



**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: \_\_\_\_\_



Revised 6/20/2023

## 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 (DC Watts):         |  |
| 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: Not to exceed \$3,500. Using the smaller of total Inverter (AC Watts) or PV System (DC watts)**

| 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:**

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