



# Photovoltaic

## Renewable Resource Fund Grant Application

\_\_\_\_ Class A      \_\_\_\_ Class B

Is the following system:  Leased or  Member Owned

**Member-Owner:** \_\_\_\_\_ Account No. \_\_\_\_\_

**Phone Number (H):** \_\_\_\_\_ - \_\_\_\_\_ **(W):** \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Installation

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different than above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contractor/Installer:** \_\_\_\_\_

**Contractor License Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ **Fax:** \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

### System Characteristics

New Construction \_\_\_\_\_ Existing Home/Business \_\_\_\_\_ Replacement \_\_\_\_\_

System Type: Utility Interconnected \_\_\_\_\_ Utility Interconnected with Battery Backup \_\_\_\_\_

PV Array Location: Rooftop \_\_\_\_\_ Pole or Ground Mount \_\_\_\_\_ Tracking \_\_\_\_\_

Array Orientation: \_\_\_\_\_ degrees      Array Tilt/Slope: \_\_\_\_\_ degrees

Module Manufacturer: \_\_\_\_\_ Module Model: \_\_\_\_\_

Module Power Rating:\_\_\_\_\_DC Watts (At STC Condition)      Number Modules:\_\_\_\_\_
Total Array Output:\_\_\_\_\_DC Watts (No. of Modules x Power Rating)
Inverter Manufacturer:\_\_\_\_\_ Inverter Model No.\_\_\_\_\_
Inverter AC Rating:\_\_\_\_\_AC Watts      Inverter Peak Efficiency:\_\_\_\_\_
Inverter Location:\_\_\_\_\_
System Rated Output:\_\_\_\_\_AC Watts (Total Array Output x Inverter Peak Efficiency)
Estimated Annual Electricity Production:\_\_\_\_\_kWh per Year
Historical 2 Year Average Annual Usage (kWh):\_\_\_\_\_
Average Monthly Demand (Class B):\_\_\_\_\_

**Grant Calculation**

- 1. Total System Costs (attach copy of invoice),.....\$\_\_\_\_\_
2. Installed Wattage: (a) 0 - 5,000 watts x \$0.90 per watt.....\$\_\_\_\_\_
(b) Over 5,000 watts x \$0.45 per watt.....\$\_\_\_\_\_
3. Less Prior Grants Awarded/Received.....\$\_\_\_\_\_
4. Total Grant Requested (add lines 2(a), 2(b)).....\$\_\_\_\_\_

**Not to exceed: \$7,500 Class A. \$10,000 Class B**

**Total Combined Grant Limit: \$10,000**

**Declaration**

*I understand and agree that: 1) the information provided in this form is true and correct to the best of my knowledge, 2) the site of installation is located in the DEC service territory, 3) the State of Delaware and its agents provide no warranty for system components, installation, performance, or operation, 4) DEC and its agents provide no warranty for system components, installation, performance, or operation, 5) all warranties are provided by manufacturer's and installing contractor, and 6) the purchaser has received a copy of this form.*

**Member-Owner**

**Installation Contractor**

Signature:\_\_\_\_\_

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Date:\_\_\_\_\_

**Mail, Email or Fax this Application to:**

**Green Energy Program Planner**  
Division of Energy & Climate, DNREC  
1203 College Park Drive, Suite 101  
Dover, Delaware 19904  
Tel: 302-735-3480; Fax: 302-739-1840  
DNREC\_GreenEnergyProgram@state.de.us