

INCENTIVE APPLICATION

FOR PROJECTS COMPLETED BY 12/31/2023



Complete all sections. Incomplete applications cannot be processed and will delay payment of incentives. **Applications must be submitted within 60 days of completed project installation**, no later than January 31, 2024. Visit focusonenergy.com/catalogs for additional copies of this form.

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 nonprofits.)

- ☐ Sole Proprietorship ☐ Individual ☐ Single-Member LLC
☐ C Corporation ☐ S Corporation ☐ Partnership
☐ LLC - C Corp ☐ LLC - S Corp ☐ LLC - Partnership
☐ 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)

NUMBER OF UNITS AT JOB SITE:

JOB SITE ADDRESS

CITY STATE ZIP

section 3

CUSTOMER CONTACT INFORMATION

JOB SITE CUSTOMER CONTACT NAME

PRIMARY PHONE # EMAIL ADDRESS

☐ I opt in to receive program updates.

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

PAYMENT INFORMATION

Payee is responsible for any associated tax consequences.

Make incentive check payable to:

☐ Customer ☐ Trade Ally ☐ Other Payee

If Other Payee is selected, the relationship to the utility account holder must be identified below:

☐ Tenant ☐ Building Owner ☐ Other (specify) _____

FOR ALL PAYEES

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

COMPANY NAME

ADDRESS

CITY STATE ZIP

ATTENTION TO (OPTIONAL)

For Trade Ally and Other Payees. Trade Allies must be registered with the Program and have a current W-9 on file to receive payment.

Tax Identification Number (Check One)

☐ FEIN ☐ 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 ☐ Individual ☐ Single-Member LLC
☐ C Corporation ☐ S Corporation ☐ Partnership
☐ LLC - C Corp ☐ LLC - S Corp ☐ LLC - Partnership
☐ Other _____

Payee Contact Information

NAME EMAIL ADDRESS

section 6

INCENTIVE PRODUCT INFORMATION

Refer to:

- **Applicable incentive catalog at focusonenergy.com/catalogs** for incentive codes, incentive per unit, and product eligibility requirements.
- **focusonenergy.com/products** for qualified products lists.
- **Your invoice** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at focusonenergy.com/catalogs** if additional lines are needed.

INCENTIVE CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	REQUESTED INCENTIVE (A X B)
(Example) L3111	STARK LIGHTING	LED5VZP	Fixture	10	\$ 18.00	\$ 180.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Manufacturer Specifications Attached (if applicable):				Yes <input type="radio"/>	Subtotal from Incentive Product Information Sheet (if applicable)	
Itemized Invoice(s) Attached:				Yes <input type="radio"/>	PROJECT COMPLETION DATE:	INCENTIVE TOTAL*
					/ /	\$

section 7

CUSTOMER SIGNATURE

I, the undersigned Customer, agree the stated energy efficiency measure(s) was (were) installed 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 an incentive.

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. citizen.

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
3113 West Beltline Highway Suite 201
Madison, WI 53713
Email: multifamily@focusonenergy.com

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