



A Touchstone Energy® Cooperative
The power of human connections

Mail to: PO Box 353 - Clarion, IA 50525
More info: 515-532-2805 - www.prairieenergy.coop

Central Air Conditioning Rebate

Program Criteria

- Two electric units maximum per residential or farm account structure; one rebate per family in multi-family structure.
- Must sign Load Management Device Agreement to be eligible for rebate.
- A minimum 14.5 SEER is required to be eligible for rebate.

****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name:
(if applicable) _____

Location # _____

Zip code: _____

Central Air Conditioning Rebate

- New central air conditioning unit size/type:
 - SEER 14.5-14.9 - Rebate \$100 per unit
 - SEER 15.0-15.9 - Rebate \$150 per unit
 - SEER 16+ - Rebate \$200 per unit
- New central air conditioning unit equipment information:
Note: refer to your sales representative or installer for this information.

OUTDOOR CONDENSER UNIT:

- Make: _____
- Model: _____
- Serial number: _____
- ARI reference number: _____
- Cooling capacity tons: _____ * _____
- SEER (seasonal energy efficiency ratio): _____ * _____
- EER (energy efficiency ratio): _____ * _____

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- | | | | | |
|---------------------------|---------------------------|--------------------------------|-------------------------------|----------------------------|
| <input type="radio"/> BUT | <input type="radio"/> GRU | <input type="radio"/> ILEC-CB | <input type="radio"/> MID-CB | <input type="radio"/> PRA |
| <input type="radio"/> CAL | <input type="radio"/> HUM | <input type="radio"/> ILEC-NIP | <input type="radio"/> MID-CIP | <input type="radio"/> RVEC |
| <input type="radio"/> FRA | | | | |

Total A/C Rebate Amount: \$ _____ * _____

Replacement (Old Unit) Information

- Air conditioning unit replacement information:
 - New installation (nothing replaced) [Skip to #7]
 - Old unit replaced
 - Old unit kept in operation (secondary/back-up)
- Approximately when was your old cooling system installed?

<input type="radio"/> Before 1990	<input type="radio"/> 1995 - 1999	<input type="radio"/> 2005 - 2009
<input type="radio"/> 1990 - 1994	<input type="radio"/> 2000 - 2004	<input type="radio"/> After 2009
- Previous air conditioning system used:

<input type="radio"/> Geothermal heat pump	<input type="radio"/> Central air
<input type="radio"/> Air source heat pump	<input type="radio"/> Window unit(s)
- Old unit size (tons): _____ * _____
- Primary heating system unit type:

<input type="radio"/> Geothermal heat pump	<input type="radio"/> Propane furnace/heater(s)
<input type="radio"/> Air source heat pump	<input type="radio"/> Fuel oil furnace/heater
<input type="radio"/> Electric central furnace	<input type="radio"/> Wood/corn heater or fireplace
<input type="radio"/> Natural gas furnace/heater(s)	<input type="radio"/> Other _____
<input type="radio"/> Zoned electric heat (ceiling, cove, baseboard)	
- Water heater type:

<input type="radio"/> Electric	<input type="radio"/> Natural gas	<input type="radio"/> Propane	<input type="radio"/> Other
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- Any additional comments:

***REBATE NOTE: In order to receive a rebate for central air conditioning unit, member must sign Load Management Device Agreement.**

****Dated copy of itemized sales receipt must be included****

Member certifies that the item listed in this application has been installed at the member's location served by REC. REC reserves the right to inspect home/equipment and verify this information before issuing a rebate. REC reserves the right to modify (including incentive levels) or terminate this program at any time without prior or further notice.

Member signature _____

Date / /





General Rebate Info & Consumer Database Survey

To be filled out in conjunction with specific product rebate form.

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****ALL INFORMATION MUST BE COMPLETED TO RECEIVE REBATE****

Member Information

Name: _____

Business name: _____
(if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ - _____ - _____

Cell phone: _____ - _____ - _____

E-mail: _____

Account # _____

Location # _____

Rebate unit installed at (location): Same as above Or other:

Name/business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Rebate Unit Installation Information

1. Rebate equipment installed in:

- Single family residence Farm outbuilding
- Multi-family unit: apt/condo/duplex/etc. Business

2. Building size (conditioned square feet):

- Less than 1,000 1,500 - 1,999 2,500 - 2,999
- 1,000 - 1,499 2,000 - 2,499 More than 3,000

3. Building age (year of construction):

- Before 1960 1980 - 1989 2000 - 2004
- 1960 - 1969 1990 - 1994 2005 - 2009
- 1970 - 1979 1995 - 1999 After 2009

4. Building ownership: Owned Leased

5. Do you have an active farming operation served by the REC?

- Yes No

6. Rebate unit installed in: New construction Existing structure

7. Date unit installed (m/d/y): _____ - _____ - _____

8. Installer (if applicable) or purchased from:

Business name: _____

City: _____ State: _____ Zip: _____

Contact name: _____

Phone: _____ - _____ - _____

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- BUT GRU ILBC-CB MID-CB PRA
- CAL HUM ILBC-NIP MID-CIP RVEC
- FRA

All installations total rebate amount: \$ _____

- Form 7 category: Residential Small C&I
- Residential seasonal Large C&I

Rebate Information Sources

9. How did you first learn about the availability of this rebate?

- Dealer Newspaper Co-op newsletter
- Builder/contractor Radio Brochure/direct mail
- Co-op employee TV Co-op email
- Friend/relative Co-op website Other _____

10. When you decided to purchase this unit or participate in this program, what were your most important sources of information? (*all that apply*)

- Dealer Newspaper Co-op newsletter
- Builder/contractor Radio Brochure/direct mail
- Co-op employee TV Co-op email
- Friend/relative Co-op website Other _____

11. What were the most important factors influencing your purchase or program participation decision? (*all that apply*)

- Co-op rebate Higher efficiency new unit
- Safety of the new unit Previous unit quit working
- Wanted new color/style Other _____

12. Would you have purchased this unit or participated in this program without the co-op rebate?

- Not at all likely* 1 2 3 4 5 *Very likely*

Member Demographics

13. How long have you received electric service from your REC?

- <1 year 4 - 5 years 11 - 20 years >30 years
- 1 - 3 years 6 - 10 years 21 - 30 years

14. What is the age of the primary account holder?

- Under 25 35 - 44 55 - 64 75+
- 25 - 34 45 - 54 65 - 74

15. How many people live in the household?

- 1 2 3 4 5+

16. What are the primary sources of income for the household?

- Farming Professional Social Security
- Factory/Industrial Pension Agriculture Business
- Service Industry Office/Sales Other _____

17. What is the highest level of education completed?

- Less than high school diploma Some college
- High school graduate/GED College graduate
- Vocational/trade training Graduate or professional school

Please also complete form for specific rebate unit.



CENTRAL AIR CONDITIONING LOAD MANAGEMENT AGREEMENT

This is an Agreement, made and entered into this ____ day of _____, 20____, by and between **Prairie Energy Cooperative** and _____ (Member), the terms of which are as follows:

1. (a) Allow Cooperative to verify that the Central Air Conditioner is on Prairie Energy's system identified by the Cooperative's records as location number _____:
(b) authorize Cooperative, at Cooperative's expense, to install, operate, maintain, and replace as necessary, **Load Management device on the Air Conditioner equipment** that will allow Cooperative to interrupt or cycle outdoor compressor unit for brief periods while the circulation fan continues to operate.
2. Member agrees that neither the Cooperative nor its power supplier shall be liable for any loss, costs, or damages caused by or resulting from this Load Management Device.
3. The Cooperative shall have the right to cancel this Agreement in the event Member fails to install the Air Conditioner or tamper with or modifies the Air Conditioner or tampers with or modifies the Load Management device. Member may cancel this Agreement by giving Cooperative not less than thirty (30) days advance written notice of cancellation. In the event of cancellation by Cooperative or Member, Member shall allow the Cooperative to remove the load control equipment.
4. Members that sign the agreement will also be given a **Bill Credit of \$10.00 monthly for each month beginning with May usage and ending with September Usage**. This credit will appear on their monthly billing statement as an AC LOAD management Credit.
5. Amount of rebate to be paid for Members signing Agreement
 - (a) SEER 14.5 = \$100.00 per unit
 - (b) SEER 15+ = \$150.00 per unit
 - (c) SEER 16+ = \$200.00 per unit

Signed: _____
MEMBER

Signed: _____
COOPERATIVE