



Certified Cost:

\$

Tax Credit:

\$

Energy Incentives Program

Application for Small Premium Projects (SPP) Final Certificate

5.12 Solar Water Heating

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:

SIC or NAICS Code:

SIC #:

NAICS #:

Principal Building Use (specify, if necessary):

New Construction:

☐ Yes ☐ No

Backup Water Heater:

☐ Boiler ☐ Electric ☐ Gas

Does Project Owner own or lease the property where this project will be implemented?

☐ Own ☐ Lease ☐ Other situation (specify): _____

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. Load Information

Estimated Hot Water Usage:
(Gallons/day)

_____ gallons
Must be greater than 150 gallons/day

How many hours per year does
the building operate?

_____ hours
Minimum of 2,000 hrs/year

What is the capacity of
existing water heater(s)?

_____ gallons

4. System Information

Using the chart provided adjacently, identify Oregon Solar
Climate Zone in which project is located:

☐ Zone 1 ☐ Zone 2 ☐ Zone 3

Total Solar Resource Fraction (TSRF) _____ %

Manufacturer of the system:

Solar Rating and Certification Corp. (SRCC) System Number:

Annual Savings: _____ kWh or therms.

☐ I have attached the SRCC Certification and Rating page
for the system.

Panel Information

Name: _____

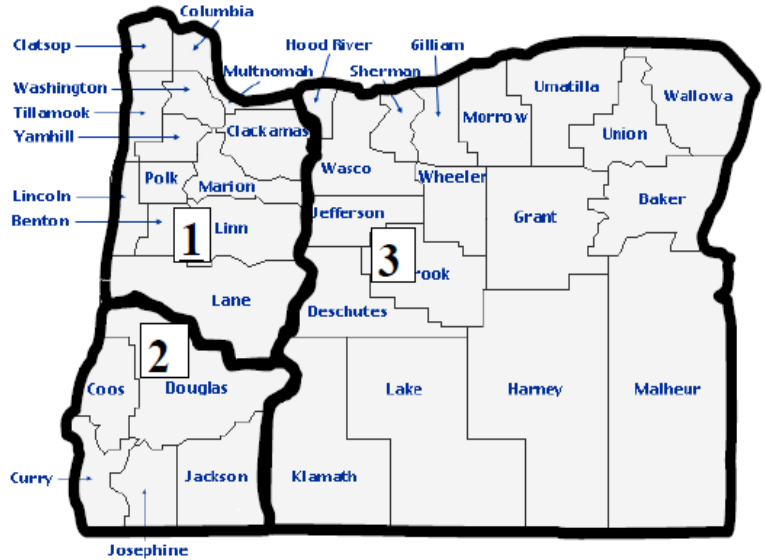
Total Panel Area: _____ Sqft

Mounting Tilt: _____ Degrees

Orientation: _____ Degrees

Oregon Solar Climate Zones (by county)

Zone 1	Zone 2	Zone 3
Benton	Coos	Baker
Clackamas	Curry	Crook
Clatsop	Douglas	Deschutes
Columbia	Jackson	Gilliam
Lane	Josephine	Grant
Lincoln		Harney
Linn		Hood River
Marion		Jefferson
Multnomah		Klamath
Polk		Lake
Tillamook		Malheur
Washington		Morrow
Yamhill		Sherman
		Umatilla
		Union
		Wallowa
		Wasco
		Wheeler



Solar Site Assessment Worksheet

A tool for estimating the impact of collector tilt, orientation and shading

To estimate the performance of a solar energy system we need to know how much solar energy is available for your collector. This worksheet is used to estimate the impact of tilt, orientation and external shading on how much solar energy your solar collectors can collect. The Total Solar Resource Fraction (TSRF) represents the fraction of energy a particular collector would receive when compared to one in the same city, but that has optimal tilt, orientation and no external shading. For example, a collector with a TSRF of 80 percent indicates that 80 percent of the solar energy at your location over a year will be available to the solar collector.

For simplicity we have separated calculating the TSRF into two parts. The first part is to determine the impact of collector tilt and orientation. This Tilt and Orientation Factor (TOF) is estimated using one of the following plots. The second part is to use a sun chart to estimate how much energy is lost on an annual basis from external shading from plants, buildings or other obstructions. The combination of these two effects will provide your collector's TSRF.

Step 1: Tilt and Orientation Factor (TOF)

graphs (right) show the impact of tilt, and orientation on annual performance of a solar collector. TOF values range from 100% (no loss) at the center of the inner circle to less than 60% (40% or more loss) in the upper left and right corners.

Azimuth angles are based on true polar orientation, adjusted for magnetic declination (16-20 degrees for most of Oregon)

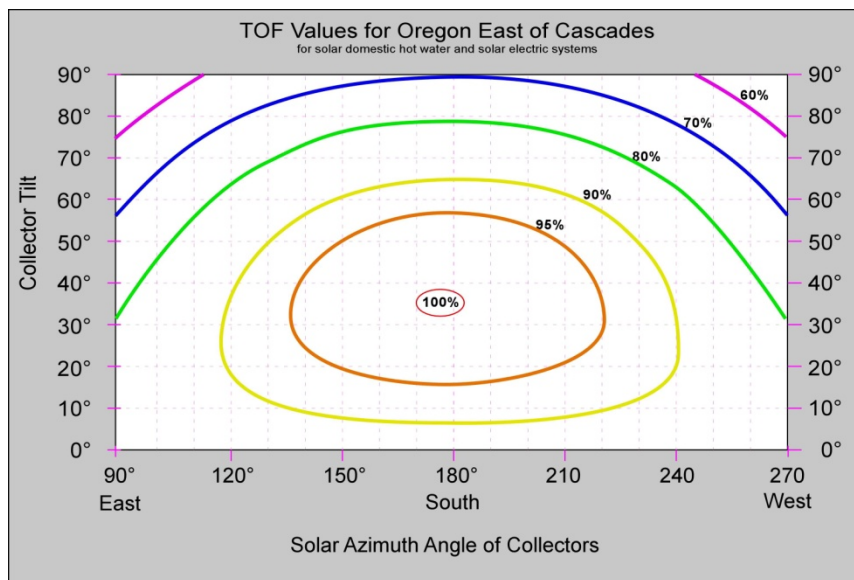
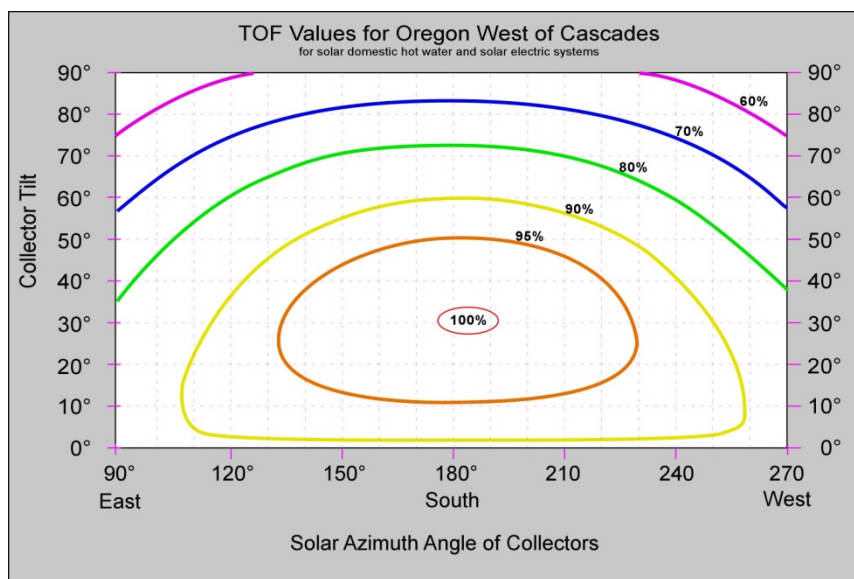
Use the upper graph if your system is installed West of the Cascades. Use the lower graph if your system is installed East of the Cascades.

Draw a dark X mark the graph for your collector's tilt and azimuth angle. Interpolate between the nearest two lines to estimate the TOF value to the nearest 1%.

Collector Tilt = _____°
(angle from horizontal)

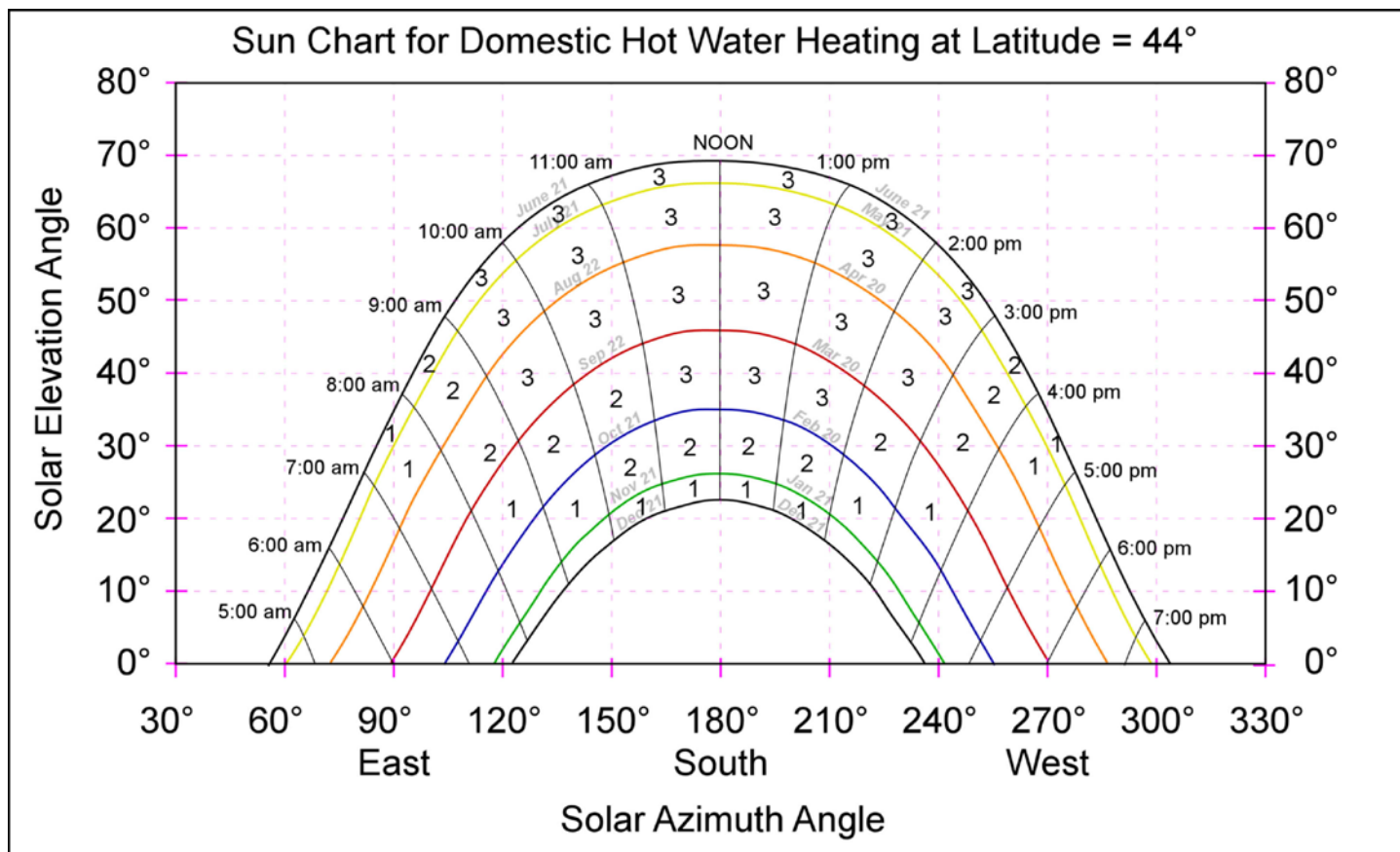
Solar Azimuth = _____°
(collector orientation)

TOF = _____ %
(value from graph)



Solar Site Assessment Worksheet (continued)

Step 2: Shading – From the midpoint of the solar array, draw the skyline on the graph below. Use the elevation angles and solar azimuth angles to determine the location of the obstructions. A solar site assessment tool such as the Pathfinder™, or Solmetric Suneye is recommended for increased accuracy. Energy Trust of Oregon sun charts can be used in lieu of the sun chart below. Draw deciduous trees with a dotted outline and fill with light shading. Year-round obstructions like buildings, or evergreen trees should be drawn with solid outlines and filled with heavy shading.



Add up the solar fraction numbers in the sections that have shading. For solar electric systems, partial shading in one section must be counted fully (no fractional amounts). Any deciduous tree shading below the Sept 22/March 20 line can be counted at half value to account for the fact that some light will get through these obstructions when the trees lose their leaves. This sum of all these values inside obstructed areas represents the percent of energy lost to external shading. The **percent not shaded** is 100% minus the value obtained from the shaded areas of the sun chart above.

Example: If the sum of the shaded boxes on the Sun Chart is 10, the percent not shaded will be:
 $100\% - 10\% = 90\%$ (or 0.90)

Step 3 – Calculate the **Total Solar Resource Fraction (TSRF)** using the following equation:

- Tilt and Orientation Factor (value from TOF graph) %
- Percent not shaded (From Sun Chart Worksheet) %
- Total Solar Resource Fraction = TOF x Percent not shaded %

5. Incentive Information

5.a. for “Domestic” Potable Hot Water Applications

Total Panel Area (Sq. Ft)	Tax Credit
30 - 50	\$2,422
50 - 70	\$3,276

70 - 90	\$4,045
90 - 110	\$4,730
110 - 130	\$5,331
130 - 150	\$5,848
150 - 170	\$6,280
170 - 190	\$6,629
190 - 210	\$6,893

What is this projects total panel area? _____ What is this projects eligible tax credit? _____

5.b. for Pool Water Heating Applications

Total Panel Area (Sq. Ft)	Tax Credit
275 - 325	\$1,505
325 - 375	\$1,684
375 - 425	\$1,863
425 - 475	\$2,042
475 - 525	\$2,221
525 - 575	\$2,400
575 - 625	\$2,580
625 - 675	\$2,759
675 - 725	\$2,938

What is this projects total panel area? _____ What is this projects eligible tax credit? _____

6. 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: \$ _____ (6A)
Labor (allocate separate dollar amounts): _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ TOTAL: \$ _____ (6B)
Date the project is operational and all contractors, vendors, etc. are paid in full: _____	
Date the project was placed in service: _____	
	Total Paid: \$ _____ (6C) (6A+6B) <small>* Enter this amount on pg. 12 under Total Project Payment to determine Final Review Fee. <u>This amount MAY NOT exceed \$20,000.00</u></small>

7. 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.

8. 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 8 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/2017Pass Through Attachment.pdf](http://www.oregon.gov/energy/At-Work/Documents/EIP/General/2017PassThroughAttachment.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.

9. 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 other 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: _____

10. 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:	
<p>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.</p> <p>Signature:_____ Title:_____</p> <p>Print Name:_____ Date:_____</p>			

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 6).

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: _____

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 APPLICATIONS 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 (6C)*: _____ x 0.0055 = \$

Final Review Fee

* See **Project Payment Analysis** (Section 6, pg. 6).

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: _____

Email Address for receipt: _____

Cardholder Signature: _____ Date: _____

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