

Control Num.



**COMMONWEALTH OF PUERTO RICO**  
 ARRA - STATE ENERGY PROGRAM  
 BUILDING ENERGY EFFICIENCY RETROFIT PROGRAM  
**Rebate Reservation Form**



**Send Via Certified Mail or Hand Deliver to:**  
 BUILDING ENERGY EFFICIENCY RETROFIT PROGRAM  
 Puerto Rico Infrastructure Financing Authority  
 Capital Center, North Tower, 16<sup>th</sup> floor  
 235 Arterial Hostos Avenue  
 San Juan, Puerto Rico 00918-1454

**Notes:**

- Fill forms in block letter
- Send form R-01 with all required documents in one manila envelope

**General Information:**

Indicate if the retrofit project will be performed at a commercial or governmental facility:  commercial  governmental

**Applicant Information:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Facility Owner (if applicable):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contact Person Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Proposed Project Address (If different from applicant address):**

Street: \_\_\_\_\_

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

**Rebate, Savings and Other Incentives (Use data from Form R-05):**

Estimate annual energy production or savings _____ KWH/Year	Total System Cost	\$ _____
	Expected Rebate	\$ _____
Other Incentives:	Quantity	

**Required Documents Checklist:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Installer Information Form (R-02)  | <input type="checkbox"/> Pre-Project Energy Audit Information Form (R-03) | <input type="checkbox"/> Retrofit Measures Form (R-04)       |
| <input type="checkbox"/> Energy Savings Summary Form (R-05)   | <input type="checkbox"/> Building Photo (Exterior)                        | <input type="checkbox"/> Energy Audit                        |
| <input type="checkbox"/> Project Price Quotation  | <input type="checkbox"/> Owner's Proof of Ownership                       | <input type="checkbox"/> Last six (6) Electric Utility Bills |
| <input type="checkbox"/> Rent Agreement (If applicable)   | <input type="checkbox"/> Building Owner's Consent (If Applicable)         | <input type="checkbox"/> Owner's Valid ID                    |
| <input type="checkbox"/> Certificate of Good Standing with EAA (Government Entities Only) <input type="checkbox"/> List of Equipment to be Replaced and New Equipment |   |  |

**Applicant Certification:**

- I hereby certify that the information contained herein and in all attached and documents submitted is true and correct and that the retrofit measures will be performed as indicated.
- The retrofit measures installed will comply with the State Energy Program Regulation.
- The retrofit measures will be installed permanently at the indicated proposed project address.
- I certify that I have read, understood and agree with the State Energy Program Regulation.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Include owner authorization letter to sign as owner representative

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**Installer Information Form**



**General Information:**

Indicate if the retrofit project will be performed at a commercial or governmental facility:  commercial  governmental

**Installer Information:**

Name:

Street:

City:

State:

Zip Code:

Email:

Phone:

Fax:

**Proposed Project Address:**

Street:

City:

State:

Zip Code:

**Description of Work to be Performed:**

**Price of System Installation:**

**Installer Certification Agreement:**

- I, \_\_\_\_\_, (Installer Name) certify that the retrofit project described herein will comply with local codes and regulations.
- I hereby certify that the information contained herein is true and correct and that the work described herein will be performed at the indicated proposed project address.
- The retrofit project will comply with the State Energy Program Regulation.
- The retrofit project will be installed permanently at the indicated proposed project address.
- I certify that I have read, understood and agree with the State Energy Program Regulation.

Installer's Signature:

Date:

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		<b>COMMONWEALTH OF PUERTO RICO</b> ARRA - STATE ENERGY PROGRAM BUILDING ENERGY EFFICIENCY RETROFIT PROGRAM <b>Pre-Project Energy Audit Information Form</b>
		
<b>General Information:</b>		
This audit was performed at a commercial or governmental facility: <input type="checkbox"/> commercial <input type="checkbox"/> governmental		
<b>Energy Auditor Information:</b>		
Company Name:		
Street:		
City:	State:	Zip Code:
Auditor Name:		
Type of Credential and License Number:	Phone:	
Email:	Fax:	
<b>Audit Date Location:</b>		
Building Name:		
Street:		
City:	State:	Zip Code:
Audit Date:		
<b>Breakdown of the Building Energy End Use:</b>		
<b>Equipment</b>	<b>Kw</b>	<b>Percentage</b>
Lighting:		
Air Conditioning:		
Fans, Pumps and Miscellaneous:		
Plug Load:		
Other:		
Other:		
<b>Building Energy Density (kw/ft<sup>2</sup>):</b>		
<b>Auditor Certification:</b>		
I hereby certify that the information above is true and correct.		
Auditor's Signature:		Date:

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## Retrofit Measures Form

Indicate if the retrofit will be performed at a commercial or governmental facility:

commercial

governmental

**MEASURE #**

	Existing Equipment	Retrofitted Equipment
Description		
Equipment Consumption (w)		
Quantity		
Average Operating Period (hours /month)		
Total Consumption (kWh/month)		

Include a detailed description of this method:

**MEASURE #**

	Existing Equipment	Retrofitted Equipment
Description		
Equipment Consumption (w)		
Quantity		
Average Operating Period (hours /month)		
Total Consumption (kWh/month)		

Include a detailed description of this method:

**MEASURE #**

	Existing Equipment	Retrofitted Equipment
Description		
Equipment Consumption (w)		
Quantity		
Average Operating Period (hours /month)		
Total Consumption (kWh/month)		

Include a detailed description of this method:

Make as many copies as required.

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## Energy Savings Summary Form

Indicate if the retrofit will be performed at a commercial or governmental facility:  commercial  governmental

Measures	Installed Eligible Measure Cost \$	Savings (Kwh/month)	Energy Rate* (\$/kWh)	Monthly Savings \$ (Saving X Energy Rate)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL</b>				

**Notes**

\*Energy Rate shall be the base rate (kWh price) paid by Applicant in the last PREPA invoice plus \$0.15 corresponding to the fuel surcharge.

**Simple Payback Analysis**

Simple Payback Analysis = 
$$\left( \frac{\text{Total Monthly Savings (\$)}}{\text{Total Installed Eligible Measure Cost (\$)}} \right) = \left[ \text{_____} \right] = \text{_____} \text{ months}$$