

2023 Commercial Custom Program

Colorado: Commercial Natural Gas Customers

Pre-approval Checklist

All Custom projects require pre-approval before purchase and installation.

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 to avoid delays in processing.**
- ☐ Provide description of existing conditions and proposed project
- ☐ Provide manufacturer's equipment brochure or spec sheets
- ☐ Provide project bid
- ☐ Provide project cost detail (if available)
- ☐ Make and retain copies for your records
- ☐ Send all documents to custom@mesapointenergy.com (sending application to BHE billing address will delay your rebate)

Rebate Checklist

- ☐ Start your project after receiving notice of approval
- ☐ Complete project installation
- ☐ Post-Installation Verification: A sales receipt (itemized invoice for equipment and labor) or other documentation indicating date of installation, dealer/contractor name, equipment manufacturer name, and model number must accompany the Incentive Request Form/Certificate of Completion to be submitted once project is completed.
- ☐ Make and retain copies of all documents for your records

NEED HELP?

Additional information or assistance in completing your rebate applications can be obtained by calling 303-661-0159 or via email at custom@mesapointenergy.com

Terms and Conditions

General Eligibility

1. Rebates are awarded to help Black Hills Energy commercial/industrial customers implement natural gas efficiency measures.
2. **Purchase and installations must be completed between Jan. 1, 2023 and Dec. 31, 2023. Applications for work done in 2023 must be received by Jan. 31, 2024.**
3. **All Custom projects require approval before purchase and installation.**
4. The commercial/industrial Custom Rebate Program buys down energy-efficient upgrades to a two-year payback, or up to one-half of the incremental cost of the equipment. There is a \$6 per MCF-saved and \$50,000 per project cap.
5. All projects will be individually reviewed by Black Hills Energy for cost effectiveness and must pass the cost effectiveness test.
6. Funding for these rebates is limited. Applications will be processed on a first-come, first-served basis.
7. 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.

Account Information

Account Number

(Located in upper right-hand corner of Black Hills Energy natural gas bill)

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Please check if you are a:

☐ Owner ☐ Lessee ☐ Developer ☐ Other _____

Business Name _____
(Please print)

Contact Person _____

Title _____

Telephone _____

Email _____

Address _____

City _____ State _____ ZIP _____

INCENTIVE INSTRUCTIONS

Where incentive check should be sent, if different from Account Information. May require Third Party Responsibility Form.

Company Name _____
(Please print)

Contact Person _____

Address _____

City _____ State _____ ZIP _____

Where did you learn about our rebates?

☐ Bill insert ☐ Billboard ☐ Door Hanger ☐ Email ☐ Event
☐ Facebook ☐ Flyer ☐ Newspaper Article ☐ Print Ad
☐ Radio ☐ TV ☐ Twitter ☐ Website ☐ Youtube

Other (please specify) _____

Referral by: ☐ Evaluator ☐ Contractor/Dealer/Installer

☐ Friend/Family Other (please specify) _____

Facility information

(Where equipment is being installed, if different from Account Information)

Company Name _____
(Please print)

Contact Person _____

Title _____

Telephone _____

Email _____

Address _____

City _____ State _____ ZIP _____

Type of Facility: ☐ New ☐ Existing ☐ Addition

Year Built _____ Square Footage _____ ☐ Own ☐ Rent

Building Type:

☐ Office ☐ Retail ☐ Health Care ☐ Restaurant ☐ Education
☐ Lodging ☐ Grocery ☐ Warehouse ☐ Other _____

Equipment Type: ☐ New ☐ Replacement

Space Heating Type:

<input type="checkbox"/> Forced Air Furnace	Approximate age of old unit _____
<input type="checkbox"/> Boiler	Approximate age of old unit _____
<input type="checkbox"/> 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 _____

Email completed application with attachments to:

custom@mesapointenergy.com

ADDITIONAL INFORMATION

Additional information or assistance in completing your application can be obtained by calling **303-661-0159** or by visiting [Energy-Ready.com](https://www.energy-ready.com).

BRIEF DESCRIPTION OF PROJECT

Existing & New Equipment Information

Please list all existing and new equipment on this form. Make a separate entry for each unit. If more than one measure is being applied for, please photocopy this form and attach with your application.

	Existing or Industry Standard	New Equipment (Must provide equipment product brochure or spec sheet)
Equipment Type <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Water Heating <input type="checkbox"/> Other _____		
Manufacturer		
Model #		
Serial #		
Age of Equipment		
Efficiency (AFUE, CAE, TE, EF, etc.)		
MBTUH		
Gallons		
R-value or U-value		
Quantity		
Annual Operating Hours/Estimated Equipment Life (yrs.)		
Installation Date		
	Cost Breakout	Cost Breakout
Equipment Cost		
Engineering Cost		
Installation Cost		
Other (please explain)		
Total Cost		
Estimated Savings		

Customer Signature (typing in name below is the same as signing)

I certify that I have read and agree to the Terms and Conditions of the rebate program.

I confirm intent to proceed with installation of measures outlined in this application within 6 months from the date of submittal, and prior to December 31st of this calendar year.

Signature _____

Date _____

Installer/Contractor Information

Business Name _____
(Please print)

Contact name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

Email _____