500 cap)

Cost of Implemented Audit-Recommended Improvements \$ _____ x 1/2 = Rebate Request \$ _____

TOTAL ENERGY AUDIT REBATE REQUEST \$

CONSERVATION PLEASE INCLUDE A COPY OF YOUR INVOICE

Flow Restrictor - Faucet (\$1 each) | 1.5 GPM or less, capped at 20% of cost | Quantity _____ x \$1/unit = _____

Flow Restrictor - Shower (\$5 each) | 2.5 GPM or less, capped at 20% of cost | Quantity _____ x \$5/unit = _____

Touchstone Energy Home Program (\$500) | Must be a new home

Controlled Electric Vehicle Charging Station (\$100)

TOTAL CONSERVATION REBATE REQUEST \$

FOR OFFICE USE ONLY

Approved, total rebate issued \$ _____

Not Approved - Reason _____

I certify that the rebate payments requested were purchased and/or installed after December 31, 2017 and before January 1, 2019.

Cooperative representative: _____ Date: _____

Notes: