

AUDIT RECOMMENDED IMPROVEMENTS

2024 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- ❖ Home or farm being improved must be on cooperative's lines.
- ❖ Incentive not to exceed the cost of energy efficiency improvements, up to \$500. Cost can include material and professional labor. The cost of the audit cannot be included.
- ❖ Energy efficiency improvements must be recommendations from an audit arranged by your cooperative or a cooperative-approved partner.
- ❖ The audit must be a comprehensive audit, including a written report.
- ❖ The audit report must indicate the improvement will result in electrical or delivered fossil fuels (LP, oil) reduction or efficiency.
- ❖ If another incentive is available, the audit recommended improvement will qualify for only that incentive. For example, if an auditor recommends purchasing an ENERGY STAR refrigerator, the refrigerator will qualify for the Appliance incentive, not the Audit Recommended Improvements incentive.
- ❖ Improvements must be completed within 24 months of the audit date.
- ❖ Each member account qualifies for only 1 Audit Recommended Improvement incentive every 5 years, regardless of the number of audits performed and regardless of the number of measures implemented.
- ❖ Incentives are in place through December 31, 2024. Funds are limited so submit required documentation as soon as possible.
- ❖ Required documentation must be submitted within 3 months of implementation of audit recommended improvements.
- ❖ Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- ❖ **Required documentation** listed below must be submitted no later than 3 months after improvements are completed.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each improvement with purchase price(s) circled
 - ✓ Copy of the audit documentation
 - ✓ Documentation showing improvements have been implemented

Submit required documentation to: Taylor Electric Cooperative, N1831 State Hwy 13, Medford, WI 54451

MEMBER INFORMATION *(Please fill out entire section)*

| | | | | |
|--|-------|---------|---|------------------|
| Member Name | | | Email | |
| | | | <i>Email addresses will be used for cooperative communication only.</i> | |
| Address | | Account | Phone | |
| City | State | Zip | Date | Member Signature |
| Incentive for: <input type="checkbox"/> Home <input type="checkbox"/> Farm | | | | |

AUDIT INFORMATION *(Please fill out entire section)*

| | | | | |
|---|---|-------------------------|--|--|
| Date of Service: | Service Performed by: <input type="checkbox"/> Home Auditor <input type="checkbox"/> Certified Energy Manager | | | |
| Service Provider Name: | Service Provider Phone: | Service Provider Email: | | |
| Water Heater Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Other: | Home Heating Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> LP <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other: | | | |

| Energy Efficiency Improvements | Cost |
|--|------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| Total Cost of Improvements <i>(Sum of lines 1 thru 8):</i> | |
| Total Incentive Amount Requested <i>(Enter the amount entered on the previous line, or \$500, whichever is less):</i> | |

OFFICE USE ONLY

| | |
|---|----------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved-Reason: | Total Incentive Issued: \$ |
| Cooperative Representative: | Date: |