



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 \$0.85 per watt

7. Less Prior Grants Awarded/Received.....\$ _____

8. Amount of Grant Requested.....\$ _____

Maximum Grant: Class A, B & Non-Profit = \$2,500

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