

INSTRUCTIONS FOR INITIAL ASSESSMENT

This form must be completed and submitted for all projects in the Non-Residential Prescriptive Program. You can only begin work through a participating contractor after your initial assessment is approved.

1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Non-Residential Prescriptive Program. Visit DominionEnergy.com to view the full list of qualifying measures and to select a participating contractor.

2. SUBMIT AN INITIAL ASSESSMENT TO RESERVE FUNDING

- Wait until you receive notice that the initial assessment has been reviewed before starting your project with the participating contractor. You will receive a confirmation stating your project has been reviewed and the amount of rebate incentive reserved.
- All projects involving Evaporator Fans (Measure 1 in the Rebate Chart) or HVAC System Tune-Up (Measure 7) will be contacted for an on-site visit.

3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- The incentive reservation allows 180 days to complete your project. You can only submit a rebate application when the project is complete. Contact us if you think your project will require more than 180 days.

4. SUBMIT A REBATE APPLICATION

- Visit DominionEnergy.com to download the rebate application. Read all instructions carefully and submit your rebate application including additional requested information within 45 days of the service date.

SUBMIT IN ONE OF THREE WAYS:

Email: DSM6RebateApps@Honeywell.com

Fax: 804-520-3380

Mail: Honeywell Smart Energy
15801 Woods Edge Rd, Bldg 12–2nd Floor
South Chesterfield, VA 23834

TERMS AND CONDITIONS FOR DOMINION ENERGY NORTH CAROLINA

PROGRAM QUALIFICATIONS

1. Service must be performed **on or after January 1, 2018.**
2. Customer is eligible for more than one Prescriptive Program rebate per location during the program time period.
3. Customer who has previously received a rebate for the Non-Residential Energy Audit Program, Duct Testing and Sealing Program or Small Business Improvement Program is not eligible to receive another rebate for installing the same measure on the same unit.
4. Work must be completed by a participating contractor that is in Dominion Energy's network for this program when the work begins.
5. Program participant must be a Dominion Energy North Carolina non-residential customer who is not exempt by statute, not under special contract, has not elected to opt-out of paying the DSM rider, is responsible for the electric bill, and is the owner of the facility or reasonably able to secure permission to complete measures.
6. Dominion Energy North Carolina and/or its designees including program administrators and evaluation contractors reserve the right to review installations to verify completion and measure energy savings to ensure compliance with all program requirements. Such reviews will be made at a time convenient to the applicant. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
7. Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
8. The customer understands that they may be contacted by Dominion Energy North Carolina via survey or questionnaire to provide feedback on the customer's satisfaction with the program.
9. The customer understands that through participation in this energy conservation program and receiving a rebate, they are ineligible to opt out of energy efficiency programs for a period of three years following their year of participation.

PAYMENT

1. **Rebate application must be submitted within 45 days of the service date.**
2. Rebate payments are based on the date of service. Customers must abide by the rules and rebate levels in effect on the date of service.
3. Payment will be issued to the account holder and mailing address on record with the utility unless the customer has authorized payment be made to the contractor specified in this document.

4. **Please allow up to 90 days from the date all required information is received to process your rebate.**

5. Customer is urged to seek appropriate consultation concerning any tax liabilities that could be associated with the receipt of the rebate.

OTHER REQUIREMENTS

1. Program procedures, requirements and rebate levels are subject to change or cancellation without notice and are subject to program funds being available and regulatory approval.
2. Dominion Energy North Carolina, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for the performance of the equipment or equipment warranty, the quality of the work, labor and/or materials supplied, and/or the acts or omissions of the participating contractor.
3. The customer hereby agrees to indemnify, defend and hold harmless Dominion Energy North Carolina, its parents, subsidiaries, employees, affiliates and agents from any and all liability associated with this project.
4. Virginia Electric and Power Company (the "Company") retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. The Company has the exclusive right to enroll, nominate, or offer a bid for energy or demand reductions resulting from measures installed under this Program into load management programs, demand response programs, or auctions operated by PJM Interconnection, L.L.C. ("PJM"), the regional electric transmission entity of which the Company is a member. The Company may share pertinent information of participating customers with PJM and with the Company's agents and contractors. Pertinent customer information includes account holder name, account number, energy usage and billing information, address, other contact information, measures installed, period of installation, demand/energy reductions resulting from measures installed under this Program and the technical basis for such reductions, loss factors, coincidence factors, interactive factors, building type and other information necessary to implement and monitor the Program including other information as required by PJM or any other regulatory authority.
5. These Program specific terms and conditions are in addition to the terms and conditions of service currently on file with the Virginia State Corporation Commission and contained in any agreement between the Customer and a Program vendor.

North Carolina Non-Residential Prescriptive Program INITIAL ASSESSMENT FOR DUCT TESTING AND SEALING AND HVAC SYSTEM TUNE-UP

SUBMIT IN ONE OF THREE WAYS:

1. **Email:** DSM6RebateApps@Honeywell.com
2. **Fax:** 804-520-3380
3. **Mail:** Honeywell Smart Energy
15801 Woods Edge Rd, Bldg 12-2nd Floor • South Chesterfield, VA 23834

CUSTOMER DETAILS

Name on Dominion Energy Account:	Dominion Energy Account Number:												
Service Address:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												
City:	State:	Zip Code:											
Key Contact Name:													
Email Address: <i>(We will confirm receipt of your application via your e-mail address)</i>													
Phone Number:													
Please select one: I <input type="checkbox"/> own <input type="checkbox"/> lease this non-residential facility.													
<i>By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy North Carolina customer and owner or lessee of the business described above, and that I am authorized to take action on the Dominion Energy account listed above.</i>													
_____	_____	_____											
Customer Name (please print)	Customer Signature	Date											

CONTRACTOR DETAILS

Company Name:			
Technician Name:	Estimated Service Start Date:		
Company Street Address	Estimated Date of Service Completion:		
City:	State:	Zip Code:	
Company Phone:	Email Address:		



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Duct Testing and Sealing

Rebate cannot be processed with any missing information. Fields highlighted in red are mandatory. All others are optional. Please use a new form for each additional unit.

UNIT INFORMATION

 Repair Required: Yes No

Manufacturer:

Coil Model:
Serial Number:
Cooling Capacity (Tons):

Heating Capacity (Btu/h):

Conditioned Space (sq. ft.):

Voltage:*

Amp (RLA):*

 Primary Heating Fuel (Select one): Electric Non-Electric None

 Phase (Select one): 1 3

AC System Type (Select one):
 Packaged Terminal AC

 Split System AC

 Single Packaged AC

 Air-Cooled Chiller

 Water-Cooled Chiller

 Split System Heat Pump

 Single Packaged Heat Pump

 Packaged Terminal Heat Pump

 Geothermal Heat Pump

Fan System Type (Select one):

 Air Foil/Backward Incline

 Air Foil/Backward Incline with Inlet Guide Vanes

 Forward Curved

 Forward Curved with Inlet Guide Vanes

Enter any two of the four values:

SEER:
EER:
COP:
HSPF:

DUCT INFORMATION

Duct Type (Select one):

 Rigid Sheet Metal

 Flex-Duct

 Rigid Board

Duct Testing Method (Select one):

 Aerosol Test Equipment

 Duct Blaster Pre/Aerosol Post

 Modified Blower Door Subtraction

 Total Leakage Duct Blaster

Insulation Level (Select one):

 No Insulation

 R2 Insulation

 R4 Insulation

 R6 Insulation

 R8 Insulation

CFM25 Leakage Pre:

CFM25 Leakage % Pre:

CFM25 Leakage Post:

CFM25 Leakage % Post:

REBATE INFORMATION

Measure
Calculation
Rebate Amount

≤20 tons

\$105 / ton per unit x _____ tons

\$

≥21 tons

\$90 / ton per unit x _____ tons

\$

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HVAC System Tune-Up

Rebate cannot be processed with any missing information. Fields highlighted in red are mandatory. All others are optional. Please use a new form for each additional unit.

CONTRACTOR CHECKLIST

✓ Checklist items marked as "NO" have been corrected

Thermostat has been checked for proper operation <input type="checkbox"/>	Thermostat is operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Air filter has been inspected <input type="checkbox"/>	Existing filter is clean or has recently been changed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Primary and secondary condensate drains have been cleaned, inspected and tested <input type="checkbox"/>	Condensate drains show no sign of leakage <input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing components and traps intact <input type="checkbox"/> Yes <input type="checkbox"/> No Drains free from obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No Drain pan free of biological growth <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator coil has been cleaned and inspected <input type="checkbox"/>	Coil free of contaminants that could restrict air flow <input type="checkbox"/> Yes <input type="checkbox"/> No Evaporator coil and fins are cleaned and brushed <input type="checkbox"/> Yes <input type="checkbox"/> No Evaporator coil is free of contaminants that could restrict air flow <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator fan and motor has been inspected <input type="checkbox"/>	Fan or blower has tight connection with blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Blower wheel is free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No Bearings are properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
All accessible refrigerant lines have been inspected <input type="checkbox"/>	Line free of any leaks, kinks, crushed sections or restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No Proper insulation in place <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser coil has been cleaned and inspected <input type="checkbox"/>	Condenser coil and fins are cleaned and brushed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser fan motor has been inspected <input type="checkbox"/>	Fan blade has a tight connection to the blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No Fan is properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Inspect all electrical connections <input type="checkbox"/>	Tighten all electrical connections <input type="checkbox"/> Yes <input type="checkbox"/> No Check voltage and amp draws on motors, capacitor and compressor <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Heat exchanger has been inspected (if applicable) <input type="checkbox"/>	Heat exchanger is operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Checked system for proper refrigerant charge level <input type="checkbox"/>	System was properly charged <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

UNIT INFORMATION

Existing Economizer Type: Fixed Enthalpy Differential Enthalpy Fixed Temperature
 Differential Temperature None

Unit Type (Select one): Packaged Terminal AC Split System AC Single Packaged AC
 Air-Cooled Chiller Water-Cooled Chiller Split System Heat Pump
 Single Packaged Heat Pump Packaged Terminal Heat Pump Geothermal Heat Pump

Unit Model Number: _____ Manufacturer: _____ Serial Number: _____ Enter any two of the four values:
 SEER: _____ EER: _____ COP: _____ HSPF: _____

Primary Heating Fuel: Electric Non-Electric None Cooling Capacity Per Unit: _____ IPLV Rating of Chiller: _____ Water Set Point of Chiller (30 to 70 °F): _____

REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$55 per ton x _____ tons	\$ _____
<12 tons (<135k Btu/h)	\$65 per ton x _____ tons	\$ _____

Dominion Energy Account Number:

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Initial Assessment Review Notes (For Internal Use Only)

