

Commercial & Industrial Retrofit

202 Compressed Air Incentive

Section A: CUSTOMER INFORMATION

Customer Name	Electric Account Number	Rate	Application Number
Facility Address	City	State	Zip Code
Service Location Identification	Email		
Mailing Address (if different from above)	City	State	Zip Code
Contact Person/Title	Telephone Number	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt	
Please Assign Payment to Contractor. Customer Signature:	Additional Information	Incentive Payment Preference (Check one.) <input type="checkbox"/> Pay Customer <input type="checkbox"/> Pay Contractor	

Section B: CONTRACTOR INFORMATION

Contractor Name	Contact Person/Title (Print)	Contact Person Signature	
Mailing Address	City	State	Zip Code
Email	Telephone Number	Additional Information	Incorporated? (Check one.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt

Section C: DOCUMENT APPROVALS

PRE-INSTALLATION INSPECTION

Utility Signature	Date
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PRE-APPROVAL OFFER

Technical Review - Utility Signature	Date		
Utility Signature	Date	Amount of Incentive Offer (\$)	Offer Valid Through:

By signing and dating below, customer accepts this Incentive offer and agrees to the Utility Terms and Conditions available from your Utility. Pursuant to a Commission order, customers also agree that the utility alone may capture all kW and kWh savings and any ISO-NE capacity payments resulting from this energy efficiency project. This agreement is contingent upon continued approval and authorization by the Commission to recover said amounts from the System Benefits Charge. The Incentive, in conjunction with all other sources of funding, cannot exceed the total project cost.

Customer Signature:

Date:

POST-INSTALLATION INSPECTION

Utility Signature	Date	Total Project Cost (\$)	Amount of Incentive (\$)
Customer Signature	Date		

MANAGEMENT APPROVAL

Utility Signature	Date
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RETROFIT COMPRESSED AIR INCENTIVE WORKSHEET

Air Compressor Incentive Calculation

Item	Compressor Horsepower (A)	Compressor CFM	Annual Hours of Operation	Compressor Control Code ¹	Additional Storage (Yes or No)	Incentive (\$) per HP ² (B)	Air Compressor Incentive (\$) (A X B)
Ex.	25	110	2,950	VSD	Y	\$200	25 X \$200 = \$5,000
1							

Note: Vendor quote or proposal required for Incentive.

Additional Primary Storage Incentive Calculation- see Table 1 (only applicable if storage code above = "Y")

Item	*Minimum Storage Required (gallons) (A)	Maximum Storage Eligible (gallons) (B)	Existing Storage (gallons) (C)	Minimum New Storage Required (gallons) (D) = A - C	Maximum New Storage Eligible (gallons) (E) = B - C	**Storage to be installed (gallons) (F)	Storage Incentive F x \$2.75 (not to exceed E)
Ex.	220	330	100	120	230	275	230 x \$2.75 = \$633
1							

*System must meet Minimum Storage (A) to be eligible for Compressor Incentive

**Storage capacity over Maximum Storage (E) is not eligible for Storage Incentive

Total Incentive

¹ Compressor Control Codes & Storage Requirements

Compressor Type	Control Code	# Minimum Gallons per CFM	## Maximum Gallons per CFM
Variable Speed Drive	VSD	2	3

² High Efficiency Air Compressor Incentive per HP

Incentive Per Horsepower	15 to 24	25 to 49	50 to 75
VSD	\$170	\$200	\$180

Minimum Gallons per CFM recommended by the Compressed Air Challenge

This is the maximum gallons eligible for incentives.

Installed capacity may be larger.

Notes

1. These Prescriptive Incentives apply to single, oil flooded compressed air systems only. Multiple and /or oil free air compressor systems may be eligible for a Custom Incentive but must pass a benefit-cost test.
2. These Prescriptive Incentives apply to air compressors with nameplate ratings ≥ 15 HP and ≤ 75 HP. Air compressors > 75 HP may be eligible for a Custom Incentive. Air compressors rated in kW shall be converted to HP as follows: $kW / 0.746 = HP$
3. The rated HP of the replacement air compressor shall not exceed the existing air compressor rated HP by more than 10%. Existing compressors replaced with a new, larger compressor ($> 10\%+/-$) will be reviewed under the New Equipment & Construction Program
4. These Prescriptive Incentives apply to variable speed control (VSD) compressors.
5. These Prescriptive Incentives apply to air compressors with an operating pressure of 145 psi or below. Compressors with higher operating pressures may be eligible for a Custom Incentive.
6. Minimum air storage requirements as specified in the Compressed Air Incentive form must be met and may include existing air storage to meet the requirement.
7. Air compressor must operate a minimum of 2,000 hours a year.
8. Air compressors with VSDs must have as a minimum a 3% impedance series reactor in its AC power input connection.