



Wind
Renewable Resource Fund
Grant Application

___ Class A ___ Class B

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

System Type: Utility Interconnected _____ Utility Interconnected with Battery Backup _____
Stand-Alone _____ Stand-Alone with Battery Backup _____

Wind Turbine Location: _____

Avg. Annual Wind Speed at Turbine Site: _____

Wind Turbine Manufacturer: _____ Model No.: _____

Wind Turbine Peak Power: _____ AC Watts or DC Watts (circle one) Number of Turbines _____

Total Wind System Output: _____ AC Watts or DC Watts (circle one)

Inverter Manufacturer: _____ Inverter Model No. _____

Inverter AC Rating: _____ AC Watts Inverter Peak Efficiency: _____

Inverter Location: _____

System Rated Output: _____ AC Watts

Estimated Annual Electricity Production: _____ kWh per Year

System Costs

Material: \$ _____ Labor: \$ _____
Permits/Fees: \$ _____ Engineering/Design: \$ _____
Other: \$ _____ TOTAL Cost: \$ _____

***Attach Copy of Project Estimate, Purchase Order or Letter of Intent**

Grant Calculation

1. Total System Costs.....\$ _____
2. Wattage..... _____
3. Grant Multiplier:..... x \$1.25 per watt
7. Less Prior Grants Awarded/Received.....\$ _____
8. Amount of Grant Requested.....\$ _____

Maximum Grant: Class A and Class B = \$2,500

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