



Commercial & Industrial GO Program Application Form



Ipswich Electric Light Department's (IELD) Commercial & Industrial Green Opportunity (GO) program provides incentives and technical assistance to promote the identification and implementation of energy efficiency improvements in Ipswich, Massachusetts. The program targets all cost effective opportunities that result in electric or natural gas savings in existing or new facilities. Applications will be reviewed on a first come first serve basis.

How does it Work? Customers who are interested in participating in the program should complete and submit this application form. The program administrator will contact the applicant by phone to review the application and to better understand the specific goals and interests of the applicant. IELD and the program administrator will work with the applicant throughout the process to help customers achieve their goals. Further information on the program design including eligible measures, incentive caps, and financing options are provided in the Program Description Document(s), available [here](#).

Who is Eligible? All non-residential customers, including commercial, industrial, governmental, institutional and multi-family building owners are eligible to participate in the program. Customers must be in good financial standing with IELD to participate in the program.

How to Apply:

- 1) Complete all fields in this application to the best of your ability
- 2) Sign and date this application, making sure to include your IELD account number(s)
- 3) Submit the application using one of the following methods:

E-mail: energysavings@ipswichutilities.org
 Fax: (413) 547-0315
 Mail: Ipswich GO Program c/o MMWEC
 Attn. Energy Efficiency Program Manager
 327 Moody Street
 Ludlow, MA 01056

1.) Project Type

| |
|---|
| Please Select One Option Below - If you have any questions please contact us at 877-259-3015 |
| <input type="checkbox"/> Retrofit of Existing Equipment or Systems <input type="checkbox"/> Replacement of Failed or Failing Equipment <input type="checkbox"/> Major Renovation/New Construction <input type="checkbox"/> Other (Please Describe) _____ |

2.) Customer Information

| Company Name | Contact Name | Date of Application Submission |
|---------------------------------|------------------|---|
| | | |
| Phone Number | Fax Number | E-mail |
| | | |
| Mailing Address | | City, State, Zip |
| | | |
| Facility Address (if different) | City, State, Zip | Federal Tax ID # (or SSN# if no Fed Tax ID) |
| | | |

3.) Facility Information

| Approx. Annual Electric Costs | Approx. Electric Costs as % of Operating Expenses | Avg. Hours of Operation | |
|---|---|--------------------------------------|---|
| | | hours/day | days/week |
| Facility Square Footage | | Approx. Age of Facility | |
| Main Building: | Other Buildings: | | |
| Facility Type (Check any that may apply) | | | |
| <input type="checkbox"/> Commercial (Wholesale/Retail) | <input type="checkbox"/> Industrial | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Multi-family (5 units or more) | <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> K-12 School | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Government | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Other _____ |

4.) Project Description/Area of Interest

Please describe in detail the nature of your project and/or any areas of interest/ issues/concerns regarding your facility's comfort, safety, productivity or performance

5.) Rebate Assignment

If the mailing address is different than the facility address, please complete the information below. If the rebate needs to be addressed to a particular person's attention, please note that below.

Business Name the Check should Paid to

Mailing Address (Please include Post Office Box, if applicable) City, State, Zip Code

Contact Person Phone Number Email

6.) Customer Authorization

I verify that all information provided in this application is accurate and true to the best of my knowledge. I also authorize Ipswich Electric Light Department to release my previous two years of utility records for the account(s) listed below to the energy auditor for the sole purpose of review and energy analysis as part of the energy assessment of my facility.

IELD Customer's Name and Title (Note: Must be IELD Customer)

IELD Customer's Signature Date

IELD Account Number(s) (Provide for all facilities included in this application)