# **INCENTIVE APPLICATION**

FOR PROJECTS COMPLETED BY 12/31/2023



Complete all sections. Incomplete applications cannot be processed and will delay payment of incentives. **Applications must be submitted within 60 days of completed project installation**, no later than January 31, 2024. For additional copies of this form, visit **focusonenergy.com/catalogs**.

focusonenergy.com/catalogs.						
section 1 ACCOUNT AND CO		MATION e) □ FEIN or □ SSN				
Number, <b>do not pro</b> via email to provide	<b>ovide it below</b> . You a copy of your W-	SN) as your Tax Identification will be contacted by the Program 9 using a secure online portal, if it email address in Section 3.				
FEIN						
TAX CLASSIFICATI (Check one. Require Sole Proprietorsh C Corporation LLC - C Corp	ed for all businessenip 🔲 Individual	es, including non-profits.)  Single-Member LLC tion  Partnership				
OWNER NAME (REQUIR	ED IF SSN IS USED AS	TAX IDENTIFICATION NUMBER)				
COMPANY NAME						
LEGAL ADDRESS (AS SH	HOWN ON COMPANY	W-9)				
CITY		STATE ZIP				
WHO DID YOU WORK W	VITH FROM FOCUS ON	N ENERGY? (CONTACT NAME)				
Section 2 JOB SITE INFORM. (Refer to your utility		umbers below.)				
JOB SITE BUSINESS NA	ME					
ELECTRIC UTILITY AT JO	OB SITE	ELECTRIC ACCOUNT #				
GAS UTILITY AT JOB SI	TE	GAS ACCOUNT #				
☐ JOB SITE ADDRESS☐ JOB SITE ADDRESS☐						
JOB SITE ADDRESS						
CITY		STATE ZIP				
section 3 CUSTOMER CONT.	ACT INFORMATIO	DN				
JOB SITE CUSTOMER C	ONTACT NAME					
PRIMARY PHONE #	EMAIL ADDRESS					
☐ I opt in to receive Preferred method o		_				
If Focus on Energy has a question about this application, we should						

contact: ☐ Customer ☐ Trade Ally ☐ Other\_

# section 4 TRADE ALLY INFORMATION

TRADE ALLY CONTACT NAM	IE	
PRIMARY PHONE # EM	AIL ADDRESS	
TRADE ALLY COMPANY NAM	ME	
ADDRESS		
CITY	C.	TATE ZIP
CIT	5	IATE ZIP
section 5		
PAYMENT INFORMAT	ION	
Payee is responsible fo	r any associated tax	consequences.
Make incentive check	· • _	
Customer Trade	-	
-	•	to the utility account holder
must be identified below		ociful
■ Tenant ■ Building C For All Payees	owner <b>u</b> Other (sp	ecity)
Mail check to: ☐ Custo	mer Legal Address	☐ Joh Site Address
	Ally Address	☐ Alternate Address
- nade	7 my 7 taaress	Triterifate ridaress
COMPANY NAME		
ADDRESS		
CITY	S	TATE ZIP
ATTENTION TO (OPTIONAL)		
For Trade Ally and Oth	er Payees	
Trade Allies must be req	gistered with the Pro	ogram and have a current W-9
on file to receive payme	ent.	
Tax Identification Num		
•		s your TAX Identification
Number, do not provide	it below. You will be	e contacted by the Program
via email to provide a c	opy of your W-9 usir	ng a secure online portal, if it
is not already on file. Yo	u must list an email	address below.
FEIN		
Tax Classification of Pa	avee	
(Check one. Required for		cluding nonprofits.)
☐ Sole Proprietorship	☐ Individual	☐ Single-Member LLC
☐ C Corporation	■ S Corporation	☐ Partnership
☐ LLC - C Corp	LLC - S Corp	☐ LLC - Partnership
☐ Other		
Payee Contact Informa	ation	
NAME		EMAIL ADDRESS

#### section 6

#### **BUSINESS PROPERTY TYPE**

	Retrofits 🗖 New Co	and new construction equipments onstruction & Major Renovations es your business:	·	e two separate applications.
☐ Agriculture Producer ☐ Dairy - Traditional ☐ Dairy - Robotic	☐ If Dairy, how many milking	☐ Financial Institution☐ Government	Manufacturing (product):	□ Restaurant □ Retail □ Vehicles Sales/Service □ Water/Wastewater □ Other:
Other:	cows do you have (includes dry cows; excludes heifers not yet fresh)?	☐ Grocery/Convenience Store ☐ Health Services ☐ Hotels & Lodging	<ul><li>Multifamily</li><li>Office</li><li>Religious &amp; Spiritual</li><li>Organization</li></ul>	
		☐ Information, Technical & Scientific Services	<ul><li>□ With K+ Daily Education</li><li>□ No K+ Daily</li></ul>	
section 7			Education	

#### **INCENTIVE PRODUCT INFORMATION**

Refer to:

- · Applicable incentive catalog at focusonenergy.com/catalogs for incentive codes, incentive per unit, and product eligibility requirements.
- focusonenergy.com/qpls for qualified products lists.
- Your invoice for Manufacturer and Model Number.
- Business Incentive Product Information Sheet at focusonenergy.com/catalogs if additional lines are needed.

INCENTIVE CODE	MANUFACTURER N	IAME	MODEL#	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	REQUESTED INCENTIVE (A X B)
(Example) L3111	STARK LIGHTING		LED5VZP	Fixture	10	\$ 15.00	\$ 150.00
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
Manufacturer Specifications Attached Ye (if applicable):		Yes O			Subtotal from Incentive Product Information Sheet (if applicable)		\$
Itemized Invoice(s) Attached: Yes		Yes O	PROJECT COMPLETION DATE:	/ /		INCENTIVE TOTAL*	\$

### section 8

### **CUSTOMER SIGNATURE**

I, the undersigned Customer, agree the stated energy efficiency measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agreed to the provisions set forth herein and to the Terms and Conditions posted at **focusonenergy.com/terms**. I understand Focus on Energy may revise these Terms and Conditions at any time, and I will not be notified in the event changes are made. To the best of my knowledge, the statements made on this application are complete, true, and correct, and I have submitted the appropriate supporting documentation to receive an incentive.

If the Customer is identified as the Payee in Section 5, the following certifications are required for this form to substitute for the Internal Revenue Service (IRS) form W-9. Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE NAME (PRINT) DATE

SIGN HERE

Submit applications and supporting documentation to:

MAIL: Focus on Energy

725 W. Park Avenue Chippewa Falls, WI 54729 \*Incentive may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.

**EMAIL:** business@focusonenergy.com

