

## 2023 Photovoltaic

Renewable Resource Fund Class A Grant Application

Is the following system: Leased Member Owne	d
Member-Owner:	Account No.
Phone Number (H): En	nail 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	em
New Construction Existing Home/Business	Replacement
System Type: Utility Interconnected Utility Interconn	ected with Battery Backup
PV Array Location: Rooftop Pole or Ground Mo	unt Tracking
Array Orientation: degrees Array Tilt/S	Slope:degrees
Module Manufacturer: Module	e Model:
Module Power Rating:DC Watts (At STC Cond.	ition) Number Modules:
Grant Calculation	
1. Total System Costs (attach copy of invoice),	\$
<b>2.</b> Installed Wattage: (a) 0 - 5,000 watts x \$0.35 per watt	\$
<b>(b)</b> Over 5,000 watts x \$0.20 per watt	\$
3. Less Prior Grants Awarded/Received	\$
<b>4.</b> Total Grant Requested (add lines 2(a), 2(b) subtract line 3)	\$

Not to exceed: Class A \$2,000

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	<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