



# Photovoltaic Renewable Resource Fund Class A Grant Application

Is the following system: Leased  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: \_\_\_\_\_

**Grant Calculation**

1. Total System Costs (attach copy of invoice),.....\$ \_\_\_\_\_

2. Installed Wattage: (a) 0 - 5,000 watts x \$0.50 per watt.....\$ \_\_\_\_\_

(b) Over 5,000 watts x \$0.20 per watt.....\$ \_\_\_\_\_

3. Less Prior Grants Awarded/Received.....\$ \_\_\_\_\_

4. Total Grant Requested (add lines 2(a), 2(b) subtract line 3).....\$ \_\_\_\_\_

***Not to exceed: Class A \$2,500***

**GRANTS WILL ONLY BE PROVIDED FOR MEMBER OWNED PV SYSTEMS**

**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 interconnected to the DEC electric system, 3) DEC and its agents provide no warranty for system components, installation, performance, or operation, 4) all warranties are provided by manufacturer's and installing contractor, and 5) the purchaser has received a copy of this form.*

**Member-Owner**

**Installation Contractor**

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

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

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

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

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**Mail or Email this Application to:**

**Delaware Electric Cooperative  
Grant Program Administrator  
PO Box 600, 14198 Sussex Highway  
Greenwood, DE 19950**

[grants@delaware.coop](mailto:grants@delaware.coop)