

## INSTRUCTIONS TO APPLY

### 1. CHECK PROJECT AND EQUIPMENT ELIGIBILITY

- Read all Terms and Conditions carefully to confirm your eligibility to participate in the Small Business Improvement Enhanced Program. Visit [DominionEnergy.com](http://DominionEnergy.com) to view the full list of qualifying measures and please note customer eligibility must be confirmed prior to the participating contractor performing work at any customer location.

### 2. COMPLETE AN ENERGY ASSESSMENT

- A walk-through energy assessment completed by a participating contractor is required for all projects, detailing the recommended measures for installation.
- Some direct install measures may be installed immediately with minimal effort and investment.

### 3. INSTALL EQUIPMENT OR PERFORM PROJECT WORK

- Have the participating contractor install the equipment.

### 4. SUBMIT A REBATE APPLICATION

- Once the work has been completed your contractor will work with you to submit a rebate application for each eligible location.

- Submit a rebate application with a copy of the dated contractor invoice within 45 days of the service date and product invoice(s). Product specification sheets must also be submitted for applicable measures.

- Submit the rebate application in one of three ways below:

- ▶ Email: [SBRebateapps@honeywell.com](mailto:SBRebateapps@honeywell.com)
- ▶ Fax: 804-520-3380
- ▶ Mail: Honeywell Smart Energy  
15801 Woods Edge Rd, Bldg 12-2nd Floor  
South Chesterfield, VA 23834

- You may be contacted for a post-installation quality assurance inspection to verify that your application meets program guidelines.

### 5. RECEIVE INCENTIVE PAYMENT

- When your rebate application is approved a rebate check will be mailed to you or the participating contractor.

## TERMS AND CONDITIONS FOR DOMINION ENERGY VIRGINIA

These terms and conditions apply to the Small Business Improvement Enhanced Program ("Program"). The Program was approved by the Virginia State Corporation Commission.

Any reference in these documents to "Dominion," "Dominion Energy," or "Dominion Energy Virginia" should be read as a reference to Virginia Electric and Power Company d/b/a Dominion Energy Virginia, as well as its authorized agents and contractors.

### ENROLLMENT QUALIFICATIONS AND REQUIREMENTS FOR PARTICIPATION

- Service must be performed on or after **January 15, 2021**.
- Program participant must be a Dominion non-residential customer of a privately-owned business with 5 or fewer locations that has not exceeded monthly demand of 100 kilowatts 3 or more times in the past 12 months, is responsible for the electric bill and is the owner of the facility or reasonably able to secure permission to complete measures ("Customer").
- Customer is eligible for more than one rebate per location during the Program time period.
- 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 as part of this Program.
- Work must be completed by a participating contractor in the Small Business Improvement Enhanced Program when the work begins.
- Dominion 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 Customer. Denial of such verification or misrepresentation of installation location or measure eligibility may result in forfeiture of the rebate.
- Service must be completed in accordance with all laws, codes and other requirements applicable under federal, state and local authority.
- The Customer understands that it may be contacted by Dominion via survey or questionnaire to provide feedback regarding Customer satisfaction with the program.

### PAYMENT

- Rebate application must be submitted within 45 days of the service date.** Failure to provide any of the required information will delay processing of Customer's application and could result in nonpayment. It is the responsibility of the Customer to assure that all requirements for the rebate are met. Dominion retains the right to deny participation to Customer for failure to comply with the enrollment qualifications and requirements for participation.
- 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.

- Payment will be issued to the account holder and mailing address on record with the utility unless the Customer has authorized in writing that payment be made to the contractor specified in this document.

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

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

### OTHER REQUIREMENTS

- 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.
- Dominion, its parents, subsidiaries, employees, affiliates and agents assume no responsibility for, and make no representations (express or implied) about, the performance of the equipment or equipment warranty, for equipment supplied or serviced by, the quality of the work or, labor performed by, the quality of the materials supplied by, and/or the acts or omissions of, itself or any participating contractor.
- By participating in this Program, the Customer hereby agrees to indemnify, defend and hold harmless Dominion, its parents, subsidiaries, employees, affiliates, contractors, and agents from any and all liability associated with the Program. Dominion shall not be liable for loss or damage to any person or property whatsoever, resulting directly or indirectly from participation in this Program.
- Dominion retains all rights to energy and demand savings resulting from measures installed under this Program for a maximum of four years. Dominion 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 organization of which the Company is a member. Customer's participation in this Program means that the Customer is consenting to Dominion sharing the Customer's pertinent information with PJM, Dominion's agents, and contractors, including, but not limited to, its implementing contractors and its measurement and verification vendor. Pertinent Customer information includes, but is not limited to, energy usage and billing information, account holder name, account number, 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.
- 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. To the extent there is any conflict among such terms and conditions, these Program specific terms and conditions shall control.

# Virginia Small Business Improvement Enhanced Program

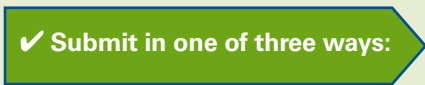
## REBATE APPLICATION

APPLICATION CHECKLIST

Complete the checklist below and submit all required documents. Rebate cannot be processed with any missing information or blank fields.

Who is submitting this rebate application?  Customer  Contractor

- I \_\_\_\_\_ (YOUR INITIALS) **HAVE READ THE INSTRUCTIONS AND TERMS AND CONDITIONS ON PAGE 1.**
- Completed entire rebate application.
- Attached a copy of the Energy Assessment Worksheet or ensured one has been previously submitted.
- Attached a copy of the dated invoice from the contractor who performed the work.
- Attached a copy of the invoice for any product purchased.
- Included the Product Specification Sheet for the applicable measures.



- 1. Email:** [SBIrebateapps@honeywell.com](mailto:SBIrebateapps@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: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_

Email Address: *(We will confirm receipt of your application via your e-mail address)* \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select one: I  own  lease this non-residential facility.

Dominion Energy Account Number:

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### REBATE PAYMENT METHOD

I \_\_\_\_\_ (Your Initials) understand that my rebate incentive in the amount of \$ \_\_\_\_\_ will be paid directly to the contractor specified in this document and recognize that I have received the equivalent value of this amount through services provided, unless I check here  to have the rebate check sent to me.

*The following question is optional:*

Did the rebate incentive offered by Dominion Energy have any influence in your decision to have the work performed?  Yes  No

*By signing this application, I agree to the above terms and conditions. I certify that I am the Dominion Energy Virginia 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.*

\_\_\_\_\_ Customer Name (please print) \_\_\_\_\_ Customer Signature \_\_\_\_\_ Date

CONTRACTOR DETAILS

Company Name: \_\_\_\_\_ Technician Name: \_\_\_\_\_

Company Street Address \_\_\_\_\_ Service Date: *(Must match date on contractor invoice)* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Technician Signature \_\_\_\_\_ Date

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## Duct Testing and Sealing

Rebate cannot be processed with any missing information. Please use a new form for each additional unit.

### BUILDING INFORMATION

No of Units:	No of Floors:	Structure Type (Select one): <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Reason (Select one): <input type="checkbox"/> Retrofit <input type="checkbox"/> Replace Broken <input type="checkbox"/> New Install <input type="checkbox"/> New Construction
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### UNIT INFORMATION

Repair Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Garage <input type="checkbox"/> Outdoors, On Grade <input type="checkbox"/> Mechanical Equipment Room		
Manufacturer:	Coil Model:	Serial Number:	
Cooling Capacity (Tons):	Heating Capacity (Btu/h):	Conditioned Space (sq. ft.):	
Primary Heating Fuel (Select one): <input type="checkbox"/> Electric <input type="checkbox"/> Non-Electric <input type="checkbox"/> None	Phase (Select one): <input type="checkbox"/> 1 <input type="checkbox"/> 3		
AC System Type (Select one): <input type="checkbox"/> Packaged Terminal AC <input type="checkbox"/> Split System AC <input type="checkbox"/> Single Packaged AC <input type="checkbox"/> Air-Cooled Chiller <input type="checkbox"/> Water-Cooled Chiller <input type="checkbox"/> Split System Heat Pump <input type="checkbox"/> Single Packaged Heat Pump <input type="checkbox"/> Packaged Terminal Heat Pump <input type="checkbox"/> Geothermal Heat Pump			
Fan System Type (Select one): <input type="checkbox"/> Air Foil/Backward Incline <input type="checkbox"/> Air Foil/Backward Incline with Inlet Guide Vanes <input type="checkbox"/> Forward Curved <input type="checkbox"/> Forward Curved with Inlet Guide Vanes			
SEER:	EER:	COP:	HSPF:

### DUCT INFORMATION

Duct Type (Select one): <input type="checkbox"/> Rigid Sheet Metal, Rectangular <input type="checkbox"/> Rigid Sheet Metal, Round <input type="checkbox"/> Flex-Duct <input type="checkbox"/> Duct Board	Duct Testing Method (Select one): <input type="checkbox"/> Aerosol Test Equipment <input type="checkbox"/> Duct Blaster Pre/Aerosol Post <input type="checkbox"/> Modified Blower Door Subtraction <input type="checkbox"/> Total Leakage Duct Blaster	Insulation Level (Select one): <input type="checkbox"/> No Insulation <input type="checkbox"/> R2 Insulation <input type="checkbox"/> R4 Insulation <input type="checkbox"/> R6 Insulation <input type="checkbox"/> R8 Insulation	
CFM25 Leakage Pre:	CFM25 Leakage % Pre:	CFM25 Leakage Post:	CFM25 Leakage % Post:

### REBATE INFORMATION

Calculation	Rebate Amount
\$115 / ton per unit x _____ tons	\$

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# HVAC Tune-Up

Rebate cannot be processed with any missing information. 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	<input type="checkbox"/>
		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	
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	<input type="checkbox"/>
		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	
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	<input type="checkbox"/>
		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	
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	<input type="checkbox"/>
		Proper insulation in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/>
		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	
Inspect all electrical connections	<input type="checkbox"/>	Tighten all electrical connections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Check voltage and amp draws on motors, capacitor and compressor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 Refrigerant Type: <input type="checkbox"/> R-22 <input type="checkbox"/> R-410  Outside temperature (°F): _____	<input type="checkbox"/>	System was properly charged	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
		Nameplate charge: _____ lbs. (4 to 20)		
		Amount of charge added: _____ oz. (Up to 64)		
		Amount of charge removed: _____ oz. (Up to 64)		
		(Pre) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)		
		(Post) Record refrigerant pressures: _____ High (150 to 450) _____ Low (30 to 150)		

## UNIT INFORMATION

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

Manufacturer: \_\_\_\_\_ Unit Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_ SEER: \_\_\_\_\_ EER: \_\_\_\_\_ COP: \_\_\_\_\_ HSPF: \_\_\_\_\_

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

Reason:  Retrofit  Replace Broken  New Install  New Construction Location:  Rooftop  Garage  Outdoors, on Grade  Mechanical Equipment Room

## REBATE INFORMATION

Measure	Calculation	Rebate Amount
≥12 tons (≥135k Btu/h)	\$70 per ton x _____ tons	\$ _____
<12 tons (<135k Btu/h)	\$80 per ton x _____ tons	\$ _____

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## Building Type

**Rebate cannot be processed with any missing information.**

Please select one:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Education – Elementary and Middle School   | <input type="checkbox"/> Food Service – Full Service          | <input type="checkbox"/> Office – Small (<40,000 sq ft)                    |
| <input type="checkbox"/> Education – High School                    | <input type="checkbox"/> Health Care – Inpatient              | <input type="checkbox"/> Public Assembly                                   |
| <input type="checkbox"/> Education – College and University         | <input type="checkbox"/> Health Care – Outpatient             | <input type="checkbox"/> Public Order and Safety – Police and Fire Station |
| <input type="checkbox"/> Food Sales – Convenience Store             | <input type="checkbox"/> Lodging – Hotel, Motel and Dormitory | <input type="checkbox"/> Religious Worship                                 |
| <input type="checkbox"/> Food Sales – Gas Station Convenience Store | <input type="checkbox"/> Mercantile – Mall                    | <input type="checkbox"/> Service – Beauty, Auto Repair Workshop            |
| <input type="checkbox"/> Food Sales – Grocery                       | <input type="checkbox"/> Mercantile – Retail (not Mall)       | <input type="checkbox"/> Warehouse and Storage                             |
| <input type="checkbox"/> Food Service – Fast Food                   | <input type="checkbox"/> Office – Large (≥40,000 sq ft)       |  |
| <input type="checkbox"/> Other _____                                |   |  |