

The GEO Solar Rebate Program



Governor's
Energy Office



Solar Domestic Hot Water Rebate Application Part 1

APPLICATION INSTRUCTIONS:

STEP 1: Complete and bring or send this application to The Atmosphere Conservancy to reserve a rebate. Make sure that you receive a confirmation of the rebate reservation before proceeding with the installation.

*STEP 2: Have the system installed by a CoSEIA-Approved Installer. **Applicants have 90 days from the day the rebate reservation is issued to install the solar system.***

STEP 3: Submit Part 2 of this application to The Atmosphere Conservancy to complete the rebate process. Rebates will be only issued once the system is completed.

APPLICANT INFORMATION

Note: In order to be considered eligible for a rebate through this program, systems must be installed at a residence owned by a Colorado resident. The home may be a primary or secondary home.

Applicant name: _____

Installation address (street, city, zip, county):

Mailing address, if different, (street, city, zip, county):

Daytime phone: _____

Email address: _____

Please initial here to indicate that you do agree to manage trees and/or other potential shade sources in order to prevent future shading of the array _____

The Atmosphere Conservancy
430 West Myrtle Street
Fort Collins, CO 80521

atmosphereconservancy.org
e-mail: info@atmosphereconservancy.org
Phone: 970-377-9251

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- Please initial here to acknowledge that a GEO or CoSEIA representative may contact you to request access to your property in order to perform a random visual verification of your system. Permission will be requested, advance notice will be provided, and care will be taken to minimize any inconvenience to you: _____

ENERGY AUDIT INFORMATION

- Audit performed by (circle):
- Program Partner Installer Non-profit Private Company Other
- Company name: _____
- Company phone: _____ website: _____
- Company address (street, city, state, zip, county): _____

- Project contact name: _____
- Project contact phone: _____ email: _____
- Audit date: _____
- Auditor Qualifications/Certifications held: _____

- Type of audit performed (circle):
- Walkthrough Blower Door Infrared Scan HERS Rating
- *Please attach audit report*

CONTRACTOR INFORMATION

- Company name: _____
- Company phone: _____ website _____
- Company address (street, city, state, zip, county): _____

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- Project contact name: _____
- Project contact phone: _____ email: _____
- 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: _____

INSTALLATION INFORMATION Part 1

- Total system size: _____
 - *Please provide calculation of system rated output*
- Installation cost before rebates: _____
 - *Please attach final installation invoice*
- Roof or ground mount: _____
- Azimuth: _____ Tilt Angle: _____
- Estimated percentage of optimum orientation production based on actual installation tilt and azimuth (90% is minimum allowable per program requirements): _____

END – Rebate Application Part 1

This is the end of the rebate application, Part 1. Please submit this application to The Atmosphere Conservancy to reserve your rebate.

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Solar Domestic Hot Water Rebate Application Part 2

INSTALLATION INFORMATION Part 2

- Total system size: _____
 - *Please provide calculation of system rated output*
- Installation cost before rebates: _____
 - *Please attach final installation invoice*
- Roof or ground mount: _____
- Azimuth: _____ Tilt Angle: _____
- Estimated percentage of optimum orientation production based on actual installation tilt and azimuth (90% is minimum allowable per program requirements): _____
- Is the array free of shade between the hours of 9 am and 3pm? If not completely shade-free, please indicate the average percentage of shading the array will receive: _____
- Date of installation completion: _____
 - *Please attach final permit signoff documentation*
- Equipment Information:

If the Solar Domestic Hot Water system is part of a larger installation that will supply for space heating or other applications, please indicate and provide a brief description of the larger system, including array size, panel types, estimated energy production, thermal storage tank size, and total cost: \$ _____

List only the equipment that is dedicated to the solar domestic hot water portion of the system below:

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- Panel brand, model, power rating, quantity:

- Thermal Storage Tank brand, capacity, installation location:

- *Please attach a list of panel and storage tank serial numbers for the SDHW portion of the system only.*

REBATE CALCULATION

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Solar Domestic Hot Water systems must meet the following minimum requirements in order to qualify for a rebate. If the minimum system requirements have been met, the system qualifies for the flat rate rebate amount as determined by the Program Partner:

- Program Partner Tier 1 rebate level: \$ 3,000 per minimum system requirements, as follows:
 - Minimum of **60,000** BTU/day, based on SRCC rating for clear day/C interval (see <http://www.solar-rating.org/ratings/ratings.htm>, download "Summary of SRCC Certified Solar Collector and Water Heating System Ratings"), with nominal 80 gallon minimum solar storage tank size.
- Program Partner Tier 2 rebate level (50% of Tier 1): \$1,500 per minimum system requirements, as follows:
 - Minimum of **30,000** BTU/day, based on SRCC rating for clear day/C interval (see <http://www.solar-rating.org/ratings/ratings.htm>, download "Summary of SRCC Certified Solar Collector and Water Heating System Ratings"), with nominal 50 gallon minimum solar storage tank size.

INSTALLER CERTIFICATION

I acknowledge by my signature that the system which I installed as indicated in this rebate application and for which this rebate application is being submitted meets the specified minimum system size and all other specified requirements:

Signature: _____

Printed name _____ date: _____

CUSTOMER CERTIFICATION

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I acknowledge by my signature that the system which I installed as indicated in this rebate application and for which this rebate application is being submitted meets the specified minimum system size and all other specified requirements:

Signature: _____

Printed name _____ date: _____

INSTALLATION VERIFICATION

I acknowledge by my signature that I agree to allow access to this system for inspection under the program verification program

Signature: _____

Printed name _____ date: _____

APPLICATION SUBMISSION INFORMATION

Applicants should be aware that priority for this rebate will be given to approved low income housing units referred by agencies specializing in the promotion of affordable housing.

Individuals who do not meet the above qualification may apply for a rebate, and will be considered once all other qualified applicants have been reviewed.

Please send applications or queries to:

**The Atmosphere Conservancy
430 West Myrtle St.
Fort Collins, CO. 80521**

Or e-mail to:

info@atmosphereconservancy.org

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APPLICATION CHECKLIST

CHECKLIST ITEM:

DATE COMPLETED:

- Completed rebate application form _____
- Attachments:
 - Installer Invoice: _____
 - System output calculation _____
 - Permit final approval/signoff: _____
 - One-line Diagram of installation: _____
 - Equipment Serial Numbers: _____
 - Installation warranty policy: _____
 - Service Agreement (if applicable): _____
 - Payback Analysis (if applicable): _____
 - Customer "Assignment of Rebate to Installer" form (if applicable): _____
 - Energy Audit report: _____
- Installer Certification signed: _____
- Customer certification signed: _____
- Date application submitted: _____
 - By whom: _____

Please allow 4-8 weeks to receive approved rebate. *Information contained in this rebate form will be used for the sole purpose of program implementation and general data collection, and will remain confidential.*

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