

# COMPRESSED AIR LEAK SURVEY AND REPAIR

**General Requirements:** In order to be eligible for this incentive, a three-year agreement must be signed between the Trade Ally and the customer. At the end of the third year, a new agreement can be signed and the customer is eligible for the Year 4 incentive rate. A survey log must accompany the incentive application.



## COMPRESSED AIR LEAK SURVEY AND REPAIR

### Requirements:

- **Complete Table B of the Process Systems Catalog Supplemental Data Sheet for this measure.**
- Customer must sign a new and current three-year leak survey and repair agreement to be eligible for this incentive. Leak surveys must be conducted in consecutive years.
- Customer must repair at least one leak for every five connected compressor HP. If less than one leak per every five HP is identified, then all leaks identified must be repaired. In the case where all identified leaks must be repaired, customer may provide written explanation for a leak that cannot be repaired and may still qualify for the incentive.
- Leaks must be repaired before application is submitted and Focus on Energy must receive the application within 120 days of leak survey completion date.
- Customers must leave leak tags in place for at least four months after application is submitted to allow Focus on Energy to verify leak repair if needed.
- Party receiving incentive is responsible for verifying required number of leaks repaired for incentive eligibility.
- This incentive is only available once per 12-month period, per customer site.
- Customers applying for Year 2 and Year 3 incentives must submit a copy of the three-year agreement and are only eligible if they have received an incentive for previous years.
- A leak log in the form of a spreadsheet must be submitted with the completed incentive application. The following data must be recorded for each leak: tag number, location, description, leak dB reading, estimated cost of leak (\$/year) and repaired (yes/no).
- **Maximum incentive amount per year is \$4000.**

| BUSINESS INCENTIVES                                                 |         |           |      |    |
|---------------------------------------------------------------------|---------|-----------|------|----|
| Measure Description                                                 | Code    | Incentive | Unit | NC |
| Leak Survey and Repair Year 1                                       | PS2261* | \$6       | HP   | NO |
| Leak Survey and Repair Year 2                                       | PS2262* | \$5       | HP   | NO |
| Leak Survey and Repair Year 3                                       | PS2263* | \$3       | HP   | NO |
| Leak Survey and Repair Year 4 and following years                   | PS3598* | \$3       | HP   | NO |
| * Supplemental Data Sheet needed    NC = New Construction Eligible? |         |           |      |    |

| SMALL BUSINESS INCENTIVES                                           |           |           |      |    |
|---------------------------------------------------------------------|-----------|-----------|------|----|
| Measure Description                                                 | Code      | Incentive | Unit | NC |
| Leak Survey and Repair Year 1                                       | S-PS2261* | \$15      | HP   | NO |
| * Supplemental Data Sheet needed    NC = New Construction Eligible? |           |           |      |    |

### PRO TIP

Compressed air leaks can waste 20%-30% of the compressor's output. Leaks can also cause problems with the compressed air system such as excess compressor capacity, fluctuating system pressure and shortened equipment life.

**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 \_\_\_\_\_

# INCENTIVE APPLICATION

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL DELAY PAYMENT OF INCENTIVES. APPLICATIONS MUST BE SUBMITTED WITHIN 60 DAYS OF PROJECT INSTALLATION. FOR AN ELECTRONIC COPY OF THIS FORM VISIT [FOCUSONENERGY.COM/APPLICATIONS](http://FOCUSONENERGY.COM/APPLICATIONS).

**SECTION 4****TRADE ALLY INFORMATION**

TRADE ALLY CONTACT NAME \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TRADE ALLY COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Must be a registered Trade Ally to receive payment. See Participation Requirements for more information.

(Check one.)  FEIN **or**  SSN

FEIN OR SOCIAL SECURITY NUMBER (REQUIRED IF RECEIVING PAYMENT) \_\_\_\_\_

**SECTION 5****BUSINESS PAYMENT INFORMATION**Make incentive check payable to:  Customer  Trade Ally

Mail check to:  Legal Address  Job Site Address

Alternate Address (complete below.)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ATTENTION TO (OPTIONAL) \_\_\_\_\_

If Focus on Energy has a question about this application, we should contact:

 Customer  Trade Ally  Other \_\_\_\_\_

**focus on energy™**  
Partnering with Wisconsin utilities

**SECTION 6**

**BUSINESS PROPERTY TYPE**

Existing Building  New Construction

(Select one only. If applying for both existing and new construction equipment incentives please complete two separate applications)

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

- |                                            |                                                 |                                                      |                                          |
|--------------------------------------------|-------------------------------------------------|------------------------------------------------------|------------------------------------------|
| <input type="radio"/> Agriculture Producer | <input type="radio"/> Private K-12              | <input type="radio"/> Healthcare                     | <input type="radio"/> Multifamily        |
| <input type="radio"/> Dairy                | <input type="radio"/> Public K-12               | <input type="radio"/> Clinic                         | <input type="radio"/> Apartment          |
| <input type="radio"/> Livestock            | <input type="radio"/> Technical College         | <input type="radio"/> Hospital                       | <input type="radio"/> Condominium        |
| <input type="radio"/> Greenhouse           | <input type="radio"/> Grocery/Convenience Store | <input type="radio"/> Skilled Nursing                | <input type="radio"/> Mixed Use          |
| <input type="radio"/> Crop Farming         | <input type="radio"/> Financial Institution     | <input type="radio"/> Other: _____                   | Number of Units: _____                   |
| <input type="radio"/> Other: _____         | <input type="radio"/> Food Service              | <input type="radio"/> Hotels & Lodging               | Number of Buildings: _____               |
| <input type="radio"/> Education            | <input type="radio"/> Government                | <input type="radio"/> Manufacturing (product): _____ | <input type="radio"/> Religious Worship  |
| <input type="radio"/> College/University   | <input type="radio"/> Federal/State             |                                                      | <input type="radio"/> Retail             |
| <input type="radio"/> Preschool/Day Care   | <input type="radio"/> Municipal/County          |                                                      | <input type="radio"/> Service            |
|                                            | <input type="radio"/> Native American           |                                                      | <input type="radio"/> Water / Wastewater |
|                                            |                                                 |                                                      | <input type="radio"/> Other: _____       |

**For Small Business Program customers (optional)**

Operating hours: \_\_\_\_\_ Square Footage: \_\_\_\_\_

**SECTION 7**

**INCENTIVE PRODUCT INFORMATION**

Please refer to:

- **Applicable incentive catalog at [focusenergy.com/applications](http://focusenergy.com/applications)** for incentive codes, incentive per unit and product eligibility requirements.
- **[focusenergy.com/business/qpls](http://focusenergy.com/business/qpls)** for qualified products lists.
- **Invoice showing proof of purchase** for Manufacturer and Model Number.
- **Incentive Product Information Sheet at [focusenergy.com/applications](http://focusenergy.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               |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
|                                                                 |                   |                           |                                                |                | \$                                                                   | \$                      |
| <b>Itemized Invoice(s) Attached</b>                             |                   | Yes <input type="radio"/> | <b>RESERVATION CODE(S)</b><br>(if applicable): |                | Subtotal from Incentive Product Information Sheet (if applicable) \$ |                         |
| <b>Manufacturer Specifications Attached</b><br>(if applicable): |                   | Yes <input type="radio"/> | <b>INSTALLATION DATE:</b> / /                  |                | <b>INCENTIVE TOTAL*</b> \$                                           |                         |

**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 [focusenergy.com/terms](http://focusenergy.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.  
(Please use blue or black ink in the signature box below.)



CUSTOMER SIGNATURE \_\_\_\_\_ NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

- Please select the program for which you are applying (check one):**
- |                                                                                               |                                                                             |                                                                                      |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="radio"/> Agriculture, Schools and Government Program<br>AgSGapps@focusenergy.com | <input type="radio"/> Business Incentive Program<br>BIPapps@focusenergy.com | <input type="radio"/> Multifamily Energy Savings Program<br>MESPapps@focusenergy.com |
| <input type="radio"/> Large Energy Users Program<br>LEUapps@focusenergy.com                   | <input type="radio"/> Small Business Program<br>SBPapps@focusenergy.com     |                                                                                      |



Please see the Program Descriptions and Submittal Information page for mailing addresses and fax numbers.

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

# PROCESS SYSTEMS INCENTIVE CATALOG SUPPLEMENTAL DATA SHEET

THIS FORM MUST BE ATTACHED TO COMPLETED INCENTIVE APPLICATION AND SUBMITTED TOGETHER. NEED HELP? CALL 800.762.7077.

## HOW TO FILL OUT THIS FORM

Please refer to:

- The **Process Systems Incentive Catalog** for measure requirements and information.
- Complete the table corresponding to the measure in the catalog.

Attach this form to a completed **Incentive Application** and submit together.

## CUSTOMER INFORMATION

JOB SITE BUSINESS NAME \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_

TRADE ALLY NAME \_\_\_\_\_

| A1 VARIABLE SPEED DRIVE (VSD) AIR COMPRESSOR - INCENTIVE CODE: PS2196 |                  |                     |                   |                    |                  |                   |              |             | PAGE 14                       |
|-----------------------------------------------------------------------|------------------|---------------------|-------------------|--------------------|------------------|-------------------|--------------|-------------|-------------------------------|
| FIRST SHIFT HRS/WK                                                    | FIRST SHIFT SCFM | SECOND SHIFT HRS/WK | SECOND SHIFT SCFM | THIRD SHIFT HRS/WK | THIRD SHIFT SCFM | WEEKEND HRS/SHIFT | WEEKEND SCFM | TOTAL HOURS | AIR COMPRESSOR OPERATING PSIG |
| (example) 40                                                          | 1000             | 40                  | 800               | 40                 | 500              | 16                | 500          | 136         | 100                           |

| A2 VARIABLE SPEED DRIVE (VSD) AIR COMPRESSOR - INCENTIVE CODE: PS2196 |                                                                                                                                                                                  |                                                                                           |                                                                                                                                 |            |                        |            |                                               | PAGE 14 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|------------|-----------------------------------------------|---------|
| EQUIPMENT                                                             | USE BEFORE                                                                                                                                                                       | USE AFTER                                                                                 | CONTROL TYPE                                                                                                                    | RATED SCFM | PSIG AT RATED PRESSURE | NOMINAL HP | IF TRIM COMPRESSOR, HRS OF OPERATION PER WEEK |         |
| Example                                                               | <input type="checkbox"/> Lead Compressor<br><input checked="" type="checkbox"/> Trim Compressor<br><input type="checkbox"/> Back Up<br><input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Removed<br><input type="checkbox"/> Emergency Back Up | <input type="checkbox"/> Load/no load<br><input checked="" type="checkbox"/> Inlet Modulation<br><input type="checkbox"/> Other | 800        | 100                    | 150        | 120                                           |         |
| Old Compressor 1                                                      | <input type="checkbox"/> Lead Compressor<br><input type="checkbox"/> Trim Compressor<br><input type="checkbox"/> Back Up<br><input type="checkbox"/> New Construction            | <input type="checkbox"/> Removed<br><input type="checkbox"/> Emergency Back Up            | <input type="checkbox"/> Load/no load<br><input type="checkbox"/> Inlet Modulation<br><input type="checkbox"/> Other            |            |                        |            |                                               |         |
| Old Compressor 2                                                      | <input type="checkbox"/> Lead Compressor<br><input type="checkbox"/> Trim Compressor<br><input type="checkbox"/> Back Up<br><input type="checkbox"/> New Construction            | <input type="checkbox"/> Removed<br><input type="checkbox"/> Emergency Back Up            | <input type="checkbox"/> Load/no load<br><input type="checkbox"/> Inlet Modulation<br><input type="checkbox"/> Other            |            |                        |            |                                               |         |
| Old Compressor 3                                                      | <input type="checkbox"/> Lead Compressor<br><input type="checkbox"/> Trim Compressor<br><input type="checkbox"/> Back Up<br><input type="checkbox"/> New Construction            | <input type="checkbox"/> Removed<br><input type="checkbox"/> Emergency Back Up            | <input type="checkbox"/> Load/no load<br><input type="checkbox"/> Inlet Modulation<br><input type="checkbox"/> Other: _____     |            |                        |            |                                               |         |
| New VSD Compressor                                                    |                                                                                                                                                                                  |                                                                                           |                                                                                                                                 |            |                        |            |                                               |         |

| B COMPRESSED AIR LEAK SURVEY AND REPAIR - INCENTIVE CODE: PS2261, PS2262, PS2263, PS3598 |                           |                    | PAGE 17 |
|------------------------------------------------------------------------------------------|---------------------------|--------------------|---------|
| ANNUAL HOURS OF OPERATION                                                                | SYSTEM OPERATING PRESSURE | TOTAL CONNECTED HP |         |
| (Example) 8400                                                                           | 100                       | 110                |         |

| C COMPRESSED AIR LOAD SHIFTING - INCENTIVE CODE PS2848 |                            |                                |                |                          |               |                       |      | PAGE 16                |
|--------------------------------------------------------|----------------------------|--------------------------------|----------------|--------------------------|---------------|-----------------------|------|------------------------|
| HOURS OF OPERATION                                     | EXISTING AIR COMPRESSOR(S) |                                |                | COMPRESSOR               |               | COMPRESSOR            |      | COMPLETION DATE (EST.) |
|                                                        | TOTAL HP                   | AIRFLOW (CFM) @ PRESSURE (PSI) | CONTROL METHOD | SHORT DESCRIPTION        | AIRFLOW (CFM) | SHORT DESCRIPTION     | HP   |                        |
| (Example) 4,200                                        | 100                        | 450 CFM @ 100 psi              | Load/No Load   | Blow-off with open tubes | 85 CFM        | Air knife with blower | 2 HP | 6/15/2017              |