

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.

section 1

ACCOUNT AND CUSTOMER INFORMATION

Tax Identification Number (Check one) FEIN or SSN

If you use a Social Security Number (SSN) as your Tax Identification Number, **do not provide it below**. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. **You must list an email address in Section 3.**

FEIN

TAX CLASSIFICATION OF CUSTOMER

(Check one. Required for all businesses, including non-profits.)

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 LLC - C Corp LLC - S Corp LLC - Partnership

OWNER NAME (REQUIRED IF SSN IS USED AS TAX IDENTIFICATION NUMBER)

COMPANY NAME

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9)

CITY STATE ZIP

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY? (CONTACT NAME)

section 2

JOB SITE INFORMATION

(Refer to your utility bills for account numbers below.)

JOB SITE BUSINESS NAME

ELECTRIC UTILITY AT JOB SITE ELECTRIC ACCOUNT #

GAS UTILITY AT JOB SITE GAS ACCOUNT #

- JOB SITE ADDRESS IS SAME AS LEGAL ADDRESS
 JOB SITE ADDRESS IS DIFFERENT (COMPLETE BELOW)

JOB SITE ADDRESS

CITY STATE ZIP

section 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME

PRIMARY PHONE # EMAIL ADDRESS

- I opt in to receive program updates via text message.
Preferred method of contact: Call Email Text

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 NAME

PRIMARY PHONE # EMAIL ADDRESS

TRADE ALLY COMPANY NAME

ADDRESS

CITY STATE ZIP

section 5

PAYMENT INFORMATION

Payee is responsible for any associated tax consequences.

Make incentive check payable to:

- Customer Trade Ally Other Payee

If Other Payee is selected, the relationship to the utility account holder must be identified below:

- Tenant Building Owner Other (specify) _____

For All Payees

- Mail check to:** Customer Legal Address Job Site Address
 Trade Ally Address Alternate Address

COMPANY NAME

ADDRESS

CITY STATE ZIP

ATTENTION TO (OPTIONAL)

For Trade Ally and Other Payees

Trade Allies must be registered with the Program and have a current W-9 on file to receive payment.

Tax Identification Number (Check one) FEIN or SSN

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FEIN

Tax Classification of Payee

(Check one. Required for all businesses, including nonprofits.)

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 LLC - C Corp LLC - S Corp LLC - Partnership
 Other _____

Payee Contact Information

NAME EMAIL ADDRESS

