

**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**  
**Photovoltaic**

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

**Applicant Information:**

Name / Company:	Date:	
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:	
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.

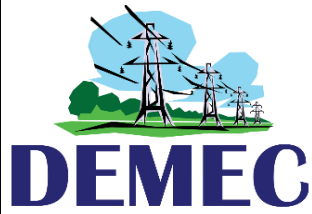
**Applicant Signature:**

**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 Photovoltaic

**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 <span style="float: right;"><input type="checkbox"/> Tracking</span>
Array orientation in degrees (list multiple arrays separately):	Array tilt in degrees (list multiple arrays separately):	

Module Manufacturer:	Module Model #:
Module Power Rating (DC Watts at STC):	Number of Modules:
Total Array Output:	
Inverter Manufacturer:	Inverter Model #:
Inverter Power Rating (AC Watts):	Number of Inverters:
Inverter Efficiency:	Inverter Location:
System Rated Output:	AC Watts (Total Array Output x Inverter Peak Efficiency)
Estimated Annual Production (kWh):	

**System Cost:**

Material Cost:	Permits:	
Labor Cost:	Other Fees:	<b>Total System Cost:</b>

**Grant Calculation: Grants may not exceed the Grant Cap: \$3,500**

Residential & Non-Residential		Non-Profit	
(1) First 5000 watts (W) x \$1.00/(W) =		(1) First 5000 watts (W) x \$1.25/(W) =	
(2) 5,001 + (W) x \$0.50/(W) =		(2) 5,001 + (W) x \$1.25/(W) =	
Total Request: (1) + (2) =		Total Request: (1) + (2) =	

**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: