

**Green Energy Program Grant Application**  
Delaware Municipal Electric Corporation  
22 Artisan Drive, Smyrna, Delaware 19977  
Phone: (302) 653 - 2733 & Fax (302) 653 - 2734

**City of Newark**  
**Wind Turbine**

Residential	<input type="checkbox"/>
Commercial	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>

**Applicant Information:**

Name / Company:

Email:

Daytime Phone:

Evening Phone:

Installation Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Electric Utility:

Last 12 Months kWh Usage:

**Grant Recipient (If other than applicant):**

Name / Company:

Email:

Daytime Phone:

Evening Phone:

Mailing Address:

City:

State:

Zip Code:

Please transfer this grant payment to the above named company or individual. I understand that I will not receive the grant payment for this project.

**Applicant Signature:**

**Contractor:**

Name / Company:

DE Business License #

Email:

Daytime Phone:

Mailing Address:

City:

State:

Zip Code:

**Licensed Installation Professional (Master Electrician installing system):**

Name:

DE Business License #

Email:

Professional License #

Daytime Phone:

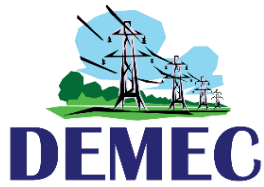
Professional License Issuing State:

Mailing Address:

City:

State:

Zip Code:



## Green Energy Program Grant Application

# City of Newark Wind Turbine

**Applicant Name:**

**System Characteristics:**

Installation Type (Check one):             New Construction             Existing Construction  
 System Type (Check one):                 Utility Interconnected         Utility Interconnected w/ battery  
 Installation Type: (Check one)             Rooftop                                 Ground Mount

Avg Wind Speed at Turbine Height:	mph	Wind Data Source:
Turbine Manufacturer:		Turbine Model #:
Turbine Power Rating (Note AC or DC):		Number of Turbines:
Total System Size:		(# of Wind Turbines x Power Rating AC or DC Watts)
Turbine Location:		Turbine Hub Height (ft):
Inverter Manufacturer:		Inverter Model #
Inverter Power Rating (AC Watts):		Inverter Location:
Inverter Efficiency:		System Rated Output (AC Watts):
Estimated Annual Production (kWh):		(Please attach Annual Production Calculation Method)

**System Cost:**

Material Cost:                                Permits:  
 Labor Cost:                                    Other Fees:                                **Total System Cost:**

**Grant Calculation: Grants may not exceed the Grant Caps below:**

Residential Grant Cap:	\$7,500	<b>Grant Calculation</b>	
Non-Residential Grant Cap:	\$15,000	Total System Cost:	
Non-Profit Grant Cap:	\$10,000	Grant Incentive Percentage Incentive:	33.33%
Multiple Total System Cost by :	33.33%	Grant Amount Requested:	

**Declaration: I understand and agree that:**

- 1) as the applicant the information provided on this form is true and correct to the best of my knowledge
- 2) as the contractor the information provided on this form is true and correct to the best of my knowledge
- 3) the above described system is intended to offset part or all of the applicant's electricity needs at the installation site
- 4) the site of installation is located in the utility service territory as described on page 1 of the application
- 5) the municipality or DEMEC provide no warranty for this system
- 6) all warranties are provided by the contractor and/or manufacturer and include at least 5 years parts and labor
- 7) the applicant has received a copy of this completed form
- 8) that the system may be inspected by the municipality or DEMEC prior to grant distribution or risk forfeiture of grant
- 9) completed grants may be queued for payment pending availability of funds and the wait for payment could be lengthy

**Signatures:**

<b>Applicant</b>	<b>Contractor / Installer</b>
Printed Name:	Printed Name:
Signature :	Signature: