

WASHINGTON COMMERCIAL INDUSTRIAL REBATE APPLICATION

| Customer Information | | | | | | | | | |
|---|-------|--|-------------------------------|--|-----------------------------|----------------------------|--------------|---------------------------------|---------------------|
| Company name: | | | | | Project number: | | | | |
| Contact name: | | | | | Title: | | | | |
| Mailing address: | | | | | | | | | |
| Home phone: | | | Cellphone: | | | Email: | | | |
| Payee name and address: (If different than information listed above) | | | | | | | | | |
| How did you hear about the CNGC rebate program? <input type="checkbox"/> CNGC EE Dept. <input type="checkbox"/> Installer/Contractor <input type="checkbox"/> Electric Utility <input type="checkbox"/> Bill insert <input type="checkbox"/> CNGC Equipment Manufacturer <input type="checkbox"/> Community Event <input type="checkbox"/> Trade Association <input type="checkbox"/> Newspaper Website | | | | | | | | | |
| Project/Facility Information | | | | | | | | | |
| Please Answer These Questions - Required for Eligibility | | Gas use type: <input type="checkbox"/> Heat <input type="checkbox"/> Water Other: | | | | | | | |
| | | Is the site heated by an electric heat pump with natural gas backup? If yes, this is considered a dual fuel system and does not qualify for space heating or insulation rebates. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| Square footage: | | | # of floors: | | | Electric utility: | | | |
| CNGC Account #: | | | | | | Rate schedule: | | 504, 505, 511, 570 | |
| Project name: | | | | | | County: | | | |
| Site address: | | | | | | | | | |
| Building Use Type | | | | | | | | | |
| <input type="checkbox"/> Government/schools <input type="checkbox"/> Lodging <input type="checkbox"/> Restaurant <input type="checkbox"/> Warehouse <input type="checkbox"/> Agriculture <input type="checkbox"/> Retail <input type="checkbox"/> Other <input type="checkbox"/> Industrial/manufacturing <input type="checkbox"/> Office <input type="checkbox"/> Multifamily <input type="checkbox"/> House of worship <input type="checkbox"/> Grocery/convenience <input type="checkbox"/> Healthcare | | | | | | | | | |
| Hours of Operation | | | | | | | | | |
| Mon. | Tues. | Weds. | Thurs. | Fri. | Sat. | Sun. | Weekly hours | Total Annual Hours | |
| | | | | | | | | | |
| Additional Data (if applicable) | | | | | | | | | |
| Schools Number of Students: | | | Restaurants Meals per Day: | | | Hotels Number of Rooms: | | | |
| Select Your Rebate | | | | | | | | | |
| EQUIPMENT TYPE EXAMPLES: Furnace, Heater, Boiler, Boiler Steam Trap, Domestic Hot Water, Ozone Laundry, Oven, Demand Control Kitchen Ventilation, Griddle and Recirculation Controls | | | | | | | | | |
| Equipment Type | Model | Serial # | Size | Efficiency - AFUE, UEF, etc. (if applicable) | New, retrofit, replacement? | Installation date | Rebate | Quantity | Total rebate amount |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Existing equipment being replaced | | | | | Model # | | | Existing estimated efficiency % | |
| Regular steam trap maintenance and replacement every seven (7) years is required, retrofit only. Incentive eligibility is contingent upon use of natural gas-fired domestic water serving the specific measure equipment or fixture. To be considered for incentive funding, the output capacity of heating equipment applied for should generally not exceed winter design day requirements by more than 25%. Where multiple parallel units are proposed, heating capacities greater than or equal to 100% redundancy will not be incentivized. Tankless water heater applications must include the serial number. | | | | | | | | | |

| Demand Control Ventilation | | | | | | | |
|----------------------------|------------------------|---------|-----|-------------------------|------------------------------------|----------------------|---------------------|
| HVAC Unit Number | HVAC Unit Manufacturer | Model # | Age | Cooling Capacity (Tons) | DCV Unit/Controller (Make/Model #) | Rebate @\$60 per ton | Total Rebate Amount |
| | | | | | | | |
| | | | | | | | |

For existing packaged HVAC with gas fired furnace and direct expansion cooling sections DCV; controller must meet joint utility advanced rooftop control guidelines.

| Insulation - Insulation Types are Batts/Roll, Foam, Rigid, Loose Fill, Piping | | | | | | | | | |
|---|----------------------------------|------------------------------------|-------------------|--------------------------|-------------|--------------|------------------------|--|--------------------|
| Type Batts/roll, foam, rigid, loose fill, piping | Area Wall, attic, roof, pipes | Roof type Pitched, flat or both | Installation date | CNGC Rebate (\$/sq. ft.) | Pre-R Value | Post-R Value | Square footage of area | Total Rebate Amount (\$/sq. ft x square footage) | Total Project Cost |
| | | | | | | | | | |
| | | | | | | | | | |

Insulation projects in spaces with existing, functional insulation do not qualify. Functional insulation is considered any existing insulation less than 30 years old. The building/space insulated must be heated with natural gas provided by CNGC. Roof insulation is defined as insulation that is installed on top of the roof deck. Minimum value of Post R-19 applies only where existing walls have an internal insulation cavity. If existing insulation is damaged to the point of ineffectiveness or applied in spotty coverage, the insulation must be removed and the condition that led to the ineffectiveness/damage must be corrected before the rebate will be considered. Insulation R value must meet specifications of current CNGC tariff.

| Windows - Pre-existing must be single pane; Post must be ENERGY STAR® Northern Zone, U-Factor ≤ 0.30 | | | | |
|--|--------------|--------------------------|------------------------|---|
| Type | Install date | CNGC Rebate (\$/sq. ft.) | Square footage of area | Total rebate amount (\$/sq. ft. x square footage) |
| | | | | |

| General Qualifications |
|--|
| <ul style="list-style-type: none"> • New or existing commercial or industrial customer of Cascade Natural Gas Corporation on one of the following rate schedules: 504, 505, 511, 570 • High efficiency equipment, i.e. heating, water heating & cooking equipment installed as a replacement, retrofit or new, in place of standard efficiency • Custom incentives are available, contact program representative if the equipment being installed is not on the prescriptive incentive list attached • Each piece of equipment may only receive one incentive • Applications must be submitted within 90 days of installation date. Please contact the program if your project does not meet this requirement • Incentives may be subject to change and are only applicable for measures approved within the Biennial Conservation Plan at the time of installation • Installation must comply with all federal, state and local code requirements • Call 866-450-0005 or visit www.cngc.com/energy-efficiency/commercial or email conserve@cngc.com to review qualifications and eligibility |

| Application Requirements Checklist |
|---|
| <input type="checkbox"/> Invoice with model number and cost <input type="checkbox"/> Equipment specifications <input type="checkbox"/> Signed application |

Terms and Conditions

Application: This Standard Incentive Request and any additional required documentation must be filled out completely, truthfully and accurately. Only Washington customers of Cascade Natural Gas Corporation ("CNGC") served on rate schedule 504, 505, 511, and 570 are eligible for this program. Customers are advised to retain a copy of this application and any other documentation submitted to CNGC under this program. CNGC will not be responsible for lost documentation pertaining to the rebate request. Work must be installed no later than December 31st of the current calendar year to receive program incentives. Please allow six to eight weeks for incentive processing.

Post-Installation and Verification: Equipment installations may be selected for a post-installation inspection or verification. Should a customer's equipment be chosen for a post-installation inspection, satisfactory completion of that inspection must occur before payment is issued. This inspection is for the purpose of incentive payment only. No warranty is implied.

Tax Liability: CNGC is not responsible for any tax liability which may be imposed on the customer as a result of payment of any incentives. CNGC is not providing any tax advice, and any communication by CNGC is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code (W9).

No Endorsement: CNGC does not endorse any particular manufacturer, contractor or product in promoting the Program. The fact that the names of particular manufacturers, contractors, products or systems may appear on this application does not constitute an endorsement. Manufacturers, contractors, products or systems not mentioned are not implied to be unsuitable or defective in any way.

Safety and Building Codes: Customer is responsible for insuring that all equipment installed and work performed complies with all federal, state, and local safety, building and environmental codes, and any manufacturer instructions.

Property Rights: Customer represents that it has the right to install the energy saving equipment on the property on which the equipment is installed and that any necessary consents have been obtained.

Acceptance of Terms and Conditions

By signing below, Participant agrees to the above terms and conditions. Participant represents to CNGC that all energy-saving measures have been completed satisfactorily and Participant meets the eligibility requirements shown under the "general qualifications" section. CNGC and/or its representatives may request access to the property on which energy-saving measures have been completed and/or installed in order to do quality control inspections. Customer understands that CNGC and/or its representatives may review and evaluate the project during and after completion. Participants agree to provide access to the property for the purpose described above.

Sign here



Participant
signature: _____

Date: _____

Mail: CNGC c/o TRC Companies
111 SW Columbia Street, Suite 945
Portland, OR 97201

Questions? Phone: 866-450-0005
Fax: 877-671-2998
Email: conserve@cngc.com