

# 2014-2015 *COOL*Advantage Program Rebate Application Instructions, Terms and Conditions

### **For Municipal and Co-Op Electric Customers**

### For Systems Purchased on or after July 1, 2014 through June 30, 2015

Instructions: Please read the program instructions, terms and conditions before completing the form on the other page.

#### A. CUSTOMERS — TO QUALIFY FOR YOUR REBATE, YOU MUST

- 1. Purchase, install and operate high-efficiency equipment as outlined in the table below.
- Replace and/or retrofit an installation in an existing home that is currently supplied by a municipal or co-op electric company (not Atlantic City Electric, Jersey Central Power & Light, Public Service Electric & Gas or Rockland Electric Company).
- 3. The efficiency levels are based on the Air-conditioning, Heating, Refrigeration Institute (AHRI) certified performance criteria of an outdoor unit and indoor coil (and/or furnace/blower) working together. These ratings are found on the <u>AHRIdirectory.org</u> website. All ENERGY STAR® qualified equipment must be listed at <u>energystar.gov</u> in order to participate in this program. Both the outdoor unit and indoor coil must be replaced and installed as a matched set.
- 4. To qualify for a central air conditioner or heat pump rebate, the installing HVAC contractor must do the following:
  - a) Size the high-efficiency equipment within 15% or a half ton of the calculated cooling load Manual J calculation or equivalent and
  - b) Meet Manual S system selection criteria. This is not required for ductless mini-split units.
- 5. Abide by the rules and rebate levels in effect at the date of purchase.
- 6. All units must be purchased by June 30, 2015; however all applications must be postmarked within 60 days of the purchase date to be eligible.

| Equipment Type                                     | Minimum Efficiency Criteria for Units                                                                           | Sizing and Selection                                                                                                                                                   | 2014-2015 Effective<br>Purchase Date               | 2014-2015<br>Incentive |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|
| Central Air Conditioning*                          | Compressor and coil combination that yield<br>>= SEER** 17 and EER 13 and (in the case of heat pumps) HSPF 8.5  | ACCA Manual J and Manual S outputs are required showing that the installed system is sized within 15% variance of requirement and correctly selected for the dwelling. | For units purchased<br>on or after<br>July 1, 2014 | \$500                  |
| Air Source Heat Pump                               | Compressor and coil combination that yields<br>>=SEER 17 and EER 13 and (in the case of<br>heat pumps) HSPF 8.5 | ACCA Manual J and Manual S outputs are required showing that the installed system is sized within 15% variance of requirement and correctly selected for the dwelling. |                                                    | \$500                  |
| Ductless Mini-split A/C System<br>or Heat Pump     | >= SEER 17 and EER 13 and (in the case of mini-split heat pumps) HSPF 8.5                                       | ACCA Manual J and S outputs are not required.                                                                                                                          |                                                    | \$500                  |
| Geothermal Heat Pump                               | Must be ENERGY STAR Qualified. ENERGY STAR Qualified products lists may be found at energystar.gov.             | ACCA Manual J and Manual S outputs are required showing that the installed system is sized within 15% variance of requirement and correctly selected for the dwelling. |                                                    | \$500                  |
| For heat pumps or ductless minisplit systems only. | Homeowners with Hurricane Sandy damage may be eligible for an additional incentive.                             | Sandy Certification and other requirements may apply.                                                                                                                  |                                                    | \$200<br>per unit      |

<sup>\*</sup>For customers impacted by Hurricane Sandy, the Central A/C system efficiency criteria remains at 16SEER/13EER and incentives are \$500 for units installed after October 29, 2012.

<sup>\*\*</sup>SEER (Seasonal Energy Efficiency Ratio) • EER (Energy Efficiency Ratio) • HSPF (Heating Seasonal Performance Factor) – for heat pumps only

| Section A & B of this form:                                                                                                                                                                                           | Customer to complete and sign                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Section C of this form:                                                                                                                                                                                               | Contractor to complete and sign                 |
| Section D of this form:                                                                                                                                                                                               | Contractor to assist customer in completing     |
| Manual J cooling load calculation worksheet and Manual S cooling load calculation:                                                                                                                                    | Submit with application, provided by contractor |
| Copy of itemized sales receipt or proposal showing proof of purchase (must be marked PAID):                                                                                                                           | Customer to provide with application            |
| Copy of UPC Code including model and serial numbers:                                                                                                                                                                  | If available, customer requested to provide     |
| Copy of AHRI certificate rating sheet (showing SEER, EER, HSPF, BTUs):                                                                                                                                                | Submit with application, provided by contractor |
| Complete, sign, and attach the Hurricane Sandy Homeowner Certification Form found at <a href="MJCleanEnergy.com/SANDY">NJCleanEnergy.com/SANDY</a> (only for units being replaced due to damage from Hurricane Sandy) | Customer to provide with application            |

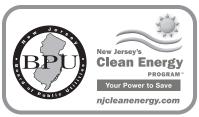
- 1. If your contractor is submitting the rebate documents for you, we suggest you request a set of copies to be mailed to you simultaneously.
- 2. If you are applying for more than one rebate, separate rebate forms are to be completed for each individual unit.
- 3. Mail a copy of the signed application along with the above mentioned documents to the address below:

New Jersey's Clean Energy Program™ • COOLAdvantage SEP Program c/o Honeywell • 145 Route 46 West • Wayne, NJ 07470 • Phone: 866-NJSMART

#### **C. IMPORTANT TERMS AND CONDITIONS**

- 1. Funding for this rebate program is provided through the US Department of Energy State Energy Program (SEP).
- 2. Due to the limited availability of funds, the program will terminate at the earlier of when funds are exhausted or June 30, 2015. Program termination will be posted on NJCleanEnergy.com.
- 3. Program procedures, requirements and rebate levels are subject to change or cancellation without notice.
- 4. It is the responsibility of the customer to assure that all requirements for the rebate are met and that all required documentation is provided.
- 5. Failure to provide any of the required information will prevent processing of your application.
- 6. Applications for purchases made after the program termination date will not be honored.
- . Incentives are available for the installation (retrofit) of qualified HVAC equipment in existing residential buildings; installations of equipment in new homes are not eligible for incentives.
- 8. Please allow up to 120 days from the date New Jersey's Clean Energy Program (NJCEP) receives all required information to process your rebate.
- 9. If the customer portion of the rebate is to be assigned to another party, the customer must authorize this by completing and signing section B of the application form.
- 10. NJCEP reserves the right to inspect all installations in order to ensure compliance with all program requirements.
- 11. NJCEP provides no oversight or control over any contractor services related to this program. Responsibility for proper installation, as well as delivery and workmanship related to any equipment or services the customer procures, rests exclusively with the contractor selected by the customer. NJCEP assumes no responsibility for oversight of contractor services.
- 12. NJCEP audits its rebate programs as a protection against consumer and/or contractor fraud. Any attempt to defraud NJCEP will result in automatic rejection of the rebate application and possible legal action.
- 13. Installations must be completed in accordance with all laws, codes and other requirements applicable under federal, state, and local authority.
- 14. Customers participating in other programs within NJCEP or New Jersey Weatherization Assistance Programs may not be eligible for rebates.

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# 2014-2015 *COOL*Advantage Program Rebate Application

## **For Municipal and Co-Op Electric Customers**

For Systems Purchased on or after July 1, 2014 through June 30, 2015

Before completing this form, please refer to the program instructions, terms and conditions accompanying this form.

| A. CUSTOMER INFORMATION (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Customer to complete and sign)  | )                                                                               |            |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|------------|--|--|--|
| Electric Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | Account Number:                                                                 |            |  |  |  |
| First Name: Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                 |            |  |  |  |
| Installation Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                 |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | State: <b>NJ</b> Zip:                                                           |            |  |  |  |
| Daytime Phone: ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                 |            |  |  |  |
| How did you find out about the COOLAdvant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | (The email address is used to communicate the status of your rebate application | 1.)        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                               | tractor 🗌 Friend 🔲 Other:                                                       |            |  |  |  |
| I have read, understood and am in compliance with all rules and regulations concerning this rebate program INCLUDING THE INSTRUCTIONS, TERMS AND CONDITIONS PROVIDED ON THE COVER PAGE OF THIS APPLICATION FORM. I certify that all information provided is correct to the best of my knowledge, and I give NJCEP permission to share my records with the U.S. Department of Energy and New Jersey Board of Public Utilities or its contractors, who plan to evaluate my energy usage. Additionally, I allow reasonable access to my property to inspect the installation and performance of the technologies and installations that are eligible for incentives under the guidelines of NJCEP. I certify that old equipment has been replaced and the replaced equipment has been recycled according to the laws of the state of New Jersey. |                                 |                                                                                 |            |  |  |  |
| <b>Customer Signature (Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ):                              | Date:                                                                           |            |  |  |  |
| B. This section to be completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d by the customer if the re     | rebate is to be issued to another party or address.                             |            |  |  |  |
| Rebate Recipient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                 |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | ast Name:                                                                       |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Daytime Phone: ()                                                               |            |  |  |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | State: Zip:                                                                     |            |  |  |  |
| Customer Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Date:                                                                           |            |  |  |  |
| C. CONTRACTOR/INSTALLER AII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fields must be completed by the | he installing contractor.                                                       |            |  |  |  |
| Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                 |            |  |  |  |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                 |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | State: Zip:                                                                     |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | State 21p                                                                       |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                 |            |  |  |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                 |            |  |  |  |
| I certify that the system has been installed in accordance with the manufacturer guidelines, that the cooling and, if applicable, heating load for this application was estimated consistent with ACCA Manual J procedures, and that the capacity of the equipment selected is within 15% or a half ton of the Manual J estimate. I also certify that the systems air flow and charging are in accordance with the manufacturer's guidelines. I understand that the New Jersey Board of Public Utilities requires this certification in the state of New Jersey for participation in the COOLAdvantage Program.                                                                                                                                                                                                                               |                                 |                                                                                 |            |  |  |  |
| Contractor Signature (Require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d):                             | Date:                                                                           |            |  |  |  |
| D. EQUIPMENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Contractor to assist)          |                                                                                 |            |  |  |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ral Air Conditioner             | ☐ Ductless Mini-split AC/HP ☐ Geothermal HP ☐ Geothermal with Des               | unarhaatar |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Construction Existing Hom       |                                                                                 | uperneater |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Installation Replacement        |                                                                                 |            |  |  |  |
| New Ductwork installed with new Central Ai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | r Conditioner or Heat Pump? Yes | 'es No Purchase Date ( <i>must be on paid receipt</i> ):                        |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Manufacturer                    | Model Number Serial Numb                                                        | er         |  |  |  |
| Condensing Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                 |            |  |  |  |
| Indoor Coil:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                 |            |  |  |  |
| Furnace (if required by AHRI):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                 |            |  |  |  |
| Air Handler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                 |            |  |  |  |
| ADDITIONAL FOUIPMENT if applicable (plea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | se check):                      | DR AHRI Reference #:                                                            |            |  |  |  |
| ADDITIONAL EQUIPMENT if applicable (please check):   ECM TXV TDR AHRI Reference #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                 |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Brand:                          | Type:                                                                           |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Coil:                                                                           |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Rcpt: Rcpt. Date:                                                               |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | ManS: BTU:                                                                      |            |  |  |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                 |            |  |  |  |