

Efficient Product Rebates Opportunity Worksheet

Complete this worksheet and attach to your application if you:

- Are looking to make your business more energy efficient but don't know where to start
- Have multiple types of equipment that could benefit from being upgraded
- Are interested in a complimentary energy audit* for your business

* An energy audit consists of an Efficiency Nova Scotia partner visiting your business to identify energy saving opportunities, such as lighting, heating, equipment, motors, pumping and refrigeration. Availability of the audit is subject to approval of your application.

Business Information

| | |
|--|---------------------|
| Business Name: | |
| Business Contact Name: | Position: |
| Phone: | Fax: |
| Contact Email: | |
| <input type="checkbox"/> I would like to receive email communications (tips, promotions, etc.) from Efficiency Nova Scotia. You may withdraw consent at any time. | |
| Mailing Address: | |
| City/Town: | Postal Code: |
| Name of facility and address where products will be installed (if different from above): | |
| City/Town: | Postal Code: |

General Business Information:

Hours of operation

| | Open | Close |
|-------|------|-------|
| MON | | |
| TUES | | |
| WED | | |
| THURS | | |
| FRI | | |
| SAT | | |
| SUN | | |

Are there times of the year when your business is non-operational?

- No**
 Yes - general holidays
 Yes - seasonal shutdown **Explain:** _____
 Yes - for other reasons **Explain:** _____

NOTES:

1. Facility Information

| | | | | |
|--|--|--------------------------------------|--|------------------------------------|
| Approximate Age of Facility: | | | | |
| Size of Facility (Square feet/Square meters): | | | | |
| Do you Rent or Own the Facility: | | <input type="checkbox"/> Rent | <input type="checkbox"/> Own | <input type="checkbox"/> Other: |
| Building Type: | <input type="checkbox"/> Office | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Apartment/Condo | <input type="checkbox"/> Education |
| | <input type="checkbox"/> Food Services | <input type="checkbox"/> Health Care | <input type="checkbox"/> Public Assembly | <input type="checkbox"/> Retail |
| | <input type="checkbox"/> Other: | | | |

2. Existing Equipment

| | | | | |
|---|------------------------------|--|----------------------------------|--|
| What is your primary heating source? | | | | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Oil | <input type="checkbox"/> Natural Gas/Propane | <input type="checkbox"/> Biomass | |
| <input type="checkbox"/> Other: | | | | |

| What heating equipment do you use? | | | | |
|---|---|---|---|--------|
| Radiant | Forced Air Furnace | Boiler | Heat Pump | Other: |
| <input type="checkbox"/> Radiant Baseboards | <input type="checkbox"/> Forced Air Furnace | <input type="checkbox"/> In-Floor <input type="checkbox"/> Radiators or Hot Water Baseboards | <input type="checkbox"/> Ducted Air-Source Heat Pump <input type="checkbox"/> Geothermal <input type="checkbox"/> Air-to-Water <input type="checkbox"/> Ductless Air-Source Heat Pump. If ductless # of heat pumps: _____ | |
| Cooling System (check all that apply): | | | | |
| <input type="checkbox"/> Electric Air Conditioner | <input type="checkbox"/> Air Source Heat Pump | <input type="checkbox"/> Ground Source Heat Pump | <input type="checkbox"/> Other: | |
| Current Lighting Type(s): | | | | |
| <input type="checkbox"/> Incandescent | <input type="checkbox"/> Fluorescent | <input type="checkbox"/> High Pressure Sodium | <input type="checkbox"/> LED | |
| <input type="checkbox"/> Metal Halide | <input type="checkbox"/> Mercury Vapour | <input type="checkbox"/> Other | | |

3. Opportunities

What other equipment do you have in your facility that hasn't been mentioned above (check all that apply):

Laundry
 Refrigeration
 Pumping
 Kitchen Equipment
 Pool Equipment
 Agricultural Technology
 Other: _____

Are you already working with a contractor on energy efficient upgrades? Yes No

If yes, please provide the name of your contractor and what type of project(s) you are working on:

If your utility bill is less than \$3,800 per month you may be eligible for additional incentives and interest free financing in addition to rebates.

Electric Utility Information

| |
|--|
| Electricity Service Provider: |
| Contact Name on Utility Account: |
| Utility Account Number: |
| Additional Meter Numbers: |
| Contact Title: |
| Phone Number: |
| Email Address: |
| Are you interested in financing? <input type="checkbox"/> YES <input type="checkbox"/> NO |

By completing this section you agree to the additional terms and conditions outlined at the bottom of the terms and conditions www.energycyns.ca/business/terms-conditions-purchase-application

By checking below, you agree to the terms and conditions, www.energycyns.ca/business/terms-conditions-purchase-application and confirm all information provided in this application is complete and accurate. If you check "I Agree" and you have not read the terms, then you are still agreeing to be bound by the terms.

I Agree

Business Name: _____

Business Contact Title: _____

Date: _____