

2020 Compressed Air Equipment Rebate Application



333 South Washington Street, PO Box 526,
Redwood Falls, MN 56283
Phone (507) 616-7400

LIMITED FUNDING: Contact your local Utility to confirm rebate availability.

CUSTOMER INFORMATION

Check here if you are applying for multiple Business Rebates and the information entered on this page is the same for all projects. If so, only one cover page needs to be completed and submitted with all rebate applications.

Location Name _____ Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Installation Address (if different) _____

City _____ State _____ Zip Code _____

Account Number _____

Type of Business:

- | | | | | | | |
|--------------------------------------|--|--|---------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> College | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Grocery/Supermarket | <input type="checkbox"/> Health | <input type="checkbox"/> Hospital | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Multifamily | <input type="checkbox"/> Secondary School | <input type="checkbox"/> Other/Miscellaneous | <input type="checkbox"/> Office | <input type="checkbox"/> Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Warehouse |

Facility Size (ft²) _____

Occupancy: Own Rent/Lease

- How did you hear about our rebates:
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Vendor/Retailer | <input type="checkbox"/> Radio | <input type="checkbox"/> TV |
| <input type="checkbox"/> Utility Newsletter | <input type="checkbox"/> Utility Representative | <input type="checkbox"/> Utility Website | <input type="checkbox"/> Utility Mail/Email |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Questline | <input type="checkbox"/> Other |

CONTACT INFORMATION

Name _____

Phone _____ Email _____

I certify that the information on this application (and any associated worksheets) is correct and request consideration for participation in this program. I have read and agree to the terms and conditions on the reverse side of the application. I understand that if any equipment in conjunction with this application is ordered, purchased, or installed before approval from the Utility is received, the proposed project may not qualify for a rebate.

Customer Signature _____ Date _____

Project Status: Completed Not Started In Process Est. Project Completion Date _____

CONTRACTOR INFORMATION

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Phone _____ Email _____

INTERNAL USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE

Date Received: _____ Pre-Inspected? Yes No Date: _____ Initials: _____
Post-Inspected? Yes No Date: _____ Initials: _____

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Equipment Requirements

- Usage of the new equipment must be at least 2,000 hours per year.
- Equipment specifications for each program are shown below.
- Refer to program Terms & Conditions for additional requirements.
- Equipment that does not meet these requirements may be eligible for an incentive under our Custom Program. Please contact the utility for details.

Variable Speed Drive (VSD) Air Compressor < 50 HP

- VSD compressor must be less than 50 HP.
- VSD compressors purchased for backup do not qualify.
- Adding a VSD to an existing compressor does not qualify.
- Manufacturer specification sheet and CAGI sheet (if available) must accompany this application.

Existing/Base Compressor A	New Compressor					Rebate	
	B	C	D	E	F	G	H
Modulation Type (check one)	Manufacturer	Model	Rated HP (must be < 50 HP)	Quantity	Total Equipment Cost	Rebate per HP	Rebate (D x E x G)
<input type="checkbox"/> Inlet Modulating <input type="checkbox"/> Load/No Load <input type="checkbox"/> Variable Displacement <input type="checkbox"/> None (new installation)					\$	\$30	\$
<input type="checkbox"/> Inlet Modulating <input type="checkbox"/> Load/No Load <input type="checkbox"/> Variable Displacement <input type="checkbox"/> None (new installation)					\$	\$30	\$

Total Rebate \$ _____

Air Storage/Receiver Tank

- Applicable to load/no-load compressor systems only.
- New storage capacity (existing + added capacity) must be at least 5 gallons/CFM.
- Manufacturer specification sheet must accompany this application.

A	B	C	D	E	F	G	H	I
Total HP of Baseload Compressors (load/no load systems only)	Total CFM of Baseload Compressors (CFM) ¹	Existing Storage Volume (gallons)	Existing Storage Volume (gallons/CFM) ²	New Storage Volume (gallons)	New (existing + added) Storage Volume (gallons/CFM) ³	Total Equipment Cost	Rebate per HP	Rebate (A x H)
			<input type="checkbox"/> None (new installation) <input type="checkbox"/> 0-1 gallons/CFM <input type="checkbox"/> 2-3 gallons/CFM <input type="checkbox"/> 4-5+ gallons/CFM		<input type="checkbox"/> 5-7 gallons/CFM <input type="checkbox"/> 8+ gallons/CFM	\$	\$15	\$

Total Rebate \$ _____

¹ If actual CFM is unknown, estimate CFM as follows: Total HP (from column A) x 5 CFM/HP = _____ CFM (enter value into column B)

² Existing Storage Volume (gallons/CFM) = Existing Storage Volume (gallons) (from column C) / CFM (from column B) = _____ gallons/CFM (check matching option in column D)

³ New Storage Volume (gallons/CFM) = New Storage Volume (gallons) (from column E) / CFM (from column B) = _____ gallons/CFM (check matching option in column F)

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Pressure/Flow Controller

- Controller must reduce average system air pressure by at least 5 psig.
- Total HP of baseload compressors distributing through controller must be at least 50 HP.
- Controller must be installed downstream from air storage/receiver tanks.
- Manufacturer specification sheet must accompany this application.

A Total HP of Baseload Compressors Distributing Through Controller (must be ≥ 50 HP)	B Controller Manufacturer	C Controller Model	D Avg, System Pressure Without Controller (psig)	E Avg, System Pressure With Controller (psig)	F Pressure Reduction (must be ≥ 5 psig) (D - E)	G Total Equipment Cost	H Rebate per HP	I Rebate (A x H)
						\$	\$5	\$

Total Rebate \$ _____

No Loss Condensate Drain

- No loss/zero loss condensate drains only.
- Manufacturer specification sheet must accompany this application.

A Drain Manufacturer	B Drain Model	C Quantity	D Total Equipment Cost	E Rebate per Drain	F Rebate (C x E)
			\$	\$100	\$
			\$	\$100	\$
			\$	\$100	\$
			\$	\$100	\$

Total Rebate \$ _____

Low Pressure Drop Filters

- New filter must replace standard coalescing filter.
- Total HP of baseload compressors distributing through filter must be at least 50 HP.
- New filter must have rated initial pressure drop of 1 psi or less.
- New filter must have rated life of at least 5 years.
- Filters purchased for backup do not qualify.
- Manufacturer specification sheet must accompany this application.

A Total HP of Baseload Compressors Distributing Through Filter (must be ≥ 50 HP)	B Filter Manufacturer	C Filter Model	D Rated Initial Pressure Drop of New Filter (must be ≤ 1 psi)	E Rated Life of New Filter (must be ≥ 5 years)	F Quantity	G Total Equipment Cost	H Rebate per HP	I Rebate (A x F x H)
						\$	\$5	\$
						\$	\$5	\$
						\$	\$5	\$
						\$	\$5	\$

Total Rebate \$ _____

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Refrigerated Cycling Air Dryer

- Refrigerated cycling air dryers purchased for backup do not qualify.
- Existing dryer cannot be equipped with feature allowing operation in cycling mode.
- Installation of controls to existing dryers does not qualify.
- Manufacturer specification sheet and CAGI sheet (if available) must accompany this application.

A	B	C	D	E	F	G
Dryer Manufacturer	Dryer Model	Dryer Rated CFM	Quantity	Total Equipment Cost	Rebate per CFM	Rebate (C x D x F)
				\$	\$2	\$
				\$	\$2	\$

Total Rebate \$ _____

Engineered Nozzles

- The rated SCFM of the new nozzles cannot exceed the values shown in column D.
- Manufacturer specification sheet for each nozzle must accompany this application.

A	B	C	D	E	F	G	H	I
Nozzle Diameter	Nozzle Manufacturer	Nozzle Model	Maximum SCFM @ 80 psig	Rated SCFM @ 80 psig	Quantity	Total Equipment Cost	Rebate per Nozzle	Rebate (F x H)
1/8"			10			\$	\$25	\$
1/4"			18			\$	\$25	\$
5/16" - 3/8"			35			\$	\$25	\$
1/2"			60			\$	\$25	\$

Total Rebate \$ _____

Leak Correction

If you are an electric customer of the utility that has a total of at least 10 HP of air compressors that operate at least 2,000 hours per year, your utility can provide you the use of an Ultrasonic Leak Detector for free to locate your leaks without shutting down your processes. Please see our Compressed Air Leak Correction Rebate Application for details.

TERMS AND CONDITIONS

1. ELIGIBILITY

Rebates are available to non-residential electric customers of the Utility. All equipment must be installed in facilities in the Utility service territory.

2. APPLICATION PERIOD

The program is offered January 1 through December 31 of the respective calendar year. Due to limited funding, this rebate offer can be withdrawn at any time without notice, and is available on a first-come, first-served basis. All projects must be pre-approved by the Utility to qualify for a rebate.

3. INSPECTION AND VERIFICATION

The Utility reserves the right to inspect the Customer's facility through on-site visitations before and after new equipment installation to verify rebate eligibility.

4. INSTALLATION AND REBATE AMOUNTS

Qualifying energy-efficient equipment must be new and installed and operational within six (6) months of application approval. Additional time may be granted subject to the Utility's pre-approval. Rebates cannot exceed the equipment cost. The minimum rebate application is \$5.00. The maximum rebate amount may be limited.

5. INVOICE AND PAYMENT

When the purchase and installation is completed, the Customer must notify the Utility and submit original invoices specifying the quantity and price of all materials purchased, and the date ordered. After satisfactory review of the invoices and on-site verification of installations, a rebate check will be issued to the Customer. Please allow 60 days from the date of on-site inspection for delivery of payment.

6. EQUIPMENT ELIGIBILITY REQUIREMENTS

All equipment must be new. Used or rebuilt equipment is not eligible for an incentive. Eligible equipment must meet or exceed the specific requirements shown in this application. Usage of the new equipment must be at least 2,000 hours per year. Manufacturer specification sheets and CAGI sheets (when available) for new equipment must accompany this application.

Equipment that does not meet the requirements shown in this application may be eligible for an incentive under our Custom Program. Please contact the Utility for details.

7. TAX INFORMATION

The Utility will not be responsible for any tax liability imposed as a result of the rebate payment(s). Customers are advised to consult their tax advisors for detail.

8. DISCLAIMER

The Utility does not guarantee that the implementation of energy-efficient measures or use of the equipment purchased or installed pursuant to this program will result in energy or cost savings. The Utility makes no warranties, expressed or implied, with respect to any equipment purchased or installed including, but not limited to, any warrant of merchantability or fitness for purpose. In no event shall the Utility be liable for any incidental or consequential damages. Customers are solely responsible for the proper disposal of existing equipment. Consult the Minnesota Pollution Control Agency (MPCA) for details at (800) 657-3864.

9. ENDORSEMENT

The Utility does not endorse any particular vendor, manufacturer, product, or system in promoting this rebate program. Listing a vendor or product does not constitute an endorsement, nor does it imply that unlisted vendors or products are deficient or defective in any way.