

## SECTION 1: INCENTIVE INFORMATION

Incentives are calculated on a case-by-case basis depending on the application and the size of the facility. See Section 2 for customer eligibility information. Customers must work with the Utility to determine if their project would qualify and then obtain approval (in the form of an Incentive Agreement) prior to purchasing the equipment. Incentives are available to help implement projects that otherwise would not be completed, or to complete projects sooner than scheduled.

## SECTION 2: APPLICATION REQUIREMENTS

The purpose of this form is to assess pending projects to determine if the project is eligible for a custom incentive. Funding provided through custom incentives is contingent upon the following requirements and upon receiving all requested documents:

- **You MUST receive pre-approval from Waukesha Water Utility prior to beginning any custom projects, including ordering equipment.**
- Custom incentives will not be provided for projects falling under a 1.5 year payback.
- Based on project type, technology and situation, projects may be limited to a maximum simple payback of four to ten years.
- Custom incentives cannot be more than 50 percent of the project cost. Custom incentives that are less than 10% of the project cost may be considered.
- The total maximum incentive a customer may receive for custom projects combined is \$20,000 per calendar year, per EIN.

## SECTION 3: CUSTOMER LEGAL INFORMATION

<b>Company Legal Name:</b>		<b>Tax Identification Number (complete ONE only, must be 9 digits):</b>		
		FEIN: _____ OR SSN: _____		
<b>Company Contact Name:</b>		<b>Business Classification of Customer (Check ONE only. Required for all businesses, including non-profit):</b>		
		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other		
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Owner Name (Corporations excluded):</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

## SECTION 4: PAYMENT INFORMATION (All information is required to receive payment)

Make Incentive Check Payable to (check ONE):     Company Name     Business Owner's Legal Name (Only if Sole Proprietor)

Make Check to the Attention of:

<b>Alternate Mailing Address (if different from address above):</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

## SECTION 5: JOB SITE INFORMATION (Where project will occur)

<b>Job Site Name:</b>		<b>Project Contact Name:</b>		
<b>Job Site Street Address (physical address):</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Project Contact Phone</b>	<b>Project Contact Fax :</b>	<b>Project Contact E-mail:</b>	<b>Preferred Means of communication:</b>	
			<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	
<b>Account #:</b>		<b>Customer #:</b>		

**Business Type (Check ONE):**

- School  
  Food Processing  
  Food Service  
  Lodging  
  Other \_\_\_\_\_  
 Healthcare  
 Manufacturing, type \_\_\_\_\_

**SECTION 6: PROJECT PARAMETERS - project specific information will be held as confidential**

**Project Description (including costs):**

Projected Annual Gallons Saved	3 yr. Average Annual Consumption:	Project Start Date:	Project Completion Date:
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Hours of Operation (i.e. 8 a.m. - 9 p.m.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Information on existing equipment, system operation and building operation attached (If available).

\_\_\_\_\_

Specification sheets and/or project proposals attached (If available).

\_\_\_\_\_

**SECTION 7: BACKGROUND QUESTIONS**

**1. Check which best describes where you are right now with your project:**

- Considering project
- Assessing feasibility
- Getting vendor bids and/or savings estimates
- Received management approval
- Started installation

**2. Check your reasons for pursuing this project:**

- Reduce maintenance costs
- Replace worn out equipment
- Reduce energy costs
- Comply with regulatory equipment
- Achieve company goal or mandate

**APPLICANT:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WAUKESHA WATER UTILITY:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_