



Photovoltaic
Renewable Resource Fund
Grant Application

Class B Non-Profit

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

Grant Calculation

- 1. Total System Costs (attach copy of invoice), \$
2. Installed Wattage: (a) 0 - 5,000 watts x \$1.05 per watt \$
(b) Over 5,000 watts x \$0.52 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 B & Non-Profit \$5,000

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: _____

Mail or Email this Application to:

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

grants@delaware.coop