

Commercial & Industrial Retrofit 2019 VFD Incentive



Section A: CUSTOMER INFORMATION

Customer Name	Electric Account Number	Rate	Application Number
Facility Address	City	State	Zip Code
Service Location Identification	Email		
Mailing Address (if different from above)	City	State	Zip Code
Contact Person/Title	Telephone Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
Please Assign Payment to Contractor. Customer Signature:	Additional Information	Incentive Payment Preference (Check one.) <input type="checkbox"/> Check <input type="checkbox"/> Bill Credit <input type="checkbox"/> Pay Contractor	

Section B: CONTRACTOR INFORMATION

Contractor Name	Contact Person/Title (Print)	Contact Person Signature	
Mailing Address	City	State	Zip Code
Email	Telephone Number	Additional Information	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt

Section C: DOCUMENT APPROVALS

PRE-INSTALLATION INSPECTION

Utility Signature	Date
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PRE-APPROVAL OFFER

Technical Review - Utility Signature	Date		
Utility Signature	Date	Amount of Incentive Offer (\$)	Offer Valid Through:

By signing and dating below, customer accepts this Incentive offer and agrees to the Utility Terms and Conditions available from your Utility. Pursuant to a Commission order, customers also agree that the utility alone may capture all kW and kWh savings and any ISO-NE capacity payments resulting from this energy efficiency project. This agreement is contingent upon continued approval and authorization by the Commission to recover said amounts from the System Benefits Charge. The Incentive, in conjunction with all other sources of funding, cannot exceed the total project cost.

Customer Signature: _____ Date: _____

POST-INSTALLATION INSPECTION

Utility Signature	Date	Total Project Cost (\$)	Amount of Incentive (\$)
Customer Signature	Date		

MANAGEMENT APPROVAL

Utility Signature	Date
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RETROFIT VFD INCENTIVE WORKSHEET

Item	Motor HP	Fan or Pump ID	Area Served	Application Code ¹	Control Parameters ²	Motor Efficiency	Annual Hours of Operation ³	Incentive (\$) ⁴
<i>Ex.</i>	<i>25</i>	<i>AC-3</i>	<i>Lobby</i>	<i>RFA</i>	<i>DT</i>	<i>91%</i>	<i>4400</i>	<i>\$2,050</i>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
Vendor quote or proposal required for Incentive.								TOTAL

¹FAN OR PUMP APPLICATION CODE

Code	Application
SFA	Supply fan on supply air handler
SFP	Supply fan on VAV packaged HVAC unit
RFA	Return fan on return air handler
RFP	Return fan on VAV packaged HVAC unit
BEF	Building exhaust fan
PEF	Process exhaust fan
HEF	Fume hood exhaust fan & makeup air fan
HWP	Heating hot water pump
WWP	Circulation pump for water source heat pump loop
FWP	Boiler feed water pump
CWP	Chilled water pump
BDF	Boiler draft fan
HYP	Hydraulic pump
WTP	Water supply or wastewater treatment pump
RAS	RAS pump in wastewater treatment plant
CTF	Cooling Tower Fan
PCP	Process Cooling Pump

⁴INCENTIVES

HP Controlled by Each VFD	Maximum Incentives (\$)
3	\$650
5	\$1,050
7.5	\$1,150
10	\$1,350
15	\$1,500
20	\$1,700
25	\$2,050
30	\$2,250
40	\$2,800
50	\$3,100
60	\$3,300
75	\$4,200
100	\$4,400

²CONTROLLING PARAMENTERS

DP	Pressure Differential
DT	Temperature Differential
DF	Flow Differential
OTH	Specify

FACILITY TYPE (check one)

<input type="checkbox"/>	College/University	<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	School K-12	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Multi-Family	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Hotel/Motel	<input type="checkbox"/>	Grocery
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Offices

Forward curve fans with inlet guide vanes are not eligible for a VFD Incentive. Other VFD applications may be eligible for a Custom Incentive.

³ VFD's must operate a minimum of 2,000 hours per year to be eligible for an Incentive. VFD's on VAV boxes over 10HP are not eligible for Incentives