



Certified Cost:

\$

Tax Credit:

\$

Energy Incentives Program

Application for Small Premium Projects (SPP) Final Certificate

5.5 Direct-fired Radiant Heating in High Volume Spaces

Informational Filing #:

1. Project Owner Information

Project Owner Name:

Federal Tax ID (*REQUIRED*)*:

SSN*:

Contact Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

2. Project Site Information

Project Site Address:

City:

State: OR

Zip:

County:

SIC or NAICS Code:

SIC #:

NAICS #:

Square Footage of
Conditioned Space:
_____ sq. ft

Principal Commercial Building Use:

System Usage
(Full load hr/yr):
_____ hrs/yr
1,000 hrs minimum

Ceiling Height:

_____ ft
Must be greater than 16 ft

Natural Gas Utility:

Electrical Utility:

Number of jobs created by the project: _____

Number of jobs eliminated by project: _____

*OAR 330-210-0030 authorizes the Oregon Department of Energy to use your federal tax identification or social security number as an identification number in maintaining internal records and may be shared with the Oregon Department of Revenue to establish the identity of an individual in order to administer state tax law.

3. Equipment to be Replaced – Must be unit heaters.

Manufacturer	Model	Efficiency AFUE	Quantity	Size BTUs/hr (input)

4. Equipment and Incentive Information

Manufacturer	Model	Efficiency AFUE	Quantity	Size MBTUs per hr (input)	Deemed Incentive \$6.50 /Mbtu per hr	Total Incentive Quantity x Incentive MAY NOT Exceed \$7,000
Total						

Equipment sizing must be documented, including a building layout marking existing and proposed equipment.

5. Project Payment Analysis

Please list and describe all items associated with the **materials** or **labor** within the appropriate section.

Materials/Equipment (Paid amounts **must** match itemized receipts or invoices):

☐ I have enclosed itemized invoices to verify amounts paid.
(REQUIRED)

List Materials/Equipment (allocate separate dollar amounts): _____

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL:
\$ _____ (5A)

Labor (allocate separate dollar amounts): _____

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL:
\$ _____ (5B)

Date the project is operational and all contractors, vendors, etc. are paid in full: _____

Date the project was placed in service: _____

Total Paid:

\$ _____ (5C)
(5A+5B)

* Enter this amount on pg.
9 under **Total Project
Payment** to determine
Final Review Fee. **This
amount MAY NOT
exceed \$20,000.00**

6. Project Payment Analysis, Cont.

Loan Contracts or Binding Agreements:

If your project was paid for with loan agreements or binding contracts, you must provide documentation from the lender that your loan/contract is not in default.

- ☐ **Yes** – I have a loan agreement or binding contract to pay for this project. I have included **required** documentation from the lender that my loan is current and not in default.

Amount of Loan: _____

Lender: _____

Contact: _____

Phone: _____

- ☐ **No** – I did not have a loan agreement or binding contract to pay for this project.

7. Pass-through Program Intention – Project owners that intend to use the Pass-through option will be issued a Certified Amount Letter that indicates the final certified cost once this application for final certification is approved.

Refer to ***SPP Opportunity Announcement Section 3.2*** for information on the Pass-through Program.

Does the Project Owner intend to use Pass-through?

☐ Yes ☐ No

- If 'YES', answer the questions below.
- If 'NO', the tax credit will be issued in the project owner's name. **Continue on to page 5 of this application.**

1. Has the Project Owner identified a Pass-through partner?

☐ Yes ☐ No

- If 'YES', complete the separate Pass-through Program Attachment.
(<http://www.oregon.gov/energy/At-Work/Documents/EIP/General/2017/Pass Through Attachment.pdf>)
- If 'NO', answer question 2 below.

2. Will the Project Owner request assistance finding a pass-through partner(s) from the Oregon Department of Energy?

☐ Yes ☐ No

- If assistance finding a partner(s) is requested, the Department will place your application on "Hold" status until a partner(s) is secured. The Department will exercise due diligence to find a partner(s) but cannot guarantee that a partner(s) will be found.

8. Other Incentives*

List any utility, Energy Trust of Oregon, or other organization rebates or incentives (not loans) or any federal tax credits that you received (or expect to receive) for this project. List the name of the group and the amount received. If there are none, check the appropriate box.

The sum of all financial incentives and a federal tax credit and the Energy Incentives Program tax credit may **not** exceed 100% of the Final Certified Project Cost.

☐ **This project did not receive any incentives, please place \$0 in Total**

Type of Incentive:	Amount:
Federal Business Energy Investment Tax Credit (ITC) <input type="checkbox"/> Tax Credit <input type="checkbox"/> Taking as a grant	\$ _____
Federal Grants	\$ _____
Other Federal Tax Credits	\$ _____
Energy Trust of Oregon	\$ _____
Utility Incentives (investor or publicly owned)	\$ _____
Large Electric Consumer Self Directed Funds Incentives	\$ _____
Other Incentives	\$ _____
Total of Incentives:	\$ _____

* By initialing this statement, I authorize any incentivizing entity outside of ODOE to release all relevant information on this project to ODOE. This includes, but is not limited to, project information, incentives offered and received, and inspection results.

Project Owner Initials: _____

9. Project Owner Statement – All fields must be completed.

1. I certify that the information in this application is correct and I am the owner of this energy project. I have complied with all conditions of the Opportunity Announcement. I grant the Oregon Department of Energy (ODOE) permission to inspect the project for compliance with tax credit requirements either before issuing Final Certification or during the years in which the tax credit is being claimed. I understand that failure to grant an inspection is grounds for revoking a Final Certificate.
2. I understand that ODOE approval and certification of my project is for tax credit purposes only. ODOE Does not guarantee or in any way ensure the performance of any equipment, the quality of any system, or the reliability of any dealer.
3. I will comply with the provision that the facility must operate in accordance with the representation mad in the Small Premium Projects Informational Filing.
4. I certify that the project complies with all local, state, and federal requirements and I obtained all necessary permits.
5. I understand that this tax credit application is a public record and that ODOE may be required by law to disclose information in this tax credit application to the public on request. I have marked any information that I request be kept confidential. I understand that marking information does not guarantee that it will be kept confidential and that the Director of ODOE will make any decisions regarding public disclosure of information contained in this application in accordance with the Oregon Public Records Law.
6. I understand that ODOE does not endorse any company that requests information on this application and does not sell information as a mailing list.
7. I understand that the sum of all financial incentives for this project and the tax credit amount cannot exceed the total project payment.
8. I verify that the project owner does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference, or gender.

Project Owner (Please print)		Informational Filing #:	
Name of project owner:			
Federal Tax ID:		SSN:	
Mailing Address:			
City:	State:	Zip:	
Phone:		Email:	

By signing this statement, I certify that I am the above named project owner or an owner, partner, member or shareholder of the above named project owner. I have read and agree with the terms and conditions of the Project Owner Statement above and have not altered it in any way.

Signature: _____ Title: _____
Print Name: _____ Date: _____

Tax Credit Recipient Statement – Photocopy this page for each tax credit recipient identified. Note that associated Pass-through fees will be assessed for each certificate issued, if Pass-through is utilized (See Page 4).

1. I understand that the Oregon Administrative Rules authorize ODOE to use my federal tax identification or social security number as an identification number in maintaining internal records and may be shared with the Oregon Department of Revenue to establish the identity of an individual in order to administer state tax law.
2. I understand that the tax credit recipient must comply with Oregon Department of Revenue requirements to document that the credit has been appropriately assigned, allocated or transferred, and claimed, and that compliance is subject to audit.
3. I understand that this tax credit application is a public record and that ODOE may be required by law to disclose information in this tax credit application to the public on request. I have marked any information that I request be kept confidential. I understand that marking information does not guarantee that it will be kept confidential and that the Director of ODOE will make any decisions regarding public disclosure of information contained in this application in accordance with Oregon Public Records Law.
4. I understand that ODOE does not endorse any company that requests information on this application and does not sell information as a mailing list.
5. The undersigned Tax Credit Recipient hereby releases the State of Oregon and its commissions, agencies, officers, employees, contractors, and agents, and agrees to defend and indemnify the foregoing from and against any claims, demands, or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to claims made by the Tax Credit Recipient or any parent or subsidiary of the Tax Credit Recipient and which are related in any way to ODOE's issuance or failure to issue any pre-certification or final certification to an applicant for an Energy Incentives Program tax credit, or the inability to obtain an Energy Incentives Program tax credit. This release and indemnification does not affect the right of the undersigned to claim an Energy Incentives Program tax credit on an Oregon tax return under a final certification issued by ODOE and in accordance with applicable law.
6. I verify that the tax credit recipient does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference, or gender.
7. I have completed this form to the best of my knowledge.

Tax Credit Recipient (All fields must be completed. Please print clearly.)

Informational Filing #:

Name of tax credit recipient(s):

Recipient SSN or Tax ID #:

Tax Credit Share: _____%

The tax credit recipient's tax year is a ☐ Calendar Year ☐ Fiscal Year of: _____

Recipient Mailing Address:

City:

State:

Zip:

Recipient Phone:

Recipient Email:

By signing this statement, I certify that I am the above named project owner, or an owner, partner, member or shareholder of the above named project owner*. I have read and agree with the terms and conditions of the Tax Credit Recipient Statement above and have not altered it in any way. I certify that I am an individual or a corporation that has an Oregon tax liability (a Pass-through tax credit may **not** be issued to a partnership, an LLC, or an LLP filing taxes as a partnership).

Signature of Tax Credit Recipient: _____ Title: _____

Print Name of Tax Credit Recipient: _____ Date: _____

Prefix First Name MI Last Name Suffix

Signature of Tax Credit Recipient: _____ Title: _____

Print Name of Tax Credit Recipient: _____ Date: _____

* Tax credits **not** issued to the project owner or owners, partners, members or shareholders of the project owner must use the Pass-through option to obtain a tax credit. Information will be shared with the Oregon Department of Revenue to administer state tax law. Contact ODOE for more information.

Energy Incentives Program

Please refer to this checklist before submitting application to ODOE to ensure all requirements have been satisfied. An application is considered incomplete if any part of the application is left blank, is omitted, or is not included.



**ALL INCOMPLETE APPLICATION WILL BE
REJECTED AND RETURNED TO APPLICANT
AND WILL NOT BE PROCESSED.**



- ☐ The Application is **COMPLETE**.
 - ☐ All spaces/sections completed
 - ☐ All appropriate attachments/documents to supplement technical appendices

- ☐ Installation/Construction of the project is complete.
 - ☐ Included documentation confirms the installed equipment and labor for the project is complete and paid for in full.

- ☐ Final informational filing fee included.

All boxes MUST be checked in order for Application to be considered COMPLETE



IMPORTANT



- Energy Incentives Program tax credit will be taken the same year the application for **Final Certification** is submitted, **regardless of informational filing date or the date that the project was started or completed.**

Please do NOT print this page double sided.
The credit card information will be destroyed once the payment is processed.

Final Review Fee

1. Payment **MUST** be received with application or you will not be eligible for a credit
2. Application will be **INCOMPLETE** if this payment is not submitted with application.
3. Payments considered "Received" when a signed check is included or credit card information is filled in and signed by the cardholder.
4. If payment is unable to be processed or is declined, the application will be considered **INCOMPLETE**



Small Premium Projects Final Review Fee= 0.55% of Total Project Payment

Total Project Payment (5C)*: _____ x 0.0055 = \$

Final Review Fee

* See **Project Payment Analysis** (Section 5, pg. 3).

Payment Method:

Mail completed application and application fee to:

**Oregon Department of Energy
EIP Small Premium Projects
550 Capitol St. NE, 1st Floor
Salem, OR 97301**

☐ **Check:** Please make check payable to **Oregon Department of Energy** and include with form.

OR

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

ALL FIELDS REQUIRED TO PROCESS

Credit Card Number: _____ Expiration Date: _____

Name of cardholder as shown on credit card: _____

Security Code (3 digits on back of card): _____

Billing Address for the card: _____ Zip Code: _____

Address

City

State

Email Address for receipt: _____

Cardholder Signature: _____ Date: _____

Credit card information will be destroyed once the payment is processed.