

REBATE APPLICATION

FOR PROJECTS COMPLETED BY 12/31/2026



Complete all sections. Incomplete applications cannot be processed and will delay payment of rebates. **Applications must be submitted within 60 days of completed project installation**, no later than January 31, 2027. For additional copies of this form, visit focusonenergy.com/catalogs.

section 1

ACCOUNT AND CUSTOMER INFORMATION

Tax Identification Number (Check one) FEIN or SSN*

*If you use a Social Security Number (SSN) as your Tax Identification Number, **do not provide it below**. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. **You must list an email address in Section 3**.

FEIN _____

TAX CLASSIFICATION OF CUSTOMER

(Check one. Required for all businesses, including non-profits.)

Sole Proprietorship S Corporation Partnership
 C Corporation LLC - S Corp LLC - Partnership
 LLC - C Corp Single-Member LLC
 Other _____

OWNER NAME (REQUIRED IF SSN IS USED AS TAX IDENTIFICATION NUMBER) _____

COMPANY NAME _____

LEGAL ADDRESS (AS SHOWN ON COMPANY W-9) _____

CITY _____ STATE _____ ZIP _____

WHO DID YOU WORK WITH FROM FOCUS ON ENERGY? (CONTACT NAME) _____

section 2

JOB SITE INFORMATION

(Refer to your utility bills for account numbers below.)

JOB SITE BUSINESS NAME _____

ELECTRIC UTILITY AT JOB SITE _____ ELECTRIC ACCOUNT # _____

GAS UTILITY AT JOB SITE _____ GAS ACCOUNT # _____

JOB SITE ADDRESS IS SAME AS LEGAL ADDRESS
 JOB SITE ADDRESS IS DIFFERENT (COMPLETE BELOW)

JOB SITE ADDRESS _____

CITY _____ STATE _____ ZIP _____

section 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME _____

PRIMARY PHONE # _____ EMAIL ADDRESS _____

Preferred method of contact: Call Email Text

If Focus on Energy has a question about this application, we should contact: Customer Trade Ally Other _____

section 4

TRADE ALLY INFORMATION

TRADE ALLY CONTACT NAME _____

PRIMARY PHONE # _____ EMAIL ADDRESS _____

TRADE ALLY COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

section 5

BUSINESS PAYMENT INFORMATION

Payee is responsible for any associated tax consequences.

Make rebate check payable to:

Customer Trade Ally Other Payee Rebate Administrator
If Other Payee is selected, the relationship to the utility account holder must be identified below:
 Tenant Building Owner Other (specify) _____

For All Payees this Section MUST be Filled Out

Mail check to: Customer Legal Address Job Site Address
 Trade Ally Address Alternate Address

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENTION TO (OPTIONAL) _____

For Trade Ally, Rebate Administrator, and Other Payees

Trade Allies must be registered with the Program to receive payment. All other payees must have a current W-9 on file to receive payment.

Tax Identification Number (Check one) FEIN or SSN

If you use a Social Security Number (SSN) as your Tax Identification Number, do not provide it below. You will be contacted by the Program via email to provide a copy of your W-9 using a secure online portal, if it is not already on file. You must list an email address below.

FEIN _____

Tax Classification of Payee

(Check one. Required for all businesses, including nonprofits.)

Sole Proprietorship S Corporation Partnership
 C Corporation LLC - S Corp LLC - Partnership
 LLC - C Corp Single-Member LLC
 Other _____

Payee Contact Information

NAME _____ EMAIL ADDRESS _____

section 6

BUSINESS PROPERTY TYPE

Select one only. If applying for both existing and new construction equipment rebates please complete two separate applications.

Equipment Upgrades & Retrofits New Construction & Major Renovations

Select one (1) property type that best describes your business:

Agriculture Producer
 Dairy - Traditional
 Dairy - Robotic →
 Other:

 Education
 Financial Institution

If Dairy, what is the average number of cows being milked daily?

Government
 Grocery/Convenience Store
 Health Services
 Hotels & Lodging
 Information, Technical & Scientific Services

Manufacturing (product):

 Multifamily
 Office
 Religious & Spiritual Organization
 With K+ Daily Education
 No K+ Daily Education

Restaurant
 Retail
 Vehicles Sales/Service
 Water/Wastewater
 Other:

section 7

REBATE PRODUCT INFORMATION

Refer to:

- **Applicable rebate catalog at focusonenergy.com/catalogs** for rebate codes, rebate per unit, and product eligibility requirements.
- **Your itemized invoice(s)** that include Manufacturer and Model Number(s).
- **Business Rebate Product Information Sheet at focusonenergy.com/catalogs** if additional lines are needed.

PROJECT COMPLETION DATE: / /

Code	Manufacturer Name	Model #	Unit Measure	# of Units (A)	Rebate Per Unit (B)	Requested Rebate (A x B)
(Example) L3111	STARK LIGHTING	LED5VZP	Fixture	10	\$ 25.00	\$ 250.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
				Subtotal from Rebate Product Information Sheet (if applicable)	\$	
				REBATE TOTAL*	\$	

section 8

CUSTOMER SIGNATURE

I, the undersigned Customer, agree the stated energy efficiency measure(s) was (were) installed and are functional at the job site address listed above as part of the Focus on Energy Program. I have read and agreed to the provisions set forth herein and to the Terms and Conditions posted at focusonenergy.com/terms. I understand Focus on Energy may revise these Terms and Conditions at any time, and I will not be notified in the event changes are made. To the best of my knowledge, the statements made on this application are complete, true, and correct, and I have submitted the appropriate supporting documentation to receive a rebate.

If the Customer is identified as the Payee in Section 5, the following certifications are required for this form to substitute for the Internal Revenue Service (IRS) form W-9. Under penalty of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person.

The IRS does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

CUSTOMER SIGNATURE

NAME (PRINT)

DATE

Submit applications and supporting documentation to:

MAIL: Focus on Energy

725 W. Park Avenue

Chippewa Falls, WI 54729

EMAIL: business@focusonenergy.com

*Rebate may be adjusted based on project caps. See measure requirements and Terms and Conditions for more information.

