



Delaware Electric Cooperative, Inc
 P.O. Box 600
 Greenwood, Delaware 19950

Photovoltaic

Renewable Resource Fund Grant Application

___ Class B ___ Non-Profit

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

Member Owned PV System _____ Leased PV System _____

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): _____

