

ELIGIBILITY AND INSTRUCTIONS FOR COMPLETING THIS FORM *(Please read)*

- ❖ Incentive(s) not to exceed 50% of the cost of project.
- ❖ Incentives will be issued in the form of a bill credit placed on the submitted member's account.
- ❖ Equipment must be purchased and/or installed in 2024.
- ❖ Installed equipment must be on cooperative's Natural Gas lines.
- ❖ Incentives are in place from **January 1, 2024**, through **December 26, 2024**, or until funds are depleted.
- ❖ Please allow 3-5 weeks for your incentive to be processed once proper documentation has been received.
- ❖ JCE Co-op reserves the right to inspect and verify equipment and installation.
- ❖ All accounts are eligible for only **ONE** incentive per appliance/unit within a 5-year time period.
- ❖ **Submit ALL documentation listed below no later than 3 months after purchase and installation and no later than December 26, 2024**, {however, members are encouraged to submit as soon as possible to ensure incentive}:
 - ✓ This **incentive Form**.
 - ✓ A **copy of your receipt or invoice** for each item purchased (**must include model #, size and efficiency specs.**).
 - ✓ In the case of fuel switching, a **vendor certification** is required indicating the fuel source was changed (**if member has switched from propane, fuel oil, or electricity provided by another utility**). This can be in the form of a signed letter, from the contractor, stating what fuel source the unit was switched from.

Submit required documentation to: JCE Co-op ▪ Attn: Member Services Department; Incentive Request ▪ P.O. Box 390 ▪ Elizabeth, IL 61028

MEMBER INFORMATION *(Please fill out entire section)*

Member Name			Email		
			<i>I wish to receive digital communications with information about the cooperative, its programs and services.</i>		
Address			Account	Phone	
				<input type="checkbox"/> Opt Out	
City	State	Zip	Date	Member Signature	
Incentive for: <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institution/Government <input type="checkbox"/> Other:					

INCENTIVE INFORMATION *(Please fill in shaded boxes for all items which you are requesting an incentive)*

Equipment	Specifications	Check <input checked="" type="checkbox"/>	Incentive Total:
NEW Natural Gas Heating Unit			
Natural Gas Furnace/Boiler	AFUE ≥ 95% AHRI Certificate Number: _____	<input type="checkbox"/>	\$125
	AFUE: _____ % Input BTU Rating: _____ Eae: _____ ECM: Yes or No		
Fuel Switching Incentive (New & Existing units)			
Fuel Switching	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility. BTUs of Switched System: _____	<input type="checkbox"/>	\$200

NEW Natural Gas Appliance Incentive			
Natural Gas Water Heater	EF ≥ 0.67 {Submit MODEL # and Documentation of (EF) Energy Factor} EF: _____	<input type="checkbox"/>	\$50
Natural Gas Appliances	<input type="checkbox"/> STOVE <input type="checkbox"/> CLOTHES DRYER <input type="checkbox"/> FIREPLACE INSERT <input type="checkbox"/> GENERATOR <input type="checkbox"/> OTHER _____		\$50 <i>per appliance</i>
Fuel Switching Incentive (New & Existing units)			
Fuel Switching <i>(per appliance)</i>	Requires a Vendor Certification showing that Fuel has been switched from propane, fuel oil, or electricity provided by another utility. Provide BTUs of Switched Existing Systems.	<input type="checkbox"/>	\$100 <i>per appliance</i>

MULTIPLE SWITCHING BONUS!!!!			
Fuel Switch Heat & Appliances	Members who switch a HEATING UNIT and at least ONE Additional APPLIANCE from propane, fuel oil, electricity, or... provided by another utility qualify for an Additional Incentive PER APPLIANCE.	<input type="checkbox"/>	\$50 <i>per appliance</i>

EXAMPLE: New 96% Furnace + Water Heater + Fuel Switching + MULTIPLE BONUS = \$525 Total Incentive Requested \$

OFFICE USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved - Reason:	Class:	Code: 98 (JCE)
Date of Purchase:		Invoice Amount:	
Member Services Representative:	Date:	Incentive Issued:	
Billing Services Representative:	Date:	\$	