

# 2024 CUSTOM REBATE PROGRAM

## CHEYENNE ELECTRIC: COMMERCIAL/INDUSTRIAL 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 submitting your application form. Incomplete applications may be delayed.

- Completely fill out application** to avoid delays in processing
- Provide a 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 emailing **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, 2024 and Dec. 31, 2024. All application materials for work done in 2024 must be received by Jan. 31, 2025.**
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 \$20,000 per project cap.
5. All projects will be individually reviewed by Black Hills Energy for cost effectiveness and must pass a 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(s) - (Located in upper right-hand corner of Black Hills Energy natural gas bill)

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 Billing Information. May require Third Party Responsibility Form.

Business Name \_\_\_\_\_  
(Please print)

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

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)

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

### 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:

Forced Air Furnace  Boiler  Electric Heat

Approximate age of old unit \_\_\_\_\_

**Central Air:**  Yes  No

### Water Heating Fuel:

Natural Gas  Electric  Other

Approximate age of old unit \_\_\_\_\_

Where to submit your application:

For instruction on how to submit your application, email - **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](http://Energy-Ready.com).

## BRIEF DESCRIPTION OF PROJECT:

**Equipment Type:**  New  Replacement

Provide brief description of the project:

# Existing and New Equipment Information

Please list all existing and new equipment on this form. Please complete a separate copy of this page for each measure.

## LIGHTING UPGRADES

All lighting upgrades require submission of a Lighting Inventory Worksheet.

HVAC and all Other Upgrades	Existing Equipment	New Equipment <small>When possible, provide equipment product spec. sheet</small>
Equipment Type <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Water Heating <input type="checkbox"/> Other		
Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> GAS		
Manufacturer & Model #		
Age of Existing Equipment		
Efficiency (%)		
MBTUH or kWh		
Quantity		
Annual Operating Hours		
DHW: Gallons and capacity (kBtu/h)		
INSULATION ATTIC: R-value or U-value and SF		
INSULATION WALL: R-value or U-value and SF		
OTHER: Programmable thermostats; low flow faucets, showerheads; EnergyStar appliances, windows; etc		
<b>Cost Breakout</b>		
Equipment Cost		
Engineering Cost & Installation Cost		
Other (please explain)		
Total Cost		
Estimated Start Date		
Estimated Savings		

## Installer/Contractor Information

Business Name \_\_\_\_\_  
(Please print)

Contact name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## 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 \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_