

2023 Photovoltaic

Renewable Resource Fund Grant Application

Is the following system: Leased N	Class B Non-Profit 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: C	Tity: State: Zip:
System Characteristics	
Member Owned PV System I	Leased PV System
New Construction Existing Home/B	susiness Replacement
System Type: Utility Interconnected U	Utility Interconnected with Battery Backup
PV Array Location: Rooftop Pole	e 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 p	er watt\$
	2 per watt\$
3. Less Prior Grants Awarded/Received	\$
4. Total Grant Requested (add lines 2(a), 2(b) sub	otract line 3)\$
Not to exceed: Cl	ass B & Non-Profit \$3,500
GRANTS WILL ONLY BE PROVI	DED 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	<u>Installation Contractor</u>
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