

## **Solar Water Heating** Renewable Resource Fund

Renewable Resource Fund Grant Application

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

Member-Owner:	Account No.			
<b>Phone Number</b> (H): (W	(W): Email Address:			
Installation Address:				
	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 Ho	ome/Business Replacement	Replacement		
SRCC OG-300 Reference No.:	SRCC OG-300 Estimated Annual Energy Savings:_			
System Configuration: Drain Back:	Thermosyphon: Glycol:			
Collector Manufacturer:	Model:			
Total Collector Area: ft² Collector	ctor Orientation: Collector Tilt/Slope:	degree		
Tank Manufacturer:	Volume: gallons Model:			
Auxiliary Tank Manufacturer:	Volume:gallons Model:			
Controller Manufacturer:	Model:			
Pump Brand:	Model:			
Heat Exchanger:				
Number of people in household:				

System Costs			
Material: \$	Labor: \$ Engineering/Design: \$ TOTAL Cost: \$		
Permits/Fees: \$			
Other: \$			
Grant Calculation			
1. Total System Costs		\$	
2. Ineligible Costs	(\$	)	
3. Other Incentives (source	)(\$	)	
4. Sum of Reductions (add line 2 and 3)		\$	
5. Total Costs (line 1 minus line 4)		\$	
6. Rebate Multiplier			x 20%
7. Amount of Grant Requested		\$	
<b>Declaration</b>	ating: Class A = \$2,500		
I understand and agree that: 1) the informal knowledge, 2) the site of installation is locat agents provide no warranty for system compagents provide no warranty for system warranties are provided by manufacturer's copy of this form.  Member-Owner	ted in the DEC service ponents, installation, p components, installa	e territory, 3) the State of soverformance, or operation tion, performance, or o	Delaware and its n, 4) DEC and its operation, 5) all er has received a
Signature:	Signature:		
Date:	D-4		
For E	nergy Office & DEC	Onl <u>y</u>	
Date Reviewed: Reviewer:		Grant Reservation Number	··
Approved – Date Confirmation & Claim Form	Sent: Ineligibl	e - Date Letter Sent:	Incomplete:
Inspection – Date Inspector: D	isbursement of Grant I	Date: Grant Am	nount:\$

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Mail or Fax this Application to: