



LED Lighting Grant Program Application

Instructions: Please complete this application along with the grant worksheet and other appropriate supporting documentation and return to:

Lucas Zlock, Manager of Energy Services
Delaware Electric Cooperative
P.O. Box 600
Greenwood, DE 19950
E-Mail: lzlock@delaware.coop

MEMBER INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

MAILING ADDRESS (If Different): _____

CONTACT NAME: _____

CONTACT PHONE #: _____ CONTACT EMAIL: _____

DELAWARE ELECTRIC COOPERATIVE ACCOUNT NUMBER: _____

MEMBER SIGNATURE: _____

NCQLP LIGHTING CERTIFIED (LC) PROFESSIONAL INFORMATION (if one is assisting with project)

NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE #: _____ CONTACT EMAIL: _____

LIGHTING CERTIFIED (LC) PROFESSIONAL SIGNATURE: _____

CONTRACTOR (IF DIFFERENT THAN ABOVE)

CONTRACTOR NAME: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE #: _____ CONTACT EMAIL: _____