

Ready to get your incentive? Follow these 3 simple steps.

Step #1: Apply for pre-approval

Pre-approval is required for all custom projects. To ensure that your project is eligible and to reserve funds, please submit a pre-approval application to include:

- » Information in Sections 1 - 3 on page 2,
- » Completed worksheet(s) that are applicable to your project (found on pages 4 and 5),
- » Itemized quote/proposal with model numbers from your contractor or vendor, and
- » Product specification sheets for the equipment to be installed.

Please note:

- » All projects are subject to a possible inspection before and/or after work is performed.
- » Custom projects must receive a reservation letter before work begins.
- » Expect your reservation letter in 2-4 weeks once all documentation is received.

Step #2: Complete your project

Ask your contractor to generate detailed itemized invoices with full model numbers.

- » If your project meets the pre-approval criteria, you will receive a letter indicating that funds have been reserved. Following the specifications listed in this application, install your equipment within 90 days. Applications that are not completed within 90 days from the date on the acceptance letter are subject to cancellation. Contact a program representative early if you need more time.

Step #3: Get your incentive

Once your project is complete, it's time to request your incentive. Within 30 days of project completion, you must submit:

- » Payee and W9 Information with signed Customer Certification (Sections 4 - 6 on page 3),
- » Completed or revised incentive application worksheet(s),
- » Detailed itemized invoice(s) for equipment and any applicable external labor costs, and
- » Product specification sheets of equipment for which an incentive is requested.

Once completed paperwork is submitted, your application will be reviewed and processed for payment. Incentive payments are made by check and are usually mailed within six to eight weeks.

Before the project: Fill Out Sections 1 - 3 during pre-approval.
After the project: Complete Sections 4 - 6 when project is complete.

SECTION 1: Customer & Project Information

Customer Name:			
Customer Mailing Address:	City:	State:	ZIP:
If this is a pre-approval request for an upcoming project, what is the expected project completion date?			
Project Type: <input type="checkbox"/> Existing facility equipment replacement/retrofit <input type="checkbox"/> New construction <input type="checkbox"/> Major renovation <input type="checkbox"/> Addition/expansion			

SECTION 2: Job Site Information

Job Site Name (if different than customer name):	Project Contact Person Name:		
Project Contact Telephone: <input type="checkbox"/> Office Number <input type="checkbox"/> Mobile Number	Project Contact Email:		
Job Site Street Address (physical location):	City:	State: MI	ZIP:
Electric Utility:	How did you learn about the program? <input type="checkbox"/> My Utility <input type="checkbox"/> Newspaper		
Electric Account Number:	<input type="checkbox"/> Utility Website <input type="checkbox"/> Community Event <input type="checkbox"/> Mail/Bill insert		
<input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____			
What is the predominant use of the building space where equipment was installed? (check one)			
<input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Manufacturing <input type="checkbox"/> Lodging <input type="checkbox"/> School: K-12 <input type="checkbox"/> School: College <input type="checkbox"/> Healthcare facility <input type="checkbox"/> Agriculture <input type="checkbox"/> Multi-family <input type="checkbox"/> Other/Misc _____			

SECTION 3: Trade Ally (Contractor) Information

Trade Ally Name (or indicate if self install):	Trade Ally Contact Person Name:		
Trade Ally Telephone:	Contact Email:		
Trade Ally Mailing Address:	City:	State:	ZIP:

Submit your documents one of three ways:

 **Email**
rebates@upeic.com

 **Mail**
UP EIC
405 Grove Street
East Lansing, MI 48823

 **Fax**
906.226.1133

Call **906.226.0573** for questions about this application.

SECTION 4: Payee and Mailing Address

Mail Check to: <input type="checkbox"/> Customer Mailing Address (above) <input type="checkbox"/> Job Site Address <input type="checkbox"/> Payee W-9 Address <input type="checkbox"/> Alternate Pay Address (complete below)			
Alternate Pay Address (if checked above):	City:	State:	ZIP:
Make Incentive Check Payable to (payee): <input type="checkbox"/> Utility Customer <input type="checkbox"/> Landlord <input type="checkbox"/> Trade Ally Contractor			

ONLY IF incentive check is being made payable to a third-party landlord or Trade Ally per check box above, both the customer and the third-party must confirm this incentive reassignment arrangement by signing below:

I, the Customer, am authorizing reassignment of the incentive payment to the third-party payee named below, and I understand that I will not be receiving the incentive payment. I also understand that my release to a third-party does not exempt me from the program requirements outlined in the Terms and Conditions.

Customer Signature

Signature	Print Name	Date
-----------	------------	------

I, the third-party payee, certify that I have read and complied with the Terms and Conditions of this application.

Third-Party Incentive Recipient Signature

Signature	Print Name	Date
-----------	------------	------

SECTION 5: Payee IRS Form W-9 Information

(Submit IRS form W-9 for payee OR fill out this section completely. This section may be omitted only if IRS form W-9 for payee is submitted.)

Payee Legal Name (as shown on income tax return):	Payee Business Name (if different than payee legal name):		
Payee Legal Address:	City:	State:	ZIP:
Check the appropriate box for federal tax classification; check only one of the following seven boxes:			
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other tax exempt organization or gov't agency <input type="checkbox"/> LLC - Enter the tax classification (C = C corporation, S = S corporation, P = partnership): _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.			
Payee Taxpayer Identification Number (TIN) (Complete ONE only. Must match payee legal name above.) FEIN #: _____ - _____ OR SSN: _____ - _____ - _____			
Certification: the following certifications are required in order for this form to substitute for the IRS form W-9. Under penalties of perjury, I certify that: 1. The payee's TIN is correct. 2. The payee is not subject to backup withholding due to failure to report interest and dividend income. 3. The payee is a U.S. citizen. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
Payee Signature: /s/	Print Name:	Title:	Date:

SECTION 6: Customer Certification

I hereby certify that: 1. The information contained in this application is accurate and complete. 2. All rules of this incentive application have been followed. 3. I have read and understand the Terms and Conditions included with this document. I agree to verification of equipment installation which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one incentive from this program on any piece of equipment. I hereby agree to indemnify, hold harmless and release the utility and the utility's contractors from any actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages. I have elected to utilize electronic signatures. I understand and intend that a legal signature is formed by typing my name on this document. If any of the parties do not wish to sign this document electronically, all must opt out together and print a paper copy to sign manually.

Customer Signature: /s/	Print Name:	Title:	Date:
----------------------------	-------------	--------	-------

Custom Lighting Worksheet

These incentives are available to customers for energy-saving measures that are not covered by the prescriptive portion of the program. Custom incentives are based on the first-year electrical energy (kWh) savings.

When applying for pre-approval, submit the following items:

- » Information in Sections 1 - 3 on page 2.
- » Completed Custom Worksheet (below).
- » Itemized quote/proposal for all related materials and any external labor.
- » Manufacturer's specification sheets for all equipment.

Custom Incentive Rate: \$0.06 per kWh

- » In lieu of filling out this table, submit calculations in an unlocked spreadsheet.
- » All new light fixtures and retrofit systems should be ENERGY STAR or DLC listed.

Existing Fixture		New Fixture	
Description:		Description:	
Watts per Fixture (A)		Watts per Fixture (E)	
Quantity of Fixtures (B)		Quantity of Fixtures (F)	
Annual Operating Hours (C)		Annual Operating Hours (G)	
Annual kWh Consumption (D) (A x B x C / 1,000)		Annual kWh Consumption (H) (E x F x G / 1,000)	
Annual Energy Savings (D - H): _____ kWh/yr			

Existing Fixture		New Fixture	
Description:		Description:	
Watts per Fixture (A)		Watts per Fixture (E)	
Quantity of Fixtures (B)		Quantity of Fixtures (F)	
Annual Operating Hours (C)		Annual Operating Hours (G)	
Annual kWh Consumption (D) (A x B x C / 1,000)		Annual kWh Consumption (H) (E x F x G / 1,000)	
Annual Energy Savings (D - H): _____ kWh/yr			

Existing Fixture		New Fixture	
Description:		Description:	
Watts per Fixture (A)		Watts per Fixture (E)	
Quantity of Fixtures (B)		Quantity of Fixtures (F)	
Annual Operating Hours (C)		Annual Operating Hours (G)	
Annual kWh Consumption (D) (A x B x C / 1,000)		Annual kWh Consumption (H) (E x F x G / 1,000)	
Annual Energy Savings (D - H): _____ kWh/yr			

Total Custom Lighting Project Cost:	\$
Total Annual Custom Lighting Energy Savings (kWh) x \$0.06/kWh: (Cannot exceed 50% of the total custom project cost)	\$

Note: Customer acknowledges and agrees that Customer cannot apply for, nor receive, incentives for the same product, equipment or service from more than one utility unless there are both electric and gas savings.

Custom Non-Lighting Worksheet

These incentives are available to customers for energy-saving measures that are not covered by the prescriptive portion of the program. Custom incentives are based on the first-year electrical energy (kWh) savings.

When applying for pre-approval, submit the following items:

- » Information in Sections 1 - 3 on page 2.
- » Completed Custom Worksheet (below).
- » Itemized quote/proposal for all related materials and any external labor.
- » Manufacturer's specification sheets for all equipment.

Custom Incentive Rate: \$0.06 per kWh

1. Provide a detailed written description of the project.
2. Provide clear and logical step-by-step calculations detailing the estimated annual energy savings (kWh).
 - a. Submit calculations in an unlocked spreadsheet format (such as Excel). Do not send PDF copies of spreadsheets. Include page numbers, if needed to reference calculations or numbers on other pages.
 - b. Provide detailed and orderly calculations that can be followed without prior knowledge of the project.
 - c. Document any assumptions and inputs to calculations (e.g., hours of operation, load factor, power factor, motor efficiencies, etc.) and maintain consistency throughout calculations.
 - d. Identify key numbers (circled, bold, highlighted, etc.) and show correct units.

Estimated Custom Non-Lighting Project Savings

	Measure Description ^a	Annual Energy Savings (kWh)	Measure Cost (\$) ^{b,c,d}
1			\$
2			\$
3			\$
4			\$

^a Measure description refers to specific energy efficient project components (i.e. chiller replacement, industrial process improvement, etc.)

^b Measure cost is either the cost to remove/replace existing operational equipment, or it is the incremental cost to upgrade non-operational equipment from standard efficiency to high efficiency equipment.

^c Costs itemized by measure are preferred.

^d Include contracted labor costs, sales tax, disposal, permit fees, etc., related to the project.

Total Custom Non-Lighting Project Cost:	\$
Total Annual Custom Non-Lighting Energy Savings (kWh) x \$0.06/kWh: (Cannot exceed 50% of the total custom project cost)	\$

Note: Customer acknowledges and agrees that Customer cannot apply for, nor receive, incentives for the same product, equipment or service from more than one utility unless there are both electric and gas savings.

Important Information

1. Incomplete applications cannot be processed for payment.
2. Applications must be received within 60 days of purchase and/or installation of measures.
3. Notification of problems with incomplete applications will be sent via email or U.S. Mail.
4. Applicants will be given 60 calendar days to respond before application is deemed ineligible.
5. A rebate check will be mailed to you for qualified products. Please allow 4 to 6 weeks to receive your rebate check from the time your application is received by the Energy Innovations Collaborative Program.

Terms and Conditions

This offer is valid only for UP Energy Innovations Collaborative members' commercial electric customers for a limited time. Offer is good while funds are available and is on a first-come, first-served basis. Program begins May 1, 2022, and ends April 30, 2023. Completed documentation needs to be received within 60 days of purchase/installation date or May 31, 2023, whichever is earlier.

Products must be new and operational. Refurbished products are not eligible for rebates. Offer redeemable by mail, email or fax.

The UP Energy Innovations Collaborative reserves the right to withdraw or change this offer without notice. Rebates may not exceed purchase price. Rebates may not exceed \$3,000, per project, without prior utility approval. Ineligible rebates are subject to denial or repayment to program. The program is not responsible for applications lost, damaged or not received. Call 906.226.0573 to find out more about how you can save energy and money.

Submit your documents one of three ways:



Call **906.226.0573** for questions about this application.