

Photovoltaic

Renewable Resource Fund Grant Application

		Class B	_ Non-Profit	
Is the following system: Leased	or Member Ow	vned		
Member-Owner:	lember-Owner: Account No			
Phone Number (H):				
Installation Address:				
	Zip:			
Mailing Address (if different than above				
City:				
Contractor/Installer:				
Contractor License Number:				
Phone Number:	Fax:			
Address:	City:	State	e: Zip:	
System Characteristics				
Member Owned PV System	Leased PV Sys	stem		
New Construction Existing Home/Business Replacement			lacement	
System Type: Utility Interconnected_	Utility Intercor	nnected with Battery	Backup	
PV Array Location: Rooftop	Pole or Gr	round Mount	Tracking	
Array Orientation:	degrees A	rray Tilt/Slope:	degrees	
Module Manufacturer:	Modu	le Model:		
Module Power Rating:	DC Watts (At STC C	ondition) Numb	er Modules:	
Total Array Output:	D	C Watts (No. of Mod	dules x Power Rating)	
Inverter Manufacturer:		Inverter Model No		
Inverter AC Rating:	_ AC Watts	erter Peak Efficiency	;	
Inverter Location:				
System Rated Output:	AC Watts (Total	Array Output x Inve	erter Peak Efficiency)	
Estimated Annual Electricity Productio	1:		kWh per Year	
Historical 2 Year Average Annual Usag	e (kWh):			
Average Monthly Demand (Class B):				

\$	
per watt\$	
52 per watt\$\$	
\$	
ubtract line 3)\$	
ass B & Non-Profit \$5,000	
DED FOR MEMBER OWNED PV SYSTEMS	
<u>eclaration</u>	
provided in this form is true and correct to the best of my ected to the DEC electric system, 3) the State of Delaward imponents, installation, performance, or operation, 4) DEC components, installation, performance, or operation, 5) all installing contractor, and 6) the purchaser has received of	
Installation Contractor	
Signature:	
Date:	

Mail, Email or Fax this Application to:

Green Energy Program PlannerDivision of Energy & Climate, DNREC 1203 College Park Drive, Suite 101 Dover, Delaware 19904 Tel: 302-735-3480; Fax: 302-739-1840 $DNREC_GreenEnergyProgram@state.de.us$