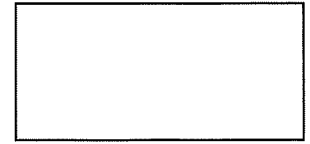


Commercial Insulation

Project Information Form

For Commercial Locations



Instructions: Complete this form and submit it to the serving electric utility. **Boxes with bold outlines** indicate BPA requirements. Incentive only available for retrofits and does not apply to new construction.

BUSINESS AND SITE INFORMATION

Business Name		Site Address			
State		Zip			
Building Type:	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Medium Office	<input type="checkbox"/> Midrise Apartment	<input type="checkbox"/> Outpatient Care	
	<input type="checkbox"/> Small Hotel	<input type="checkbox"/> Small Office	<input type="checkbox"/> Stand-alone Retail	<input type="checkbox"/> Strip Mall	
	<input type="checkbox"/> Warehouse	<input type="checkbox"/> K-8 School	<input type="checkbox"/> Other		

EXISTING EQUIPMENT INFORMATION

To be eligible for incentives, please indicate that the specifications below have been met. *For K-8 Schools, indicate attic or roof insulation. For all other commercial buildings, roofs and attics are eligible for the same incentive.

Existing Equipment Information	Space 1	Space 2	Space 3	Space 4
Insulation location (select one)	<input type="checkbox"/> Attic <input type="checkbox"/> Roof <input type="checkbox"/> Wall	<input type="checkbox"/> Attic <input type="checkbox"/> Roof <input type="checkbox"/> Wall	<input type="checkbox"/> Attic <input type="checkbox"/> Roof <input type="checkbox"/> Wall	<input type="checkbox"/> Attic <input type="checkbox"/> Roof <input type="checkbox"/> Wall
The existing insulation R value is R5 or less	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", project is not eligible for incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", project is not eligible for incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", project is not eligible for incentives)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", project is not eligible for incentives)
Existing electric heat type (select one) <i>The space must have electric heat to be eligible for incentives.</i>	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Heat Pump	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Heat Pump	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Heat Pump	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Heat Pump

NEW EQUIPMENT INFORMATION

Please see the BPA R-value requirements in the IM (https://www.bpa.gov/EE/Policy/IMManual/Documents/IM_August2016.pdf) that are eligible for incentives.

Retrofit Information	Space 1	Space 2	Space 3	Space 4
Square feet of insulation installed				
New insulation R-value				

INSTALLER INFORMATION

Company Name	Total Installed Cost (before rebate) including equipment, labor, permit and tax
By signing this form, I confirm that the above information is correct to the best of my knowledge.	
Installer Signature	Date