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| ***Logo, company name  Description automatically generated*** |  **EV Chargers**  |
| *This institution is an equal opportunity provider.* |  **2023 Energy Efficiency Incentive Form** |
| **ELIGIBILITY CRITERIA** |
| * New EV charger must be installed on cooperative’s lines.
* Incentive not to exceed the EV charger cost.
* Incentives are in place through December 31, 2023. Funds are limited so submit required documentation as soon as possible.
* Required documentation must be submitted within 3 months of EV charger install date.
* 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 EV charger install date.
	+ This incentive form
	+ A copy of your receipt or invoice for each item with purchase price(s) circled
	+ For EV charger, include documentation showing the station has been installed

**Submit required documentation to:**  **Allamakee-Clayton Electric Cooperative**  **PO Box 715**  **Postville, IA 52162-0715 | email:** **rwagner@acrec.coop** |
| **MEMBER INFORMATION**  *(Please fill out entire section)*  |
| Member Name      | Email     *Email addresses will be used for cooperative communication only.*  |
| Address      | Account      | Phone      |
| City      | State      | Zip      | Date      | Member Signature |
| Incentive for: [ ] Residential [ ] Farm [ ] Commercial [ ] Industrial [ ] Institution/Government [ ] Other:  |
| **INCENTIVE INFORMATION** *(Please fill in gray shaded boxes for requested incentives)*  |
| **Equipment** |  **Specifications**  | **Quantity** | **Incentive** | **Total** ***Quantity x Incentive*** |
| Electric Vehicle Charging Station  | Must be on load control as defined by cooperative |       | $400 |       |
| Smart Electric Vehicle Charging Station with integrated metering | Must be on load control as defined by cooperative |       | $800 |       |
| **Total Incentive Amount Requested:** |       |
| **OFFICE USE ONLY** |
| [ ]  Approved [ ]  Not Approved - Reason: | Total Incentive Issued: $ |
| Cooperative Representative:  | Date: |