

2024 COMMERCIAL CUSTOM PROGRAM

COLORADO: COMMERCIAL NATURAL GAS CUSTOMERS

Pre-approval Checklist

All Custom projects require pre-approval before purchase and installation.

Get your rebate check faster by checking off these easy steps before mailing your application form. Incomplete applications may be delayed

- Completely fill out application to avoid delays.**
- Provide description of existing conditions and proposed project
- Provide manufacturer's equipment brochure or spec sheets
- Provide project documentation (bids, const. drawings, etc.)
- Provide project cost detail (if available)
- Make and retain copies for your records
- Send all documents to custom@mesapointenergy.com (sending application to BHE billing address will delay your rebate)

Rebate Checklist

- Start your project after receiving notice of approval
- Complete project installation
- Post-Installation Verification: A sales receipt (itemized invoice for equipment and labor) or other documentation indicating date of installation, dealer/contractor name, equipment manufacturer name, and model number must accompany the Incentive Request Form/Certificate of Completion to be submitted once project is completed.
- Make and retain copies of all documents for your records

NEED HELP?

Mesa Point Energy is the Program Administrator of Black Hills Energy's Custom Program. Additional information or assistance in completing your application can be obtained by calling **303-661-0159** or via email at custom@mesapointenergy.com

Terms and Conditions

General Eligibility

1. Rebates are awarded to help Black Hills Energy commercial/industrial customers implement natural gas efficiency measures.
2. **Purchase and installations must be completed between Jan. 1, 2024 and Dec. 31, 2024. Applications for work done in 2024 must be received by Jan. 15, 2025.**
3. **All Custom projects require approval before purchase and installation.**
4. The commercial/industrial Custom Rebate Program buys down energy-efficient upgrades to a two-year payback, or up to one-half of the incremental cost of the equipment. There is a \$50,000 per project cap.
5. All projects will be individually reviewed by Black Hills Energy for cost effectiveness and must pass the cost effectiveness test.
6. Funding for these rebates is limited. Applications will be processed on a first-come, first-served basis.
7. Rebates may be subject to federal and/or state income tax reporting. Applicant is responsible for contacting a qualified tax advisor to determine tax liability. Black Hills Energy is not responsible for any tax consequences of the rebate program.

Disclaimer

Black Hills Energy does not guarantee that installation of equipment qualifying for rebates will result in reduced energy usage or demand, or in cost savings. The Customer will hold harmless Black Hills Energy and its officers, directors, shareholders, agents, employees, and representatives from all claims, liabilities, fines, interest, costs, expenses, and damages incurred by the Customer, for any damage, injury, death, loss or destruction of any kind to persons or property, to the extent the damage, injury, death, loss or destruction arises out of or is related to the conduct, negligence, willful misconduct, misrepresentation, breach of warranty or other breach of this rebate form on the part of Black Hills Energy.

Account Information

Account Number(s) - (Located in upper right-hand corner of Black Hills Energy natural gas bill)

Please check if you are a:

Owner Lessee Developer Other _____

Business Name _____
(Please print)

Contact Person _____

Title _____

Telephone _____

Email _____

Address _____

City _____ State _____ ZIP _____

Incentive Instructions

Where incentive check should be sent, if different from Account Billing Information. May require Third Party Responsibility Form.

Business Name _____
(Please print)

Contact Person _____

Title _____

Address _____

City _____ State _____ ZIP _____

Where did you learn about our rebates?

- Bill insert Billboard Door Hanger Email
 Event Facebook Flyer Newspaper Article
 Print Ad Radio TV Twitter Website
 Youtube

Other (please specify) _____

Referral by: Evaluator Contractor/Dealer/Installer
 Friend/Family Other (please specify) _____

Facility information

(Where equipment is being installed, if different from Account Information)

Company Name _____
(Please print)

Contact Person _____

Title _____

Telephone _____

Email _____

Address _____

City _____ State _____ ZIP _____

Type of Facility:

New Existing Addition

Year Built _____ Square Footage _____

Own Rent

Building Type:

Office Retail Health Care Restaurant

Education Lodging Grocery Warehouse

Other _____

Equipment Type: New Replacement

Space Heating Type:

Forced Air Furnace Boiler Electric Heat

Approximate age of old unit _____

Central Air: Yes No

Water Heating Fuel:

Natural Gas Electric Other

Approximate age of old unit _____

Where to submit your application:

For instruction on how to submit your application,
email - **custom@mesapointenergy.com**

ADDITIONAL INFORMATION

Additional information or assistance in completing your application can be obtained by calling

303-661-0159

or by visiting Energy-Ready.com.

BRIEF DESCRIPTION OF PROJECT:

Equipment Type: New Replacement

Provide brief description of the project:

Existing & New Equipment Information

HVAC Equipment (e.g. - boiler, furnace, energy recovery system, demand control ventilation)

	Existing Equipment	New Equipment (High Efficiency) When possible, please provide product spec sheets
Equipment Type		
Manufacturer		
Model #		
Age of Equipment		
Efficiency (%)		
Nameplate Capacity (kBtu/h)		
Quantity		
Equipment Cost (\$)		
Installation Cost (\$)		
Boiler Controls (Example: outside temp. reset)	Describe existing controls:	Describe new controls:

Domestic Hot Water

	Existing Equipment	New Equipment (High Efficiency)
Equipment Type		
Manufacturer		
Model #		
Age of Equipment		
Efficiency (%)		
Nameplate Capacity (kBtu/h)		
Storage Tank Size (gal) Or Tankless		
Quantity		
Equipment Cost (\$)		
Installation Cost (\$)		
Number served by DWH	Schools: # of Students _____ Food Services: # of meals per day _____ Lodging: # of beds _____ and # of rooms _____ Healthcare: # of beds _____ Laundry: # of washes/day _____ Office or Other: # of Occupants _____	

Envelope Upgrade (Insulation, Windows, Garage Doors, Air Sealing)

Envelope Upgrade 1 (description of existing and new)	
Existing Insulation R-Value	
Retrofit Insulation R-Value	
Total Square feet of Roof or Wall	
Envelope Upgrade 2 (description)	
Existing Insulation R-Value	
Retrofit Insulation R-Value	
Total Square feet of Roof or Wall	
Envelope Upgrade 3 (description)	
Existing Insulation R-Value	
Retrofit Insulation R-Value	
Total Square feet of Roof or Wall	
Total materials Cost (\$)	
Total labor (and directs) Cost (\$)	

Other (Examples: Low flow faucets, showerheads, pre-rinse spray valves, smart thermostats, room energy management system, EnergyStar kitchen equipment, etc.)

	Existing Equipment	New Equipment (High Efficiency)
Equipment Type		
Manufacturer		
Model #		
Age of Equipment		
Efficiency (%)		
Flow Rate (GPM)		
Nameplate Capacity (kBtu/h)		
Quantity		
Equipment Cost (\$)		
Installation Cost (\$)		

List of Attachments (Bid document, construction drawings, equipment spec. sheets, etc.)

Installer/Contractor Information

Business Name _____
(Please print)

Contact name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

Email _____

Customer Signature

(typing in name below is the same as signing)

I certify that I have read and agree to the Terms and Conditions of the rebate program. I confirm intent to proceed with installation of measures outlined in this application within 6 months from the date of submittal, and prior to December 31st of this calendar year.

Signature _____

Print Name _____

Date _____