

CONSERVE & \$AVE[®]

2017 NATURAL GAS EFFICIENCY REBATE APPLICATION

SECTION A. CUSTOMER INFORMATION (please print)

Step 1:

Customer Name _____ Account Number _____

Home Phone Number (with area code) _____ Daytime Phone Number (with area code) _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Installation Address (if different from mailing address) _____ City _____ State _____ Zip Code _____

Step 2:

Please apply rebate to my account. Please send me a rebate check.

Rebates \$75 and under will be applied to your account. If a box is not checked a bill credit will automatically be issued.

Step 3:

How did you hear about CONSERVE & SAVE[®]? Billboard Chamber of Commerce Contractor Newspaper Radio Retailer/Vendor

Social Media TV Utility Newsletter Utility Representative Utility Web Site Other _____

Step 4:

I am a: Residential Customer Commercial Customer	My building type is: Single Family Multi-Family <i>buildings with 3 or more units</i>	I am a: Owner/Occupant Owner/Non-Occupant Renter	My home/business is heated by: Electric Gas Don't Know	My water heating is: Electric Gas Don't Know
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Step 5:

The Minnesota Department of Commerce requests that utilities track the following information for statistical purposes only. **Please read each step carefully and check "above" or "below":**

- Find your household size on the table to the right.
- Determine your annual household income, before taxes, including pension, social security, etc.
- Is your household income above or below the amount corresponding to your household size in this table? **above** **below**

Number of People in Household	Annual Household Income
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5 or more	\$56,880

Information from this application may be shared with the Minnesota Department of Commerce and our co-op partners.

SIGNATURE: I certify: I have completely filled out Section A
 I have read, understand, and agree to the terms and conditions – Section B, #1
 I have attached all support materials – Section B, #3-5
 All equipment has been installed at the address listed in Section A

CUSTOMER SIGNATURE _____ Date _____

Allow 6-8 weeks for processing.
Missing or incorrect information will increase the processing time.

TEAMING UP TO SAVE YOU MONEY



CONSERVE & \$AVE[®]

OFFICE USE ONLY Gas Electric Water **Total Rebate Amount:**

Date Received _____ Date Processed _____

Appliance/Equipment _____ **\$**

ID _____ Verified By _____ FILE NAME: _____

SECTION B. REBATE APPLICATION CHECKLIST

Use this checklist to complete the steps to receive your rebates:

1. Read the following terms and conditions to determine if you are eligible for a rebate:
 - Only one service address per application.
 - The Utility reserves the right to apply rebates to past due accounts. Rebates \$75 and under will be applied to your account. Rebates will not exceed the purchase price.
 - Energy-efficient equipment must be connected to a natural gas service supplied by Austin Utilities or Owatonna Public Utilities and is subject to inspection.
 - Purchase and install **NEW** products. Reconditioned, refurbished, or second-hand equipment is not eligible for a rebate.
 - Windows, doors, and insulation must be installed in a conditioned living space where the utility supplies the primary heating energy (e.g. NOT garages or sun porches).
 - CEE Participating Contractors must have attended all Center for Energy and Environment (CEE)-required trainings and be a certified insulation installer by the Building Performance Institute, perform work in accordance with CEE standards, and agree to the provisions of the CEE Contractor Participation Agreement, including correcting any deficiencies found by CEE and completing the CEE-provided post-installation report.
 - Equipment installations must meet our Minimum Efficiency Requirements to qualify for a rebate.
 - Due to limited funding, this rebate offer can be withdrawn at any time without notice. Applications will be processed on a first-come, first-serve basis. All applications from this year's (2017) purchases must be received by March 31, 2018.
 - Rebates can only be offered on equipment that is installed while funding is in effect. In the event our program is discontinued due to depleted funds, we will not provide a rebate for items installed between the discontinued date and the end of that year.
2. Complete the application, making sure to fill out all required sections in detail. Allow 6-8 weeks for processing. Missing or incorrect information will increase the processing time.
3. Include a final, detailed copy of the original sales receipt, invoice, or picking slip showing the customer name, date of sale, manufacturer name, model number, size, and date of installation.
4. For WINDOW/DOOR rebates, applicant must include the NFRC label for each window/door type and size. City Final Inspection Form is required for OPU customers for window rebates.
5. For INSULATION AND AIR SEALING rebates with CEE participating contractors, the contractor must meet CEE Participating Contractor requirements as listed in the above terms and conditions.
6. Sign the application.
7. Mail completed forms and required documentation to your utility provider:

Austin Utilities

Attn: Rebate Processing
1908 14th St NE
Austin, MN 55912-4904
507.433.8886
www.austinutilities.com

Owatonna Public Utilities

Attn: Rebate Processing
PO Box 800
Owatonna, MN 55060-0800
507.451.2480
www.owatonnautilities.com

SECTION C. CONTRACTOR/RETAILER INFORMATION (please print)

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

Contractor's/Retailer's Name _____ Contact Person _____ Phone Number (with area code) _____

Installer's Name (**write SELF if customer installed**) _____

Type of Appliance/Equipment Installed _____

2017 BUILDING SHELL REBATES

CEE PARTICIPATING CONTRACTOR VERIFICATION (Complete for any CEE Participating Contractor installed work.)

CEE Participating Contractors performing the work must have attended all Center for Energy and Environment (CEE)-required trainings and be a certified insulation installer by the Building Performance Institute, conduct work in accordance with the CEE standards, and agree to the provisions of the CEE Contractor Participation Agreement, including correcting any deficiencies found by CEE and completing a CEE-provided post-installation report.

Summary of work performed (check all that apply):

Attic Air Sealing Attic Insulation Wall Cavity Insulation R5 Rigid Foam (added to outside of insulated walls)

The following section must be completed if attic air sealing, or wall cavity insulation work was performed:

Pre-installation blower door test: _____ CFM at _____ Pa Post-installation blower door test: _____ CFM at _____ Pa

% blower door CFM reduction: _____% If less than 25% reduction, please explain: _____

Does house have an atmospherically-vented water heater, furnace, or boiler? Yes No

If Yes, initial below to confirm that the following tests were completed and the property owner was advised of any safety issues:

_____ Spillage evaluation for all atmospherically-vented gas appliances

_____ Worst-case negative pressure measurement for each combustion appliance zone

Signature of CEE Participating Contractor: _____ **Date:** _____

By signing, I certify that all of the values above are true and accurate and that all work was performed in accordance with the CONSERVE & SAVE® HOUSE CALL Program Air Sealing and Insulation Contractor Requirements and Standards.

Contractor Name (printed): _____ Contractor License #: _____

ATTIC AIR SEALING AND/OR RIM JOIST SEALING/INSULATION (Retrofit only)

MINIMUM EFFICIENCY REQUIREMENTS: All bypasses indicated by House Call audit must be addressed. Post-Installation Blower Door Verification required.

REBATE: **CEE Participating Contractor Installed:** Air Sealing: \$200; Rim Joist Sealing/Insulation: \$150

ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.

Air Sealing Rim Joist Sealing/Insulation

Check here to signify that all bypasses identified in audit were sealed. If not, explain: _____

Describe any additional air sealing performed not identified by audit:

Installation Date: _____ Approximate Age of Furnace/Boiler: _____

of Stories: _____ Furnace/Boiler's Approximate Efficiency: _____ %

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

ATTIC INSULATION (Retrofit only)

MINIMUM EFFICIENCY REQUIREMENTS: Must add a minimum of R19 with an ending R value of 44 or greater.

REBATE: **Self Installed or non-CEE Participating Contractor Installed:** \$0.10 per square foot

CEE Participating Contractor Installed: \$150 plus 0.15 per square foot. Rebate is capped at 50% of cost.

ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THE CEE PARTICIPATING CONTRACTOR INSTALLED REBATE.

Self-Installed CEE Participating Contractor Installed (see top of this page) Installation Date: _____

Check here to signify that all attic bypasses were sealed before insulation was added. If not, explain: _____

Description of Insulation Improvements:

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

REPLACEMENT DOORS (Less than 50% Glass) & GLASS ENTRY DOORS (At Least 50% Glass) (Retrofit only)
MINIMUM EFFICIENCY REQUIREMENTS: 8 sq. ft. per entry door* opening (one opening equals one door*);
ENERGY STAR® rated for northern climate zone (U-factor less than or equal to .21 (.30 for glass entry doors) or equivalent energy performance)
 REBATE: \$25 per door; \$15 per glass entry door ***Exterior entry door into a conditioned living space, not including storm doors.**
MUST INCLUDE NFRC LABEL FOR EACH DOOR TYPE AND SIZE.



NFRC Labels Included (Required)

Self-Installed Dealer Installed Installation Date: _____

Dealer Name (Purchased At): _____ Dealer Phone (with area code): _____

Dealer Address: _____ City: _____ State: _____ Zip Code: _____

Building Type: Single-Family Manufactured Home Multi-Family Retail Office Church/School Other: _____

Primary Heating Fuel: Natural Gas Electric Other: _____

Primary Cooling Type: Central Air Conditioning Room Air Conditioning Air Source Heat Pump Geothermal None

Complete the following sections FOR EACH DOOR TYPE. Attach an additional sheet if necessary.

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____
 # of Doors this Size: _____ X \$25/Door = \$ _____ (Total Rebate)
 Height (inches): _____ Width (inches): _____ # of Glass Entry Doors this Size: _____ X \$15/Glass Entry Door = \$ _____ (Total Rebate)

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____
 # of Doors this Size: _____ X \$25/Door = \$ _____ (Total Rebate)
 Height (inches): _____ Width (inches): _____ # of Glass Entry Doors this Size: _____ X \$15/Glass Entry Door = \$ _____ (Total Rebate)

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____
 # of Doors this Size: _____ X \$25/Door = \$ _____ (Total Rebate)
 Height (inches): _____ Width (inches): _____ # of Glass Entry Doors this Size: _____ X \$15/Glass Entry Door = \$ _____ (Total Rebate)

U-Factor: _____ Manufacturer: _____ Model: _____ Door Type: _____
 # of Doors this Size: _____ X \$25/Door = \$ _____ (Total Rebate)
 Height (inches): _____ Width (inches): _____ # of Glass Entry Doors this Size: _____ X \$15/Glass Entry Door = \$ _____ (Total Rebate)

WALL INSULATION (Retrofit only) **ONLY CUSTOMERS WHO HAVE HAD A HOUSE CALL AUDIT PERFORMED MAY QUALIFY FOR THIS REBATE.**
MINIMUM EFFICIENCY REQUIREMENTS: Minimum 450 sq. ft. of insulation for rebate. All requirements must be verified through House Call audit.
INJECTION (CEE PARTICIPATING CONTRACTOR INSTALLED): Empty cavities only. Post-Installation Blower Door Verification required.
EXTERIOR RIGID FOAM: R5 or greater over already insulated wall. Wall cavities must be filled.
 REBATE: Injection (CEE Participating Contractor Installed): \$300; Exterior Rigid Foam Insulation: \$200

Injection (CEE Participating Contractor Installed - see top of page 3) Exterior Rigid Foam Installation Date: _____

Description of Insulation Improvements: _____

Approximate Age of Furnace/Boiler: _____ Furnace/Boiler's Approximate Efficiency: _____ %

Manufacturer & Type of Insulation Added: _____

Inches of Insulation Added: _____ Square feet covered: _____

Initial R-Value: _____ R-Value Added: _____ Total Ending R-Value (Initial + Added): _____

OFFICE USE ONLY
Rebate Total: \$ _____
Savings: _____ ccf

2017 CENTRAL A/C AND FURNACE REBATES

CENTRAL AIR CONDITIONERS & DUCTLESS MINI SPLIT SYSTEMS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH)

MINIMUM EFFICIENCY REQUIREMENTS: SEER 14.5; Must be AHRI Certified.

(SEER=Seasonal Energy Efficiency Rating)

REBATE: see chart below

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute - www.ahridirectory.org)

Cooling Capacity	14.5-14.99	15.0-15.99	16.0-16.99	17.0-17.99	18.0-18.99	19.0-19.99	20.0-20.99	21.0-21.99	22.0+
20,000 BTU/hr or less	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	see formulas below
Over 20,000 BTU/hr	\$200	\$275	\$350	\$425	\$500	\$575	\$650	\$725	

20,000 BTU/hr or less – Rebate Formula: \$100 + [(Actual SEER - 14.5) x \$25]; **Over 20,000 BTU/hr – Rebate Formula:** \$200 + [(Actual SEER - 14.5) x \$75]

Equipment Type: Central Air Conditioner Ductless Mini Split System Cooling Capacity (Tons): _____

Outdoor Unit Model #: _____ Manufacturer's Name: _____ **AHRI Certified Ref #:** _____
Required – please include copy of AHRI Certificate.

Indoor Unit Model #: _____ Manufacturer's Name: _____ Rated Efficiency (SEER by AHRI): _____

of Units Installed: _____ Date of Installation: _____

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY

Rebate Total: \$ _____

FURNACE FAN MOTORS – NEW FURNACE INSTALLATIONS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH)

MINIMUM EFFICIENCY REQUIREMENTS: Rated "e" electrically efficient furnace by AHRI (rated as AMACF)

ELECTRIC REBATE: \$125

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute - www.ahridirectory.org) (AMACF=Advanced Main Air Circulating Fan)

Furnace Manufacturer's Name: _____ Furnace Model #: _____ Number of Units Installed: _____

AHRI Certified Reference #: _____ Date of Installation: _____
Required – please include copy of AHRI Certificate.

Do you have a central air conditioner? YES (EXISTING) YES (NEW) NO UNKNOWN

OFFICE USE ONLY

Rebate Total: \$ _____

FURNACE FAN MOTOR REPLACEMENTS (ELECTRIC REBATE - USE THIS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH)

MINIMUM EFFICIENCY REQUIREMENTS: Retrofits must be Electronically Commutated Motor (ECM) or equivalent; documentation required

ELECTRIC REBATE: \$50

Motor Manufacturer's Name: _____ Motor Model #: _____

Number of Units Installed: _____ Date of Installation: _____

Have you attached the required documentation showing this retrofit motor is an Electronically Commutated Motor (ECM) or equivalent? YES

Do you have a central air conditioner? YES (EXISTING) YES (NEW) NO UNKNOWN

OFFICE USE ONLY

Rebate Total: \$ _____

FURNACES

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute - www.ahridirectory.org)

NEW CONSTRUCTION – MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 95%

(AFUE=Annual Fuel Usage Efficiency)

NEW CONSTRUCTION REBATE: \$100

NOTE: OPU customers must include a copy of the city furnace or boiler final inspection form.

RETROFIT – MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 92%

RETROFIT REBATE: AFUE greater than or equal to 92%, but less than 95% = \$100;

AFUE greater than or equal to 95%, but less than 96% = \$200;

AFUE greater than or equal to 96% = \$300

NOTE: OPU customers must include a copy of the city furnace or boiler final inspection form.

New Construction Retrofit

Manufacturer's Name: _____ Model Name: _____ Model #: _____

Heating Capacity (Btu/hr output): _____ Rated Efficiency (AFUE %): _____ % Number of Units Installed: _____

AHRI Certified Reference #: _____ Date of Installation: _____
Required – please include copy of AHRI Certificate.

Why was this purchased? To replace: no previous unit failed unit working unit

OFFICE USE ONLY

Rebate Total: \$ _____

2017 BOILER AND DOMESTIC WATER HEATER REBATES

BOILERS

MINIMUM EFFICIENCY REQUIREMENTS: AFUE greater than or equal to 85%

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

(AFUE=Annual Fuel Usage Efficiency) (www.ahridirectory.org)

REBATE: AFUE greater than or equal to 85% = \$100; greater than or equal to 90% = \$200; greater than or equal to 95% = \$300; Boilers with indirect fire water heater = \$100 additional

NOTE: OPU customers must include a copy of the city furnace or boiler final inspection form.

Manufacturer's Name:	Model Name:	Model #:
Heating Capacity (Btu/hr output):	Rated Efficiency (AFUE %):	% Number of Units Installed:
AHRI Certified Reference #: _____ Required – please include copy of AHRI Certificate.		OFFICE USE ONLY Rebate Total: \$ _____
Date of Installation: _____		
Why was this purchased? To replace: no previous unit failed unit working unit		

DRAIN WATER HEAT RECOVERY (DWHR)

MINIMUM EFFICIENCY REQUIREMENTS: Heat recovery efficiency of 42% at 2.5 GPM & max pressure drop of 3 psi @2.5 GPM; Must be installed by a manufacturer-certified, licensed plumbing contractor.

REBATE: \$200

Manufacturer's Name:	Model Name:	Model #:
Heat Recovery Efficiency:	% Storage Size of Water Heater (Gallons):	Number of Units Installed:
Date of Installation: _____		OFFICE USE ONLY Rebate Total: \$ _____
Number of People Living in Your Home: _____		
Water Heating: Gas Electric		
Why was this purchased? To replace: no previous unit failed unit working unit		

TANK WATER HEATERS

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.62

(EF=Energy Factor) (www.ahridirectory.org)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

REBATE: EF greater than or equal to 0.62, but less than 0.64 = \$50;

EF greater than or equal to 0.64, but less than 0.67 = \$75;

EF greater than or equal to 0.67 = \$100

NOTE: OPU customers must include a copy of the city furnace or boiler final inspection form.

Manufacturer's Name:	Model Name:	Model #:
Storage Gallons:	Rated Efficiency (EF):	% Number of Units Installed:
AHRI Certified Reference #: _____ Required – please include copy of AHRI Certificate.		OFFICE USE ONLY Rebate Total: \$ _____
Date of Installation: _____		
Why was this purchased? To replace: no previous unit failed unit working unit		

TANKLESS (INSTANTANEOUS) WATER HEATERS

MINIMUM EFFICIENCY REQUIREMENTS: EF greater than or equal to 0.80

(EF=Energy Factor) (www.ahridirectory.org)

(AHRI=Air-Conditioning, Heating, and Refrigeration Institute)

REBATE: EF greater than or equal to 0.80, but less than 0.92 = \$200; EF greater than or equal to 0.92 = \$250

NOTE: OPU customers must include a copy of the city furnace or boiler final inspection form.

Manufacturer's Name:	Model Name:	Model #:
Heating Capacity (Btu/hr input):	Rated Efficiency (EF):	% Number of Units Installed:
AHRI Certified Reference #: _____ Required – please include copy of AHRI Certificate.		OFFICE USE ONLY Rebate Total: \$ _____
Date of Installation: _____		
Why was this purchased? To replace: no previous unit failed unit working unit		

2017 OTHER NATURAL GAS REBATES

CLOTHES DRYERS (ALSO QUALIFIES FOR AN ELECTRIC REBATE – USE THIS GAS FORM OR AN ELECTRIC REBATE FORM, BUT NOT BOTH)

MINIMUM EFFICIENCY REQUIREMENTS: ENERGY STAR® Label

ELECTRIC DRYER REBATE: \$50

NATURAL GAS DRYER REBATE: \$25–\$50 (\$25 for natural gas service* + \$25 for electric service)*

Manufacturer's Name:	Model #	OFFICE USE ONLY Electric Rebate Total: \$ _____ Gas Rebate Total: \$ _____
Number of Units Installed:	Date of Installation:	
Type of Clothes Dryer:		
Gas Dryer	Electric Dryer	
	4.4 ft ³ capacity or greater	
	Less than 4.4 ft ³ capacity:	
	120V	240V vented
		240V ventless
Why was this purchased? To replace:		
	no previous unit	failed unit
		working unit

CLOTHES WASHERS (ALSO QUALIFIES FOR AN ELECTRIC AND A WATER REBATE – USE THIS GAS FORM OR AN ELECTRIC REBATE FORM OR A WATER REBATE FORM, BUT NOT ALL THREE)

MINIMUM EFFICIENCY REQUIREMENTS:

ENERGY STAR® OR ENERGY STAR Most Efficient®

ENERGY STAR REBATE: \$25–\$100 (\$50 for electric + \$25 for water + \$25 for natural gas)*

ENERGY STAR MOST EFFICIENT REBATE: \$25–\$150 (\$100 for electric + \$25 for water + \$25 for natural gas)*

CHOOSE ONE: ENERGY STAR® ENERGY STAR Most Efficient®

Manufacturer's Name:	Model #:	OFFICE USE ONLY Electric Rebate Total: \$ _____ Water Rebate Total: \$ _____ Gas Rebate Total: \$ _____
Number of Units Installed:	Date of Installation:	
Type of Clothes Dryer:		
Electric	Gas	Unknown
Why was this purchased? To replace a:		
	no previous unit	failed unit
		working unit

ELECTRONIC IGNITION HEARTH – NEW NATURAL GAS HEARTH INSTALLATIONS ONLY

MINIMUM EFFICIENCY REQUIREMENTS: Must be on-demand electronic ignition that is also a sealed combustion/direct vent unit.

REBATE: \$75

NOTE: Gas Inspection Required for AU Customers Only.

Natural Gas Hearth Product is:	Free-standing stove	Fireplace	Insert	OFFICE USE ONLY Rebate Total: \$ _____
Manufacturer's Name:	Model #:	Serial #:		
Ignition Brand Name:				
Heating Capacity (Btu/hr input):	Date of Installation:			
Why was this purchased? To replace:				
	no previous unit	failed unit	working unit	

PROGRAMMABLE THERMOSTATS (Replacement Only)

MINIMUM EFFICIENCY REQUIREMENTS: Thermostat must control primary heating system.

REBATE: \$25

Manufacturer's Name:	Model Name:	Model #:
Number of Units Installed:	Date of Installation:	
Why was this purchased? To replace:		
	failed unit	working unit
OFFICE USE ONLY Rebate Total: \$ _____		

CUSTOM NATURAL GAS PROGRAM

MINIMUM EFFICIENCY REQUIREMENTS: Determined by energy savings on equipment or appliances as documented by third party testing.

NOTE: May require up to 10 weeks or more to process rebate

Description of Improvements:		OFFICE USE ONLY Rebate Total: \$ _____ Savings: _____ ccf
Calculated Annual Gas Energy Savings:		
Calculated Reimbursement \$	Date of Installation:	
<i>Must have greater than 1 year, and less than a 6 year payback. Fuel switching technologies are excluded on retrofits. Attach third party testing documentation with necessary information for calculating savings.</i>		