# **2024 RESIDENTIAL REBATE PROGRAM** IOWA: RESIDENTIAL CUSTOMERS - JAN 1, 2024 - DEC 31, 2024

#### **Rebate Checklist**

Get your rebate check faster by checking off these easy steps before mailing your application form. Incomplete applications may be delayed.

- □ Completely fill out application (mandatory)
- □ Attach all receipts (original or copies)
- Review Terms and Conditions and sign and date application
- Make and retain copies of all documents and applications
- Dealer portion completely filled out and signed (if applicable)
- Send all documents to correct address listed on application (sending application to the billing address will delay your rebate)

#### Important

A final itemized invoice for all materials, labor and taxes related to the Rebate Application must be attached. All equipment must be new. No reconditioned or used equipment qualifies for rebates.

## Verification

The sales receipt indicating date of purchase, dealer/ contractor name, manufacturer name and model number of equipment must accompany the rebate application. Incomplete applications will be delayed. Black Hills Energy reserves the right to verify sales receipts and installations. After approval, please allow four to six weeks for delivery of the rebate check.

#### **Tax Information**

Rebates may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability. Black Hills Energy is not responsible for any tax consequences of the rebate program.

#### Disclaimer

Black Hills Energy does not guarantee that installation of equipment qualifying for rebates will result in reduced energy usage or demand, or in cost savings. The Customer will hold harmless Black Hills Energy and its officers, directors, shareholders, agents, employees, and representatives from all claims, liabilities, fines, interest, costs, expenses, and damages incurred by the Customer, for any damage, injury, death, loss or destruction of any kind to persons or property, to the extent the damage, injury, death, loss or destruction arises out of or is related to the conduct, negligence, willful misconduct, misrepresentation, breach of warranty or other breach of this rebate form on the part of Black Hills Energy.

## **Terms and Conditions**

General Eligibility

- 1. Applicant must be a current Iowa residential natural gas customer of Black Hills Energy.
- Equipment purchase and installation must be completed between January 1, 2024 and Dec. 31, 2024. All applications for rebates must be received within 45 days of dealer invoice, or January 15, 2025, whichever comes first.
- Rebates are available for equipment installed in heated living spaces only. Equipment installed in garages or shops are not eligible for rebates.
- 4. Applications will be processed on a first-come, firstserved basis. The program will end when the budget is depleted. Funds are limited.
- 5. This program is subject to regulatory rules and orders, and Black Hills Energy reserves the right to change or to end any portion of this program without notice.
- To avoid delay, the dealer invoice returned with your rebate application must include manufacturer, model and serial number, efficiency rating and date of installation. Equipment cost, labor and tax must be itemized. Labor charges for self-installed jobs are not eligible for rebates.
- 7. Rebates may not exceed the cost paid by the customer.
- 8. Checks will be made payable to customer shown on invoice.
- 9. Where applicable, energy-efficiency ratings must comply with those listed in the Air-Conditioning, Heating, and Refrigeration Institute (AHRI) directory found at <u>www.ahridirectory.org</u>.
- 10. To qualify for the rebate, heating equipment must meet minimum efficiency requirements as listed in this application and Black Hills Energy must provide the main heat source fuel. If Black Hills Energy does not provide the main heat source fuel no heating measure, thermostat, or insulation rebates are eligible.
- If account holder is currently LIHEAP (Low Income Energy Assistance Program) qualified, please call 888-567-0799. Choose option 1 (Iowa) then option 1 to discuss rebates offered.
- 12. Equipment replaced under warranty is not eligible for rebates.



## **Qualifying Equipment for Rebates**

NATURAL GAS WATER HEATIN	IG			
Equipment Type	Efficiency Requirement	Rebate Amount		
Storage Water Heater	≥ 0.67 UEF		\$125	
Storage Water Heater	$\geq$ 0.80 UEF, ENERGY STAR qualified		\$275	
Tankless Water Heater	≥ 0.87 UEF		\$625	
Water Heater Temperature Setback	Temperature Reduced To a Lower Setpoint Between 120-125 (must provide picture of setting)	5° F	\$10	
Drain Water Heat Recovery	Install Drain Water Heat Recovery System		\$300	
HIGH-EFFICIENCY NATURAL	GAS HEATING*		-	
Equipment Type	Efficiency Requirement		Rebate Amount	
Furnace	≥ 96% AFUE		\$350	
Combination Gas Space and Water Heat	Combi boiler ≥ 90% AFUE	\$1,400		
Boiler	$\geq$ 90% AFUE ; input capacity less than 300,000 Btu/hr; ENE STAR qualified	\$575		
Boiler Reset Control	Boiler reset controls capable of resetting the boiler supply w temperature in an inverse fashion with outdoor air temperat		\$250	
Gas Fireplace	≥ 70% AFUE		\$100	
THERMOSTAT & NATURAL GAS (For retrofit homes only, new construction	5 FURNACE/BOILER MAINTENANCE on is not eligible.)			
Equipment Type Efficiency Requirement Re		Rebate	Rebate Amount	
ENERGY STAR Certified Smart Thermostats*	Smart Thermostat (currently listed on ENERGY STAR**)		\$50	
Furnace Maintenance	Furnace assumed not to have had a tune-up in the past 3 years	Up to s	\$50	
Boiler Maintenance Boiler assumed not to have had a tune-u months		Up to \$50		

#### **Qualifying Equipment for Rebates**

<b>INSULATION RETROFIT*</b> (Retrofit only, new construction or new additions not eligible for rebate.)				
Equipment Type	Rebate Amount			
Floor Insulation	$\geq$ R-19 (must be above crawlspace)	Up to \$350		
Duct Insulation	$\geq$ R-8 (must be in unconditioned space)	Up to \$50		
Basement Wall Insulation	addition of $\ge$ R-12	Up to \$200		
Boiler Pipe Insulation	Adding insulation to un-insulated boiler pipes in un-conditioned basements or crawlspaces, $\ge$ R-2	\$10 per 6ft		
Water Heater Wrap	Tank wrap or insulation "blanket"	Up to \$25		
Domestic Hot Water Pipe Insulation	≥ R-4	\$10 per 6ft		

FAUCETS AERATORS/SHOWERHEADS				
Equipment Type	Efficiency Requirement	Rebate Amount		
Low-Flow Faucet Aerators - Bathroom	≤ 1.5 GPM	\$3 per unit		
Low-Flow Faucet Aerators - Kitchen	≤ 2.2 GPM	\$3 per unit		
Low-Flow Showerheads	≤ 2.0 GPM	\$15 per unit		
Thermostatic Restrictor Shower Valve	N/A	\$25 per unit		

\*No heating, thermostat or insulation rebates if the home has electric heat.

\*\*ENERGY STAR Certified Smart Thermostats - <u>www.energystar.gov/productfinder/product/certified-connected-thermostats/results</u>

#### **Equipment Information**

(To be completed by dealer/contractor/installer.) Complete information for the applicable rebate you are applying for:

WATER HEATER REPLACEMENT	FURNACE/BOILER/MISC. GAS EQUIPMENT (Premises with one to four units, and manufactured homes, are eligible.)	FURNACE/BOILER MAINTENANCE		
Date Installed:	Equipment Type:	Approx age of system yrs		
AHRI Cert.# (if available):	Date Installed:	Date of Maintenance:		
Mfr. Name:	AHRI Certificate #	Capacity of unit (Btu/hr):		
Model #	Mfr Name:	Cost: \$		
Serial #	Model #	Check Below to validate required services completed:		
Capacity Gal:	Serial #	Inspect fan blower/motor exposed vent/gas pipe & fittings		
	BTUH Input:	□ Test/inspect system controls		
Energy Rating (UEF):	Rated Effciency (AFUE):	<ul> <li>Clean/adjust burners &amp; pilots</li> <li>Inspect &amp; change filter if needed</li> </ul>		
Installed Cost:	Installed Cost:	<ul> <li>Visually inspect Heat Exchanger</li> <li>Check thermostat operation &amp; settings</li> </ul>		
ENERGY STAR CERTIFIED SMART THERMOSTAT	FAUCET AERATO	R/SHOWERHEADS		
Thermostat controls:	Thermostat controls:	Date Installed:		
□ Other	• # of Units Low-Flow Faucet Aerators - Kitchen	Mfr Name:		
Date Installed:	•# of Units Low-Flow Showerheads	Model #		
Mfr. Name:	•# of Units	Equipment / Installed Cost: \$		
Model #	<ul> <li>Thermostatic Restrictor Shower Valve</li> <li>•# of Units</li> </ul>	GPM (gallons per minute):		
Equipment / Installed Cost: \$	<u> </u>			

INSULATION						
Date Installed:	Insulation (space 1) Wall, Floor, Etc.	Insulation (space 2) Wall, Floor, Etc.	Insulation (space 3) Wall, Floor, Etc.			
	Location:	Location:	Location:			
	Sq Ft:	Sq Ft:	Sq Ft:			
Heating Efficiency AFUE:	Initial R-Value:	Initial R-Value:	Initial R-Value:			
	Final R-Value:	Final R-Value:	Final R-Value:			
	Installed Cost: \$	Installed Cost: \$	Installed Cost: \$			
	In Unconditioned Space?   Yes  No	In Unconditioned Space?   Yes  No	In Unconditioned Space? □ Yes □ No			

#### **Customer Information**

(To be completed by customer)
Account Number
(Located in upper right-hand corner of Black Hills Energy natural gas bill)

	1 1	1	1 1	1 1	1 1
	1 1	1	1 1	1 1	1 1
	1 1	1	1 1	1 1	1 1

Name	(if	different)	

(Please print)

Installation Address

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Telephone (Day)

(Evening)\_\_\_\_\_

## Customer Name/Address where rebate check should be sent,

Name on Account

#### if different than account:

Name		
Address		
City	State	ZIP
Email		

#### Where did you learn about our rebates?

Referral by: Evaluator Contractor/Dealer/Installer

#### **Customer Agreement**

I certify that all equipment listed has been purchased and installed at the installation address indicated. I agree to the Terms And Conditions in this brochure. Black Hills Energy reserves the right to inspect installations before and/or after paying rebates.

If this rebate application is for a newly constructed building, I, the builder/owner certify that the structure meets the energy code of the State of Iowa as a condition for receiving rebates.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Mandatory - To be completed b	y contractor/installer or homeowner)					
<b>Type of Facility:</b> New  Existing  Addition						
□ Single-family □ Multi-f	amily 🗖 Manufactured					
Year Built Square	Footage					
🗆 Own 🗖 Rent						
Equipment Type:  New	Replacement					
Space Heating Type: Prim	ary Heating Source Fuel?					
□ Natural Gas □ Electri	c 🗖 Other					
□ Forced Air Furnace	Approximate age of old unit					
🗖 Boiler	Approximate age of old unit					
Electric Heat/Other	Approximate age of old unit					
Central Air: 🗆 Yes 🗆 No	Approximate age of old unit					
Water Heating Fuel: 🗆 Natural Gas 🗆 Electric 🗅 Other						
Approximate age of old unit						
Clothes Dryer Fuel:						
□Natural Gas □Electric □Other/N/A						
Approximate age of old unit						

FACILITY INFORMATION

#### Certification

(To be completed by dealer/contractor or installer)

We certify that the indicated equipment was installed per the Terms and Conditions of this program at the address shown. All Terms and Conditions of the program have been met. We certify that all equipment information provided in the application is correct. Black Hills Energy reserves the right to inspect and verify any equipment before or after issuing rebates. Attach copy of all invoices and related materials to rebate form.

Dealer/Contractor Name \_\_\_\_\_

Deal	er	Addr	ess	

City \_\_\_\_\_\_State \_\_\_\_ZIP\_\_\_\_\_

Telephone \_\_\_\_\_

Fax\_\_\_\_\_

Email \_\_\_\_\_

Dealer/Contractor Signature \_\_\_\_\_

□ Self-Installed (Homeowner)

All applications for rebates must be received no later than Jan. 15, 2025. Send completed application and itemized invoices to:

Black Hills Energy c/o Energy Efficiency Programs P.O. Box 5167, Des Moines, IA 50305 Email: <u>bherebates@a-tec.com</u> or Fax: 515-244-8825

#### ADDITIONAL INFORMATION

For more information or to download additional applications visit <u>Energy-Ready.com</u> or call our toll-free help line at **888-567-0799**.