

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL DELAY PAYMENT OF INCENTIVES. PROJECTS MUST BE COMPLETE BY MARCH 1, 2019, AND APPLICATIONS SUBMITTED WITHIN 60 DAYS, NO LATER THAN APRIL 1, 2019. BONUS IS AVAILABLE FOR PROJECTS INSTALLED IN ELIGIBLE RURAL ZIP CODES. FOR AN ELECTRONIC COPY OF THIS FORM AND BONUS DEADLINES VISIT FOCUSONENERGY.COM/BIZFLOODRELIEF.



COMMUNITY SMALL BUSINESS OFFERING FLOOD RELIEF APPLICATION

SECTION 1

ACCOUNT AND CUSTOMER INFORMATION

TAX IDENTIFICATION NUMBER (Check one.)

FEIN or SSN _____
FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF CUSTOMER

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

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 Limited Liability Corporation Classification C, S, P _____
 (C = C corporation, S = S corporation, P = 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 _____

How did you hear about us? (Check all that apply.)

- Utility Trade Ally Energy Advisor Internet E-mail
 Trade Show/Event Direct Mail Other: _____

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

SECTION 2

JOB SITE INFORMATION

(Please 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 # _____ E-MAIL ADDRESS _____

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 # _____ E-MAIL ADDRESS _____

TRADE ALLY COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SECTION 5

BUSINESS PAYMENT INFORMATION

Make incentive check payable to:

- Customer Trade Ally Third Party / Other Payee

For Third Party, please specify relationship to utility account holder:

- Tenant Building Owner Other (specify) _____

If a Trade Ally or Third Party is receiving the incentive payment, please provide the Tax Identification Number. To receive payment, a Trade Ally must be registered. Please note: Payee understands that they are responsible for any associated tax consequences.

TAX IDENTIFICATION NUMBER (Check one.)

FEIN or SSN _____
FEIN OR SOCIAL SECURITY NUMBER

BUSINESS CLASSIFICATION OF THIRD PARTY/OTHER PAYEE

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

- Sole Proprietorship Individual Single-Member LLC
 C Corporation S Corporation Partnership
 Limited Liability Corporation Classification C, S, P _____
 (C = C corporation, S = S corporation, P = partnership)
 Other _____

Mail check to:

- Customer Address Job Site Address Trade Ally Address
 Third Party or Alternate Address (complete below.)

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ATTENTION TO (OPTIONAL) _____



focus on energy
Partnering with Wisconsin utilities

SECTION 6

BUSINESS PROPERTY TYPE

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

- Preschool/Day Care
- Grocery/Convenience Store
- Financial Institution
- Food Service
- Healthcare
- Clinic
- Skilled Nursing
- Hotels & Lodging
- Manufacturing (product): _____
- Religious Worship
- Retail
- Service
- Other: _____

SECTION 7

INCENTIVE PRODUCT INFORMATION

Please refer to:

- **Applicable incentive catalog at focusonenergy.com/applications** for incentive codes, incentive per unit and product eligibility requirements.
- **focusonenergy.com/business/qpls** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at focusonenergy.com/applications** if you need additional lines in the table below.

INCENTIVE CODE	MANUFACTURER NAME	MODEL #	UNIT MEASURE	# OF UNITS (A)	INCENTIVE PER UNIT (B)	TOTAL INCENTIVE (A X B)
L3111 (example)	STARK LIGHTING	LED5VZP	Fixture	10	\$ 25.00	\$ 250.00
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Manufacturer Specifications Attached (if applicable):		Yes <input type="radio"/>	RESERVATION CODE(S) (if applicable):		Subtotal from Incentive Product Information Sheet (if applicable)	\$
Itemized Invoice(s) Attached		Yes <input type="radio"/>	INSTALLATION DATE:	/ /	100% CUSTOMER BONUS*	
					INCENTIVE TOTAL**	\$

*Bonus only available to customers in eligible zip codes. Incentive applications must be submitted no later than April 1, 2019. Visit focusonenergy.com/bizfloodrelief for details. Incentive total may be adjusted based on project caps. Bonus incentives count toward the \$15,000 per site incentive limit and \$30,000 per customer.
 **See measure requirements and Terms and Conditions for more information.

SECTION 8

CUSTOMER SIGNATURE

Certification: The following certifications are required in order for this form to substitute for the 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 a 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 (includes a U.S. resident alien).

I agree that the stated energy-efficient measure(s) was (were) installed at the job site address listed above as part of the Focus on Energy Program. I have read and agree to the provisions set forth herein and to the Terms and Conditions posted at focusonenergy.com/terms. I understand that 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I, the Customer, attest I am the ratepayer (utility account holder) for the site(s) listed in Section 2 and I assign the right to participate in and receive incentives from the Focus on Energy Program to the Third Party identified in Section 5 (if applicable).

(Please use blue or black ink in the signature box below.)

CUSTOMER SIGNATURE

NAME (PRINT)

DATE



Submit your application and supporting documentation to:

COMMUNITY SMALL BUSINESS OFFERING

Mail: Focus on Energy CSBO
 12075 Corporate Parkway, Suite 100
 Mequon, WI 53092

Fax: 262.240.0825

E-Mail: communitysbapps@focusonenergy.com