



# Renewable Energy Application For Rebate

## San Miguel Power Association

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Address of unit (if different than above) \_\_\_\_\_

### **SYSTEM INFORMATION**

Installation cost before rebates \_\_\_\_\_

**Please attach estimated installation cost and receipt for deposit.**

Name plate rating \_\_\_\_\_ kW Type (solar, wind, etc.) \_\_\_\_\_

Location (roof, stand, tower, etc) \_\_\_\_\_

Estimated annual production \_\_\_\_\_ total estimated kWh/year

*Please attach copy of production estimation page.*

Is the array completely free of shade between the hours of 9 am and 3pm? \_\_\_\_\_

### **REBATE CALCULATION**

Program Partner Rebate Specifications:

Program Partner rebate level: \$2.00 per watt

Program Partner system size cap: 10 kW

**Program Partner Maximum Rebate Amount: = \$3,000**

Installed system size: \_\_\_\_\_ watts (nameplate rated capacity)

X \$ \$2.00 per watt (Program Partner rebate level)

= \$ \_\_\_\_\_ Rebate

*If this amount is greater than the Program Maximum Rebate Amount, please check here:*

**ELIGIBLE REBATE = \$ \_\_\_\_\_**





**SMPA AGREEMENT**

Initial below to indicate your agreement to each statement:

- I elect to assign all Renewable Energy Credits (RECs) produced from my installation to San Miguel Power Association. I represent that I will not claim any of the RECs and will not allow any other entity to claim said RECs.
- I certify that I meet all insurance requirements for participation in SMPA's Renewable Energy Rebate program. If requested, I will provide proof of insurance.
- I certify that my installation conforms to all federal, state and local building codes and has been inspected by the appropriate officials having jurisdiction.
- I have completed all necessary applications to participate in SMPA's Net Metering program. I understand the conditions and amount of any reimbursement for excess generation above my own personal use at the location indicated above.

For photovoltaic systems only

- I agree to manage trees and/or other potential shade sources in order to prevent future shading of the array.
- I agree to allow a Governor's Energy Office or CoSEIA representative to contact me and to access my property in order to perform a visual verification of my system, should my system be chosen for review. (Permission will be requested, advance notice will be provided, and efforts will be taken to minimize any inconvenience to you.)

Hold Harmless

Customer shall indemnify, defend and hold SMPA, its employees, agents, successors, assigns, and affiliates harmless against any and all claims, demands, liens, lawsuits, judgments or actions of whatsoever nature that may be brought on account of the installation, maintenance, operation, repair or replacement of the PV system or any component on the system. The homeowner understands and agrees that SMPA does not recommend or endorse any installer for their system. It is completely the homeowner's choice who they choose as installer. The homeowner also agrees that SMPA shall not be liable or responsible for the quality, completeness, timeliness, or any other issue related to the installation.

Homeowner Signature \_\_\_\_\_ Date: \_\_\_\_\_

This application shall constitute a contract between the Applicant(s) and SMPA. The Applicant(s) agrees to be bound by the Renewable Energy Rebate Policy and Program Guidelines. In the event that this application is not signed, it is agreed that the Applicant(s) acceptance of the rebate shall constitute a contract just as though the application were signed. Applicant(s) agrees that a facsimile of the original will be considered as valid as the original.

**For Office Use Only**

Date Received \_\_\_\_\_

Customer Account Number \_\_\_\_\_





**ENERGY AUDIT INFORMATION**

Audit performed by (circle):

Program Partner    Installer    Non-profit    Private Company    Other

Company name \_\_\_\_\_

Company phone \_\_\_\_\_ Website \_\_\_\_\_

Company address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project contact name \_\_\_\_\_

Project contact phone \_\_\_\_\_ Email \_\_\_\_\_

Audit date \_\_\_\_\_

Auditor Qualifications/Certifications \_\_\_\_\_

Type of audit performed (circle):

Walkthrough    Blower Door    Infrared Scan    HERS Rating

**Please attach audit report**

Auditors Name (Print please) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





**INSTALLER INFORMATION**

Company name \_\_\_\_\_

Company phone \_\_\_\_\_ Website \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project contact name \_\_\_\_\_

Project contact phone \_\_\_\_\_ Email \_\_\_\_\_

Installation warranty term offered \_\_\_\_\_

*Please attach copy of installation warranty policy*

Client Service Agreement offered? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please attach copy of service agreement*

Payback Analysis performed? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please attach a copy of payback analysis report*

Installer Qualifications/Certifications held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## **APPLICATION CHECKLIST**

- Applicant Information
- System Information
- Rebate Calculation
- SMPA Agreement - Signed
- Energy Audit Information & Report
- Installer Information
- Attachments:
  - Invoice/Proof of Deposit Paid
  - Completed Energy Audit Report

Date Application Submitted \_\_\_\_\_

By \_\_\_\_\_

### **SUBMIT COMPLETED APPLICATION PACKAGE TO:**

SMPA  
Attn: Bill Green  
P.O. Box 1150  
Ridgway, CO 81432

Program details can be found on the web at:

[www.smpa.com](http://www.smpa.com) and [www.newcommunitycoalition.org](http://www.newcommunitycoalition.org)

