

Prescriptive Kitchen Equipment Application

Thank you for participating in AES Indiana's Business Rebates & Incentives Program. Refer to the information below to ensure you are eligible for program rebates and your application is complete. Please retain a copy of your completed application for your records. To access all AES Indiana applications, please visit AESIndiana.com/BusinessSavings.

What you will need:

1. Your AES Indiana account number and AES Indiana Service ID
2. An itemized invoice
3. Equipment specification sheets
4. Installing contractor information (if applicable)
5. Payee's IRS form W-9

Need Help?

For assistance completing this form, call [1.888.982.7071](tel:1.888.982.7071).

How to Apply for a Rebate

Program applications and required documents may be submitted using one of the three methods below.

Online Rebate Portal

Skip the paper application. Submit and track your rebate online at AESIndiana.com/BusinessRebates.

US Mail

AES Indiana Business Rebates & Incentives Program
3100 West Rd, Bldg 3, Ste 200
East Lansing, MI 48823

Email

Prescriptive@AESIndianaRebates.com.

Step 1: Determine Eligibility

Applicant

The applicant must be an active AES Indiana business customer with a qualifying Rate Code at the time of equipment installation. Qualifying rate codes include SS, SE, SH, SL, PL, PH or HL.

Applicant and Installation

The application must be completed in full and signed prior to submittal. Applications must be received within 90 calendar days of project installation or by December 31, 2021, whichever comes first.

Please note, rebates not to exceed 50 percent of the total material and external labor cost and are limited to a maximum cap of \$100,000 per project. Total combined Custom and Prescriptive incentives are capped at \$500,000 per customer per calendar year.

Equipment and Installation

Equipment must be installed and operational between January 1, 2021 and December 31, 2021.

Step 2: Complete Application & Attach Supplemental Documentation

Complete Application

Unless noted otherwise, all fields must be completed on the application.

Sign Application

The application must be signed in the space provided in Section 6: Terms and Conditions.

Attach Supplemental Documentation

Ensure you have attached a copy of all documentation to the rebate form, including an itemized invoice and manufacturer specification sheets.

The invoice should include:

- The equipment size, type, make, model and/or part number
- The date of installation
- An itemized breakout of materials (including per unit costs by model number), labor and sales tax
- Rebate amount credited on invoice, if Trade Ally or Third-Party Rebate Administrator is assigned to receive the rebate. Please note, the customer's signature is required in Section 4 to assign the rebate to either.

Step 3: Submit Paperwork

Double-Check Information

Make sure information listed on the application is correct and you have provided an itemized invoice and specification sheets.

When applicable, installed equipment must be ENERGY STAR® certified. See Section 5 for eligibility requirements.

Submit Application

Submit your completed application and supplemental documentation to one of the methods posted above. Once completed paperwork is submitted, rebate payments are generally made within 6–8 weeks.

Note: If you choose to email your application, be sure to include all documents as email attachments.

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Section 1: Customer Information

AES Indiana Account Holder Name:		Contact Name:	
AES Indiana Account Number (as shown on utility bill):		AES Indiana Customer Service ID Number (where equipment is installed) (REQUIRED):	
Phone:		Email:	
Installation Street Address:		City:	State: ZIP Code:
How did you hear about this program? <input type="checkbox"/> Contractor/Trade Ally <input type="checkbox"/> Mail/Bill Insert <input type="checkbox"/> Utility Website <input type="checkbox"/> Community Event <input type="checkbox"/> News Story <input type="checkbox"/> Other: _____			

Section 2: Building Type – Required (check one)

<input type="checkbox"/> 24/7 Building	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Office (Med/Large)	<input type="checkbox"/> School (High/Middle)
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Office (Small)	<input type="checkbox"/> School (Elementary)
<input type="checkbox"/> College/University	<input type="checkbox"/> Industrial (Light)	<input type="checkbox"/> Public Assembly	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Industrial 1 Shift	<input type="checkbox"/> Public Order/Safety	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Industrial 2 Shift	<input type="checkbox"/> Religious/Worship	
<input type="checkbox"/> Full-Service Restaurant	<input type="checkbox"/> Industrial 3 Shift	<input type="checkbox"/> Retail	

Section 3: Trade Ally Information

Check Here for Self-Installation

Business Name:		Contact Name:	
Phone:		Email:	
Street Address:		City:	State: ZIP Code:

Section 4: Rebate Payment Information (complete only if payee is not the AES Indiana account holder listed above)

Make checks payable to:
 Customer Trade Ally (Customer signature required) Third-Party Rebate Administrator (Customer signature required)

I hereby authorize payment of incentive directly to the Trade Ally or Third-Party Rebate Administrator

Customer Signature:		Date:	
Payee Legal Name (as shown on IRS form W-9):		Payee Business Name (if different than payee legal name):	
Payee Legal Address:		City:	State: ZIP Code:
Mail check to: <input type="checkbox"/> Payee Legal Address <input type="checkbox"/> Job Site Address <input type="checkbox"/> Alternate Address (complete below):			
Alternate Pay Address (optional):		City:	State: ZIP Code:
Payee Federal Tax Classification (check ONE only): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other tax exempt organization or gov't agency			
Payee Taxpayer Identification Number (TIN) (Complete ONE only. Must match payee legal name above.)			
FEIN #: _____ - _____ or SSN: _____ - _____ - _____			



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Section 5: Equipment Information

General Requirements:

- The specifications for the eligible equipment are listed within each technology on this form. If the technology you are installing is specified differently than how it is listed, please call 1.888.982.7071 to verify eligibility. Custom incentives are available for many technologies not listed, however, pre-approval is required for all Custom projects.
- Equipment must be purchased new to qualify. Resale equipment or equipment that is leased, rebuilt, rented, received from insurance claim, or received from warranty is not eligible.

A. ENERGY STAR Commercial Kitchen Equipment

- Equipment must be ENERGY STAR qualified.
- Commercial Clothes Washer only qualifies if associated clothes dryer is electric.
- Eligible for new construction.
- Eligible for retrofit.
- Equipment must be electric.

Description	Install Date (mm/dd/yy)	Make	Model Number	Serial Number	Qty	Incentive	Total Incentive (Qty x Incentive)
Combo Oven						\$1,000.00	\$
Commercial Clothes Washer Dryer Type: Check one - <input type="checkbox"/> Electric <input type="checkbox"/> Gas Water Heater Type: Check one - <input type="checkbox"/> Electric <input type="checkbox"/> Gas						\$45.00	\$
Convection Oven						\$400.00	\$
Fryer						\$80.00 per vat	\$
Griddle						\$800.00	\$
Ice Machine, < 500 lbs/day						\$150.00	\$
Ice Machine, 500 - 1,000 lbs/day						\$250.00	\$
Ice Machine, > 1,000 lbs/day						\$500.00	\$
Multi-Tank Conveyor Dishwasher Check one - <input type="checkbox"/> Electric <input type="checkbox"/> Gas Check one - <input type="checkbox"/> High Temp <input type="checkbox"/> Low Temp						\$500.00	\$
Single Tank Conveyor Dishwasher, High Temp Check one - <input type="checkbox"/> Electric <input type="checkbox"/> Gas						\$500.00	\$
Steam Cookers 3 Pan						\$600.00	\$
Steam Cookers 4 Pan						\$755.00	\$
Steam Cookers 5 Pan						\$1,000.00	\$
Steam Cookers 6 Pan						\$1,200.00	\$

Total for section A: \$



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Section 5: Equipment Information, continued

B. ENERGY STAR Commercial Glass/Solid Door Refrigerators/Freezers

- Equipment must be ENERGY STAR rated.
- Eligible for new construction.
- Eligible for retrofit.

Description	Install Date (mm/dd/yy)	Make	Model Number	Serial Number	Qty	Incentive	Total Incentive (Qty x Incentive)
ENERGY STAR Commercial Glass Door Freezers							
<15 ft ³						\$135.00	\$
15 to < 30 ft ³						\$160.00	\$
30 to < 50 ft ³						\$310.00	\$
≥ 50 ft ³						\$455.00	\$
ENERGY STAR Commercial Solid Door Freezers							
<15 ft ³						\$40.00	\$
15 to < 30 ft ³						\$60.00	\$
30 to < 50 ft ³						\$130.00	\$
≥ 50 ft ³						\$200.00	\$
ENERGY STAR Commercial Glass Door Refrigerators							
<15 ft ³						\$60.00	\$
15 to < 30 ft ³						\$55.00	\$
30 to < 50 ft ³						\$60.00	\$
≥ 50 ft ³						\$70.00	\$
ENERGY STAR Commercial Solid Door Refrigerators							
<15 ft ³						\$20.00	\$
15 to < 30 ft ³						\$20.00	\$
30 to < 50 ft ³						\$65.00	\$
≥ 50 ft ³						\$75.00	\$
Total for section B:							\$

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Section 5: Equipment Information, continued

C. Refrigeration

- Eligible for new construction
- Not eligible for retrofit
- Strip curtains are eligible for retrofit
- Evaporative Fan Controller is not eligible under the following conditions: compressor runs more than 4,380 annual hours, evaporator fan does not run at full speed at all times, evaporator fan motor runs on poly-phase power, evaporator does not use off-cycle or time-off defrost.
- Door Gaskets must replace worn gaskets on door of reach-in cooler or freezer, not eligible if no gaskets existed previously.

Description	Install Date (mm/dd/yy)	Make	Model Number	Unit Type	Qty	Incentive	Total Incentive (Qty x Incentive)
Evaporative Fan Controller				<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator		\$100.00	\$
Anti-Sweat Heater Control Controls: Check one - <input type="checkbox"/> Humidity <input type="checkbox"/> Conductivity				<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator	Doors	\$100.00 per door	\$
Strip Curtain				Eligible for freezer only		\$120.00	\$
Auto-Closer for Walk-In Cooler/Freezer				<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator	Doors	\$110.00 per door	\$
Night Covers				<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator		\$10.00 per linear foot	\$
Door Gaskets for Reach-in Cooler/Freezer Doors				<input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator		\$2.00 per linear foot	\$
Total for section C:							\$

D. Electronically Commutated Motors (ECM)

- All equipment must be new to be eligible for incentives. Used equipment is not eligible for incentives.
- Qualifying motors must not exceed 1/2 horsepower.
- ECMs over 1/2 HP require a custom application.
- Replacement of existing ECMs does not qualify.
- ECMs installed on redundant fans do not qualify.
- ECM speed must be automatically controlled by differential pressure, flow, temperature, or other variable signal.
- Eligible for retrofit.
- Not eligible for new construction.

Install Date (mm/dd/yy)	Make/Model	Serial Number	Refrigeration Type	Case Type	Qty	Incentive	Total Incentive (Qty x Incentive)
			<input type="checkbox"/> Freezer <input type="checkbox"/> Cooler	<input type="checkbox"/> Walk-In <input type="checkbox"/> Reach-In		\$40.00	\$
Total for section D:							\$



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Section 5: Equipment Information, continued

E. Vending Equipment Controls

- Eligible for new controls only, cannot replacing existing controls.
- Control must include passive infrared (PIR) or dual technology (PIR + Ultrasonic) that can turn off lights when surrounding area is unoccupied for a preset length of time.
- Reach-in coolers and refrigerated vending machines must be connected 24 hours/day.
- Due to the potential for damage to perishable items, freezer space vending equipment as well as vending equipment dispensing any perishable products is excluded from this program.
- Eligible for retrofit.
- Eligible for new construction.

Description	Install Date (mm/dd/yy)	Make	Model Number	Qty	Incentive	Total Incentive (Qty x Incentive)
Snack Machine Motion Controller (non-refrigerated vending)					\$40.00	\$
Beverage Reach-In Controller					\$40.00	\$
Cold Drink Vending Equipment Controller					\$100.00	\$
Total for section E:						\$

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Section 6: Terms and Conditions

Applicants who provide their Social Security Number as their Federal Tax Identification Number for tax purposes must consent to release this information to AES Indiana's third-party administrator. The third-party administrator is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Authorized agents for AES Indiana and the third-party administrator have signed a confidentiality agreement to protect your personal information. By signing below you hereby consent to AES Indiana disclosing your personal information including your Social Security Number to AES Indiana's third-party administrator for the purposes of administering this program.

The following certifications are required

Under penalties of perjury, I certify that:

1. The number shown on this form is the correct Federal Taxpayer Identification Number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the 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.

The signatory agrees that the stated energy-efficient measure(s) was (were) completed or installed at the location listed in Section 1 as part of the AES Indiana Business Rebates & Incentives Program. I have read and agree to the Terms and Conditions within this application. To the best of my knowledge, the statements made on this application are correct, and I have submitted the appropriate supporting documentation to receive a rebate payment.

I certify that this premise is served by AES Indiana, that the information provided herein is accurate and complete, and that I have purchased and installed the high-efficiency equipment (indicated herein) for the business facility listed herein and not for resale. Attached is an itemized invoice for the indicated installed equipment. I understand that the proposed rebate payment from AES Indiana is subject to change based on verification and AES Indiana's approval. I agree to AES Indiana's verification of both the sales transaction and equipment installation, which may include a site inspection from an AES Indiana representative or an AES Indiana authorized agent. I understand that I am not allowed to receive more than one rebate/incentive from AES Indiana on any piece of equipment. I also understand that my participation in the program may be taxable and that my company is solely responsible for paying all such taxes. I hereby agree to indemnify, hold harmless, and release AES Indiana and its affiliates from any and all actions or claims in regard to the installation, operation and disposal of equipment (and related materials) covered herein including liability from incidental or consequential damages. AES Indiana does not endorse any particular manufacturer, product, or system design within these programs; does not expressly or implicitly warrant the performance of installed equipment (contact your contractor for details regarding equipment warranties) and is not liable for any damage caused by the installation of the equipment nor for any damage caused by the malfunction of the installed equipment.

Rebates are subject to change and may be discontinued at the sole discretion of AES Indiana. Rebate funds are limited and available on a first-come, first-served basis. Eligible customers may receive a rebate for each eligible piece of equipment installed. Equipment must be installed and in operation to be eligible for rebate.

I have read and hereby agree to the AES Indiana Business Rebates & Incentives Program Requirements, Terms and Conditions, and Certification(s) as stated in this application form.

Customer Signature	Print Name	Date
Payee Signature (if Payee is Trade Ally or Third-Party Rebate Administrator)	Print Name	Date

