

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 Dover
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:

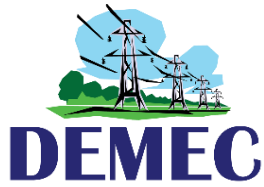
Professional License Issuing State:

Mailing Address:

City:

State:

Zip Code:



Green Energy Program Grant Application

City of Dover Wind Turbine

Applicant Name:

System Characteristics:

Installation Type (Check one):	<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Construction
System Type (Check one):	<input type="checkbox"/> Utility Interconnected	<input type="checkbox"/> Utility Interconnected w/ battery
Installation Type: (Check one)	<input type="checkbox"/> Rooftop	<input type="checkbox"/> 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:

Grant Cap Incentive Amounts		Grant Calculation
Residential Grant Cap:	\$2,500	(1) First 5000 watts (W) x \$1.25/(W)
Non-Residential Grant Cap:	\$2,500	(2) Second 5000 (W) x \$0.75/(W)
Non-Profit Grant Cap:	\$2,500	(3) 10,001 - 50,000 (W) x \$0.35/(W)
		Grant Amount Requested: (1+2+3)

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:

Applicant	Contractor / Installer
Printed Name:	Printed Name:
Signature :	Signature: