

# Ready to get your incentive?

## Follow these simple steps.

This application is for projects completed between January 1, 2023 and December 31, 2023. Pre-approval is not required for this prescriptive program. Incentives are available on a first-come, first-served basis. For more detailed information, refer to the Terms and Conditions included with this application.

### Annual Member Incentive Cap

- » Business or farm with a commercial utility rate code—\$15,000 cap.
- » Farm with a residential utility rate code—\$6,000 cap.

### Step 1 Determine Eligibility

Equipment must be new (used equipment is not allowed) and installed in a commercial, industrial, or farm facility that is a Presque Isle Electric & Gas Co-op electric member, as well as meet minimum requirements set forth in this document. Projects must result in reduced electric energy usage due to improvement in the system efficiency; control upgrades may also qualify. Equipment must operate a minimum of 1,500 hours per year unless otherwise specified. Applications with fewer hours may use the custom program. Incentives for prescriptive measures may not exceed 75 percent of the total project cost, unless otherwise specified.

### Step 2 Install Equipment

After ensuring your project will qualify, purchase and install the equipment. New equipment must be installed and old equipment removed. Only new products that are exact product types listed in this form are eligible for prescriptive incentives.

### Step 3 Submit Application

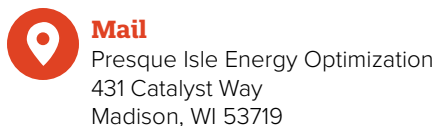
Application must be submitted with complete information within six months of project completion. Application must include:

- An IRS Form W-9 for payee (or completed Section 5 on page 2 of this application).
- The entire completed application, including the completed incentive worksheets and the signed member information page.
- Itemized invoices from the installing contractor(s) and/or vendor(s) for the project. Invoices must include a separate line item for each incentive measure, as well as the date, quantity, unit cost, size, type, make, and model of installed items, and labor costs, if applicable.
- Specification/data sheets for all equipment for which an incentive is requested.

### Step 4 Payment

Once completed paperwork is submitted, your final application will be reviewed and processed for payment. Incentive payments are usually mailed within six to eight weeks.

### Submit your documents one of four ways:



Call **877.296.4319** for questions about this application.

**SECTION 1: Utility Member Information** (please print)

**2023 Energy Optimization Application**

Member Name (as shown on your electric utility bill):			
Member Mailing Address:	City:	State:	ZIP:

**SECTION 2: Job Site Information**

Job Site Name (if different than member name):	Project Contact Person Name:		
Project Contact Telephone: <input type="checkbox"/> Home/Office Number <input type="checkbox"/> Mobile Number	Project Contact Email:		
Job Site Street Address (physical location):	City:	State: <b>MI</b>	ZIP:
Electric Utility Company at Job Site:	Electric Utility Acct #:	Project Completion Date:	
What is the predominant use of the building space where equipment was installed? (check one) <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Manufacturing <input type="checkbox"/> Lodging <input type="checkbox"/> School: K-12 <input type="checkbox"/> School: College <input type="checkbox"/> Healthcare facility <input type="checkbox"/> Farm (commercial meter) <input type="checkbox"/> Farm (residential meter) <input type="checkbox"/> Other/Miscellaneous _____			
How did you learn about the program? <input type="checkbox"/> My Utility <input type="checkbox"/> Utility Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Event <input type="checkbox"/> Mail/Bill insert <input type="checkbox"/> Contractor <input type="checkbox"/> Other			

**SECTION 3: Trade Ally (Contractor) Information**

Trade Ally Name (or indicate if self install):	Trade Ally Contact Person Name:		
Trade Ally Telephone:	Contact Email:		
Trade Ally Mailing Address:	City:	State:	ZIP:

**SECTION 4: Payee and Mailing Address**

Make Incentive Check Payable to (payee): <input type="checkbox"/> Member <input type="checkbox"/> Landlord <input type="checkbox"/> Trade Ally or other third party (By checking Landlord or Trade Ally, member is authorizing payment to the third party indicated. See <i>Third-Party Payees</i> section of Terms and Conditions for details.)			
Mail Check to: <input type="checkbox"/> Member Mailing Address (entered at top of this page) <input type="checkbox"/> Job Site Address <input type="checkbox"/> Payee W-9 Address <input type="checkbox"/> Alternate Pay Address (complete below)			
Alternate Pay Address (if checked above):	City:	State:	ZIP:

**SECTION 5: Payee IRS Form W-9 Information** (Submit IRS Form W-9 for payee OR fill out this section completely. This section may be omitted only if IRS Form W-9 for payee is submitted.)

Payee Legal Name (as shown on income tax return):	Payee Business Name (if different than payee legal name):		
Payee Legal Address:	City:	State:	ZIP:
Check the appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other tax exempt organization or gov't agency <input type="checkbox"/> LLC - Enter the tax classification (C = C corporation, S = S corporation, P = partnership): _____ <b>Note:</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.			
Payee Tax Identification Number (TIN) (Complete <b>ONE</b> only. Must match payee legal name above.) FEIN #: _____ - _____ - _____ <b>OR</b> SSN: _____ - _____ - _____			
Certification: The following certifications are required in order for this form to substitute for the IRS Form W-9. Under penalties of perjury, I certify that: 1. The payee's TIN is correct. 2. The payee is not subject to backup withholding due to failure to report interest and dividend income. 3. The payee is a U.S. citizen. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
Payee Signature: /s/	Print Name:	Title:	Date:

**SECTION 6: Member Signature** (please read and sign)

The undersigned agrees that the stated energy-efficient measure(s) was (were) installed at the job site address listed above as part of the Energy Optimization program. I have read and agree to the Terms and Conditions within this application. I agree to verification of equipment installation, which may include a site inspection by a program or utility representative. I understand that I am not allowed to receive more than one incentive from this program on any individual piece of equipment. I hereby agree to indemnify, hold harmless, and release the utility and program administrator from any actions or claims in regard to the installation, operation, and disposal of equipment (and related materials) covered herein, including liability from any incidental or consequential damages. 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. I have elected to utilize electronic signatures. I understand and intend that a legal signature is formed by typing my name on this document. If any of the parties do not wish to sign this document electronically, all must opt out together and print a paper copy to sign manually.

Member Signature: /s/	Print Name:	Title:	Date:
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Measure	Incentive Per Unit	Quantity	Total Incentive
<b>Variable Speed Drive (VSD) Air Compressor*</b> <ul style="list-style-type: none"> <li>Replacement of constant speed air compressor with rotary screw compressor controlled by a variable speed drive (VSD).</li> <li>Manufacturer specification sheet and/or CAGI sheet for new compressor must be submitted.</li> <li>Must be a new variable speed screw compressor and supply an air system that operates at least 2,000 hours per year to be eligible.</li> <li>Air compressors purchased or installed for backup or redundant systems do not qualify.</li> <li>For new VSD compressors only. Adding a VSD to an existing compressor does not qualify.</li> <li>Limited to one VSD compressor per compressed air system.</li> <li>System and demand conditions requiring the air compressor to be loaded constantly above 80 percent or constantly loaded below 30 percent are not eligible for this incentive, because these operating conditions may not realize savings from a VSD controlled compressor.</li> <li>Indicate runtime of compressor (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> 1-shift</li> <li><input type="checkbox"/> 2-shifts</li> <li><input type="checkbox"/> 3-shifts</li> <li><input type="checkbox"/> Continuous</li> </ul> </li> </ul>	\$100 per HP	Nominal horsepower of new compressor: _____	\$
<b>Variable Displacement Air Compressor*</b> <ul style="list-style-type: none"> <li>For new variable displacement rotary-screw air compressor with minimum 50 horsepower replacing inlet modulated or load/no-load compressor.</li> <li>Compressors purchased or installed for backup or redundant systems are not eligible.</li> </ul>	\$35 per HP	Nominal horsepower of new compressor: _____	\$
<b>Two-Stage Rotary Screw Air Compressor*</b> <ul style="list-style-type: none"> <li>Two-stage rotary screw compressor installed instead of single-stage rotary screw compressor.</li> <li>Minimum 50 horsepower.</li> </ul> <p>Indicate modulation method of new compressor (check one):</p> <input type="checkbox"/> Inlet modulation <input type="checkbox"/> Variable speed drive <input type="checkbox"/> Variable displacement <input type="checkbox"/> Load/no-load	\$20 per HP	Nominal horsepower of new compressor: _____	\$
<b>Refrigerated Cycling Compressed Air Dryer Replacing Non-cycling*</b> <ul style="list-style-type: none"> <li>Replace a non-cycling refrigerated air dryer with a cycling refrigerated air dryer of equivalent capacity of one of the three types listed.</li> <li>The existing compressed air dryer must run exclusively in non-cycling mode. The new dryer cannot be equipped with a feature that allows it to run in a non-cycling mode.</li> <li>Air system must operate more than 2,000 hours per year to be eligible.</li> </ul>	<b>Thermal Mass</b> \$0.40 per SCFM	SCFM of new dryer: _____	\$
	<b>Variable Speed</b> \$2 per SCFM	SCFM of new dryer: _____	\$
	<b>Digital Scroll</b> \$2 per SCFM	SCFM of new dryer: _____	\$
<b>Refrigerated Compressed Air Dryer Replacing Desiccant</b> <ul style="list-style-type: none"> <li>Replace a desiccant-type air dryer with a refrigerated air dryer of equivalent capacity.</li> <li>Air system must operate more than 2,000 hours per year to be eligible.</li> <li>Not eligible for new construction.</li> </ul>	\$4 per SCFM	SCFM of new dryer: _____	\$
<b>Heat-of-Compression Air Dryer*</b> <ul style="list-style-type: none"> <li>Waste heat from oil-free air compressor used to regenerate desiccant dryer.</li> <li>Minimum 50 horsepower of connected air compressor(s).</li> </ul>	\$4 per SCFM	SCFM of new dryer: _____	\$
<b>Page Subtotal</b>			<b>\$</b>

\* Eligible for new construction projects.

<b>Blower Purge Desiccant Compressed Air Dryer Replacing Heatless Desiccant*</b> <ul style="list-style-type: none"> <li>Replace a heatless desiccant air dryer with a blower purge air dryer of equivalent capacity.</li> <li>Air system must operate more than 2,000 hours per year to be eligible.</li> </ul>	<b>On variable speed drive (VSD) air compressor</b> <b>\$3.50 per SCFM</b>	SCFM of new dryer: _____	\$
	<b>On variable displacement air compressor</b> <b>\$3.50 per SCFM</b>	SCFM of new dryer: _____	\$
	<b>On load/no-load air compressor</b> <b>\$3.50 per SCFM</b>	SCFM of new dryer: _____	\$
<b>Dew Point Sensor Control for Desiccant Dryer*</b> <ul style="list-style-type: none"> <li>Available for the addition of a dew point controlled regeneration for a desiccant compressed air dryer. For retrofit on existing dryer or an option on a new dryer.</li> </ul>	<b>\$5 per SCFM</b>	SCFM of new dryer: _____	\$
<b>Air Compressor Outdoor Air Intake*</b> <ul style="list-style-type: none"> <li>For systems where existing compressor(s) air inlet comes from the ambient conditioned (heated) space, and this is modified to a permanently hard ducted air inlet directly from outdoors all the way to the compressor's intake.</li> <li>Backup compressors do not qualify for this incentive.</li> </ul>	<b>\$8 per HP</b>	Nominal horsepower of compressor: _____	\$
<b>Low Pressure Drop Air Filter*</b> <ul style="list-style-type: none"> <li>Replace standard coalescing compressed air filter with low pressure drop filter of the "mist eliminator" style.</li> <li>New filter must have a maximum pressure loss at rated flow of 1 psi when new and 3 psi at element change.</li> </ul>	<b>\$5 per HP</b>	Nominal horsepower of connected compressor(s): _____	\$
<b>Compressed Air Pressure Flow Controller*</b> <ul style="list-style-type: none"> <li>Pressure flow controller must be installed downstream from the air storage receiver tank on a main pressure header.</li> <li>The actual air compressor discharge pressure set-point must be reduced by at least 5 psig (example: 110 psig reduced to 105 psig).</li> <li>Minimum 50 horsepower of connected air compressor(s).</li> </ul>	<b>\$5.50 per HP</b>	Nominal horsepower of connected compressor(s): _____	\$
<b>Zero Loss Condensate Drain*</b> <ul style="list-style-type: none"> <li>Condensate drain being replaced must be a timed drain or manually opened drain.</li> <li>Replacement drain must be "no loss"—it must continuously measure the presence of condensate and purge it only when necessary and only long enough as to prevent the unintentional purging of compressed air. Manual drains, timed drains, and electronic solenoid valve drains are not eligible.</li> </ul>	<b>\$150 per drain</b>		\$
<b>Electric Tool Replacing Pneumatic Air Tool</b> <ul style="list-style-type: none"> <li>Existing pneumatic hand tool must be replaced with an electric (i.e. 120V AC corded or ≥12V cordless) hand tool. To avoid leaks, the compressed air branch pipe serving the pneumatic hand tool that will be replaced must be permanently removed.</li> <li>The hand tool must be used in an environment where the tool operates at least 400 hours per year.</li> <li>Pneumatic hand tools that qualify for this measure include: die grinder, air disc sander, impact wrench, belt sander, hammer, air drill, and other pneumatic tools that use more than 15 cfm per tool.</li> <li>Not eligible for new construction.</li> </ul>	<b>Electric Tool with Cord:</b> <b>\$100 each</b>		\$
	<b>Cordless Electric Tool:</b> <b>\$60 each</b>		\$
<b>Compressed Air Engineered Nozzle for Blow-off*</b> <ul style="list-style-type: none"> <li>Nozzle must replace simple open tube assembly connected to a compressed air system.</li> <li>Usage of the nozzle must be 1,000 hours per year or greater.</li> <li>Nozzle diameter must be between 1/8 inch and 1/2 inch in diameter.</li> </ul> Provide nozzle diameter: _____ inch. Estimated annual hours of nozzle use: _____ hours per year.	<b>\$150 per nozzle</b>		\$
<b>Page Subtotal</b>			<b>\$</b>

\* Eligible for new construction projects.

<p><b>Compressed Air Storage Tank*</b></p> <ul style="list-style-type: none"> <li>For the installation of compressed air storage tank to prevent short-cycling and/or reduce the need for compressor(s) to react to every demand event.</li> <li>Replacement of existing end of life storage tank with same size or smaller tank is not eligible.</li> </ul>	Existing: $\leq 1$ gal/cfm to new $\geq 3$ gal/cfm	<b>\$50 / HP</b>	Nominal HP of connected trim compressor _____	\$
	Existing: $\leq 3$ gal/cfm to new $\geq 5$ gal/cfm	<b>\$25 / HP</b>	Nominal HP of connected trim compressor _____	\$
	Existing: $\leq 5$ gal/cfm to new $\geq 10$ gal/cfm	<b>\$25 / HP</b>	Nominal HP of connected trim compressor _____	\$
<b>Page Subtotal</b>				<b>\$</b>

\* Eligible for new construction projects.

### Compressed Air System Energy Audit and Leak Reduction

Incentives are available for compressed air system leak detection and repair, or for compressed air energy audits with leak detection and repair.

- Applicant must choose one incentive or the other; they may not be combined.
- Incentive available no more than once in a 12-month period.
- Eligible compressed air systems must be electrically driven, have a rated capacity of at least 50 horsepower (excluding backup and non-production compressors), and have an annual runtime of at least 2,000 hours (excluding backup).
- Eligible projects qualify for the prescriptive dollar amount per combined installed horsepower (excluding backup or redundant), with a maximum incentive amount of \$7,500 or 100% of project cost, whichever is less. If the auditor is receiving the incentive payment, and the incentive covers 100% of the project cost, an invoice must be sent to the customer with line items showing the actual project cost, the utility incentive deduction, and a zero balance. A copy of the invoice must also be submitted with the incentive application.
- Leak detection and audit must be completed by an independent contractor chosen by the customer. Leaks may be repaired by either the contractor or customer.
- Submit evidence of the compressed air leaks and leak repairs utilizing a leak detection report spreadsheet detailing:
  - » Date of inspection
  - » Each leak location with description of the problem
  - » Estimated size of leak by volume (SCFM)
  - » Date repair completed
- Verify completed repairs with copies of repair tickets, itemized work orders, and/or photos.
- Submit a copy of an itemized invoice for material and labor.
- To qualify for either incentive, a minimum of 50% of leaks by CFM documented in leak detection report must be repaired.
- To qualify for the compressed air system energy audit incentive, the auditor must submit the following in addition to the leak detection report:
  - » Average annual hours of system operation
  - » Description of each air compressor, including full load CFM, full load kW, rated pressure, control mechanism, manufacturer, and model number.
  - » On-site data collection of system operation parameters including power, pressure and CFM for a minimum of seven (7) days.
  - » Written report presenting audit findings, including detailed recommendations and measures for compressed air system efficiency improvement and potential energy and cost savings.

Leak Information
SCFM of leaks detected: _____
SCFM of leaks repaired: _____

Measure	Description	System Type	Horsepower	Incentive Rate	Total <small>(Total Incentive: Calculated amount, \$7,500, or 100% of project cost, whichever is smallest)</small>
Compressed Air Leak Detection and Repair	Compressed Air Leak Detection AND Repair of ≥50% of Documented Leak CFM	Does the compressed air system include a VSD compressor? <input type="checkbox"/> Yes <input type="checkbox"/> No	System HP (excluding backup compressors): _____	\$15 per HP	\$
Compressed Air System Energy Audit with Leak Detection and Repair	Compressed Air Energy Audit AND Leak Detection AND Repair of ≥50% of Documented Leak CFM			\$20 per HP	\$
<b>Page Subtotal:</b>					\$
<b>Total Amount Requested:</b>					\$

**INCENTIVE OFFER:** Projects must be implemented (completed) between January 1, 2023 and December 31, 2023. Projects must result in reduced electric energy usage due to improvement in the system efficiency; control upgrades may also qualify. Reduced electric use resulting from peak shaving, demand limiting, power generation, renewable energy (including solar PV and wind), or operating schedule changes will not qualify. This application form is for facilities with a commercial or industrial electric meter or rate code. Farms with a residential or commercial meter may also apply. Other businesses with a residential meter must use the residential programs.

**COMPLIANCE:** a) All projects must comply with applicable federal, state, and local laws, and building codes. b) All equipment must be new or retrofitted with new components per the program specifications. Used equipment is not eligible for incentives. Leased equipment must receive pre-approval BEFORE project initiation or entering into the equipment lease. Existing equipment must be permanently disconnected or removed and not reused elsewhere. c) New equipment must meet specification requirements. d) For prescriptive programs, new equipment must be operational when the application is submitted. e) Only one incentive will be granted for each project. f) Members may submit multiple projects in a calendar year; however, the incentive totals may not exceed the annual incentive cap without utility authorization. g) New construction projects will be considered with prior review and authorization. Note that the measures and incentives listed on the application form are typically intended for retrofit projects; not all measures listed may be available for new construction projects. h) If the project is in a leased building, the term of the lease must be at least three (3) years and a copy of the lease may be requested. i) Up to 24 months of utility usage information may be requested.

**DELIVERY:** Applications must be delivered via mail to Presque Isle Energy Optimization Programs, 431 Catalyst Way, Madison, WI 53719, emailed to [info@michigan-energy.org](mailto:info@michigan-energy.org), submitted online, or faxed to 608.646.7682.

**PRESCRIPTIVE APPLICATIONS:** Pre-approval is not required for prescriptive incentives unless otherwise specified. However, an incentive will not be provided for projects or equipment that does not precisely meet the requirements provided on the prescriptive application form. Applications must have complete information and be submitted with the supporting documentation specified on the form instructions. Unless otherwise specified, incentives for prescriptive measures may not exceed 75 percent of the total project cost, including materials, sales tax, external labor (i.e. contracted labor), permits, equipment rental, and disposal. To qualify, lighting must be used a minimum of 1,800 hours per year and other equipment must operate a minimum of 1,500 hours per year, unless otherwise specified.

**CUSTOM APPLICATIONS:** Pre-approval is strongly encouraged for all custom projects. If your project does not fit the descriptions on the standard prescriptive incentive application form, it may qualify for a custom incentive. Applications must have complete information and be submitted with the calculations and supporting documentation specified on the form instructions. Unless otherwise specified, incentives for custom measures may not exceed 75 percent of the total project cost, including materials, sales tax, external labor (i.e. contracted labor), permits, equipment rental, and disposal. Note: Internal labor (i.e. non-contracted labor) may not be included in the cost of the project.

**PAYMENT:** Once completed paperwork is submitted, incentive payments are usually mailed within six to eight weeks. Incentive payments are made by check, and may arrive in multiple checks. Incomplete applications will either delay payments or result in denial of application approval. Presque Isle Electric & Gas Co-op reserves the right to refuse payment and participation if the member or trade ally violates program terms and conditions. Presque Isle Electric & Gas Co-op must receive 100 percent of the energy savings for the rated life of the product(s) or for a period of three (3) years from receipt of incentive, whichever is less. If the project does not provide the energy savings, if the facility in which the installed projects are located closes or ceases operation within three (3) years from receipt of incentive, or if you cease to be a member of Presque Isle Electric & Gas Co-op during the following three (3) years, you shall refund a prorated amount of incentive dollars based on the time installed.

**THIRD-PARTY PAYEES:** The Presque Isle Electric & Gas Co-op member may authorize payment of the incentive directly to a landlord, trade ally, or other third-party payee by selecting the appropriate box in Section 4 on page 2 of the application. In all cases, the third-party payee must either complete Section 5 on page 2 of the application or submit an IRS Form W-9. Program staff reserve the right to contact the member to confirm third-party payee requests.

**TRADE ALLY INFORMATION:** The term "trade ally" refers to the company or contractor who provides or installs equipment for the Presque Isle Electric & Gas Co-op member. If the project was completed by more than one trade ally (e.g., equipment was purchased from one trade ally but installed by another) and the incentive is being paid to the co-op member, enter the information of the trade ally who installed the equipment in the Trade Ally (Contractor) Information section on page 2 of the application. Trade allies participating in the program must adhere to standards of acceptable business behavior and performance.

**INSPECTION:** Program staff reserve the right to conduct pre-inspections and post-inspections of proposed and installed projects. Some projects may require site verification or phone verification before the incentive will be processed.

**PUBLICITY:** Presque Isle Electric & Gas Co-op reserves the right to publicize your participation in this program, unless you specifically request otherwise.

**PROGRAM DISCRETION:** Incentives are available on a first-come, first-served basis. Incentive amounts and offerings are subject to change or termination without notice at the discretion of Presque Isle Electric & Gas Co-op.

**LOGO USE:** Members or trade allies may not use the Presque Isle Electric & Gas Co-op name or logo in any marketing, advertising, or promotional material without written permission.

**DISCLAIMERS:** Presque Isle Electric & Gas Co-op: a) does not endorse any particular manufacturer, product, labor, or system design by offering these programs; b) will not be responsible for any tax liability imposed on the member as a result of the payment of incentives; c) does not expressly or implicitly warrant the performance of installed equipment or contractor's quality of work (contact your contractor for detailed warranties); d) is not responsible for the proper disposal/recycling of any waste generated as a result of this project; e) is not liable for any damage caused by the installation of the equipment or for any damage caused by the malfunction of the installed equipment; f) is not responsible for items (incentive applications, supporting documentation, and/or incentive checks) lost or damaged in the mail.

**ELIGIBILITY:** These incentives are offered to Presque Isle Electric & Gas Co-op members with active electric service in Michigan only. For questions regarding eligibility, call 877.296.4319.

**INFORMATION RELEASE:** The member requests and authorizes Presque Isle Electric & Gas Co-op to release electric usage for the preceding 24 months to Energy Optimization program staff, in order to participate in the program. The authorization to release information expires automatically two (2) years after signature date. The member agrees that the Energy Optimization program and their contractors may include the member's name, address, electric account number, electric services, and resulting energy savings ("Information") in a database hosted by a contractor of the Energy Optimization program and such information may be included in reports or other documentation submitted to Presque Isle Electric & Gas Co-op, and their contractors and/or the Michigan Public Service Commission ("Reports"). Such parties will treat such Information as confidential and the Information in the Reports shall only be in the aggregate.

**RELEASE/INDEMNIFICATION:** Payment of incentives under the Energy Optimization program and/or evaluation of applications for incentives shall not deem the Energy Optimization program or any of its affiliates, employees, contractors, or agents ("Energy Optimization Parties") to be responsible for any work completed in connection herewith. The applicant fully releases Energy Optimization Parties from any and all claims it may have against Energy Optimization Parties in connection with this application, the incentives, or the work performed in connection with them. In addition, the applicant agrees to defend, indemnify and hold Energy Optimization Parties harmless from and against any and all claims, losses, demands, or lawsuits by any third parties arising in connection with this application, the payment or non-payment of incentives, or any work performed in connection with them. The member hereby releases Presque Isle Electric & Gas Co-op from any and all liability arising from or connected with releasing the information to the Energy Optimization program set forth herein.

**NON-DISCLOSURE:** The Energy Optimization program agrees not to disclose project information, such as pricing, proprietary equipment specifications, or other intellectual property. Such information will be used by Energy Optimization program staff only for the purpose of validating and fulfilling incentive applications. Such information will not be shared outside of the Energy Optimization program.

**ANNUAL MEMBER INCENTIVE CAP:** Incentives are available on a first-come, first-served basis; apply early. Incentive budgets are limited, therefore total annual incentive amount per member may be limited as follows: Business or farm with a commercial utility rate code – \$15,000 cap. Farm with a residential utility rate code – \$6,000 cap. If a larger incentive amount is needed to enable your project to move forward, please call to request pre-approval prior to beginning your project.