

**This application covers equipment installed by December 31, 2020**

Thank you for participating in Vectren's Indiana Business Prescriptive Rebate Program! Refer to the information below to ensure you are eligible and your application is complete. Please retain a copy of your completed application and all invoices for your records. [Click here](#) to view complete terms and conditions.

**Important: Applications for rebates in excess of \$20,000 per premise per year must be approved by Vectren prior to purchasing or installing equipment. Allow up to four weeks to receive the Preapproval Notice. If Preapproval is required, projects may not be initiated prior to preapproval by Vectren.**

## Need Help?

For assistance completing this application, call 1-866-240-8476 or email [indianabizprograms@centerpointenergy.com](mailto:indianabizprograms@centerpointenergy.com).

## What You Will Need

- The completed Prescriptive Program Application (signed and dated)
- A copy of your itemized invoice(s), including all applicable material and labor costs (please keep the original for your records)
- Your Vectren natural gas and/or electric account number
- Applicable Measure Selection Form(s)
- Installing contractor information (if available)
- Technical data sheets for each type of equipment installed

## HOW TO APPLY

### Step 1: Determine Eligibility

#### Applicant

**Existing Facility:** For equipment being installed/updated at an existing facility, the applicant must be a current Vectren Energy Delivery of Indiana, Inc. ("Vectren") natural gas and/or electric business customer.

- For natural gas-saving project(s), applicant must be a natural gas customer on rate 120, 125, 220 or 225.
- For electric-saving project(s), applicant must be a non-residential electric customer. Vectren customers who have elected to opt out of participating in Vectren's energy efficiency

programs are not eligible.

**New Construction:** For equipment being installed at a new facility, the applicant must intend to receive natural gas from Vectren (for natural gas rebates) and/or electricity from Vectren (for electric rebates) on an eligible rate for at least one year.

**Application & Installation.** The application must be postmarked within **90 days of equipment installation**.

**Equipment.** Must be purchased and installed by December 31, 2020. Read all requirements carefully to ensure your product qualifies.

### Step 2: Complete Application

**Complete Application.** Unless noted otherwise, all fields must be completed on the application to receive a rebate.

#### Attach Applicable Measure Selection Forms and Technical Data Sheets to Application.

- Ensure that you have completed and attached applicable Measure Selection Form(s)—Natural Gas, Lighting, Heating & Cooling, Commercial Kitchen, Agriculture, and/or Miscellaneous—for each rebate.
- Technical Data Sheets or manufacturer cut sheets are required for all installed equipment.

**Attach Invoices.** Ensure that you have attached copies of all invoices to the application. Invoices should include:

- The equipment make, model and cost.
- The date of installation.
- Total number of units installed.
- Labor costs of equipment installation. For self-installations, internal labor hours and cost estimates must be provided.

### Step 3: Submit Paperwork

**Submit Application, Technical Data Sheets & Invoice(s).** Submit your completed application, applicable Measure Selection Form(s), technical data sheets and a copy of your itemized invoice(s). You may do so one of three ways:

- **Email:** Use the SUBMIT button on the last page of this application or email [indianabizprograms@centerpointenergy.com](mailto:indianabizprograms@centerpointenergy.com) (Note: be sure to include all documents as email attachments.)
- **Mail:** Vectren Energy Efficiency, ATTN: Business Rebate Programs | P.O. Box 513, Evansville, IN 47703
- **Fax:** (608) 829-2723

Allow up to six weeks to receive your rebate payment after final approval of application.

## Customer & Contact Information

Who should Vectren contact with questions? ☐ Applicant ☐ Contractor

Is this project: ☐ Requesting Preapproval ☐ Installed Installation Date: \_\_\_\_\_

### 1. Applicant

\_\_\_\_\_  
Name of Business (as shown on your Vectren bill)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### 2. Vectren Gas Account Information (Only needed for natural gas rebates)

\_\_\_\_\_  
Name of Business (as shown on your Vectren bill)

\_\_\_\_\_  
Vectren Gas Account Number

### 3. Vectren Electric Account Information (Only needed for electric rebates)

\_\_\_\_\_  
Name of Business (as shown on your Vectren bill)

\_\_\_\_\_  
Vectren Electric Account Number

### 4. Customer Tax Information

\_\_\_\_\_  
Customer Contact Name (as shown on your income tax return)

\_\_\_\_\_  
Customer Business Name (if different from above)

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

☐ Individual/Sole Proprietor ☐ C-Corporation ☐ S-Corporation

☐ Partnership ☐ Trust/Estate ☐ Limited Liability Company (LLC)

☐ Tax Exempt

☐ C-Corporation ☐ S-Corporation ☐ P-Partnership

\_\_\_\_\_  
Federal Tax Classification (check one)

\_\_\_\_\_  
If 'LLC' is checked in the previous box, please select the tax classification

\_\_\_\_\_  
Federal (9-Digit) Taxpayer Identification Number (TIN) (XX-XXXXXXX)

## Customer & Contact Information (cont.)

### 5. Location of Installation

☐ Same as Applicant

Installation Address	City	State	Zip
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### 6. Contractor Information (If there is no contractor, write "self-installed")

Contractor Name	Contractor Business Name
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Contractor Phone	Contractor Email Address
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Contractor Business Address	City	State	Zip
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## Program Agreement

**Program Participation Steps.** To be considered for rebates offered by the Program, Customer must submit a fully completed Prescriptive Program Application. The Prescriptive Program Application is incorporated herein by reference and constitutes a part of this Program Agreement. When submitting documentation with the Prescriptive Program Application, Customer must provide a project invoice with each measure cost and labor cost itemized separately. Labor must be listed as a separate line item on the invoice. For self-installations, internal labor hours and cost estimates must be provided. As part of the Prescriptive Program Application review process, Vectren may request additional documentation and conduct any site inspection activities necessary to confirm the installation and operability of measures. Failure to provide or complete any of the requested information or program requirements may result in the return of the Prescriptive Program Application.

For new construction or major renovation installations, a baseline equipment specification must be provided in lieu of existing equipment information. The baseline equipment must meet or exceed any and all applicable building codes as they refer to efficiency levels and should meet or exceed ASHRAE 90.1 standards.

**Program Rebate.** The Program offers rebates for the installation of eligible measures as described below. With the exception of repaired steam traps, all installed measures must be new. No refurbished measures will be accepted. With the exception of boiler tune-ups, steam traps, and thermostats, rebates may not exceed 50% of the total project cost as determined solely by Vectren. Applications for rebates in excess of \$20,000 per premise per year must be approved by Vectren prior to purchasing or installing equipment. Any requested rebate amounts in excess of \$20,000 will be reviewed on a case-by-case basis.

**Terms and Conditions.** This Program Agreement incorporates by reference the Vectren Program Terms and Conditions ("Terms and Conditions") located [here](#). The Terms and Conditions set forth additional terms governing Customer's participation in the Program including but not limited to limiting the liability of Vectren and the Program Administrator, establishing the laws that govern this Program Agreement, and the process for disputes.

**Entire Agreement.** The terms set forth herein, including all attachments and incorporated references, constitute a complete statement of the terms and conditions applicable to the Program and supersede all prior representations or understandings, whether written or oral. Vectren and Program Administrator shall not be bound by or be liable for any statement, representation, promise, inducement or understanding of any kind that is not set forth herein.

## Payment Release Authorization

**Rebate amount must be listed as a credit on the invoice when using this option.**

Select if you would like to authorize the release of the rebate payment to a third party. If selected, enter the third party's information in the table below.

BY SELECTING, I AUTHORIZE VECTREN AND PROGRAM ADMINISTRATOR TO ISSUE THE REBATE PAYMENT TO THE THIRD PARTY NAMED BELOW AND I UNDERSTAND THAT I WILL NOT BE RECEIVING THE REBATE PAYMENT CHECK FROM VECTREN. I ALSO UNDERSTAND THAT MY RELEASE OF PAYMENT TO THE THIRD PARTY DOES NOT EXEMPT ME FROM THE PROGRAM REQUIREMENTS OUTLINED IN THE PROGRAM AGREEMENT. I ALSO ACKNOWLEDGE THAT ASSIGNMENT OF APPLICABLE REBATES TO ANOTHER PARTY MAY NOT AFFECT MY TAX LIABILITY FOR REBATES PAID BY THE PROGRAM.

**Rebate Payment Information** ☐ Same as Applicant

Complete the payee information below to indicate the payee to whom the rebate check should be issued and the location where the rebate check should be mailed. If the payee name is not the Applicant, please complete the Payment Release Authorization above.

Payee Name	Name of Business	Payee Phone
Payee Mailing Address	City	State Zip

**Sign Application**

By signing below, I certify that:

1. As the Customer Representative, I have the authority to bind the Customer to the Program Agreement;
2. I have read, understand, and agree to be bound by and comply with the terms set forth, herein and such other terms as set forth in the Vectren Program Terms and Conditions;
3. The information provided to Vectren or Program Administrator in and as part of this Application is accurate and complete and I will notify Vectren immediately of any changes to the information.
4. If I have selected the Payment Release Authorization, Customer authorizes the release of the payment to the payee in the Payment Information section above.
5. The number shown on this form is my correct Federal taxpayer identification number (or I am waiting for a number to be issued to me), and
6. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
7. I am a U.S. citizen or other U.S. person, and
8. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Total Project Cost	Total Requested Rebate
Customer Representative Signature	Printed Name
Title	Date

**Submit Application and Documentation**

Once finished, submit your application electronically by selecting the button below-your completed, signed and saved application PDF will automatically attach to a new email addressed to [indianabizprograms@centerpointenergy.com](mailto:indianabizprograms@centerpointenergy.com).

Don't forget to attach all applicable measure selection form(s), product invoices and technical data sheets to the email.

Alternatively, you may mail or fax in your application and applicable materials:  
Mail: Vectren Energy Efficiency, ATTN: Business Rebate Programs | P.O. Box 513, Evansville, IN 47703 | Fax: (608) 829-2723