

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

Do Not
Staple

- ❖ 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 2025.
- ❖ Installed equipment must be on Cooperative's Natural Gas lines.
- ❖ Incentives are in place from **January 1, 2025**, through **December 23, 2025**, 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 23, 2025**, {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 Certified Reference Number: _____ | <input type="checkbox"/> | \$125 ea. |
| | 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 ea. |

| NEW Natural Gas Appliance Incentive | | | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| Natural Gas Water Heater | UEF ≥ 0.67 {Submit MODEL # and Documentation of (UEF) Uniform Energy Factor} UEF: _____ | <input type="checkbox"/> | \$50 ea. |
| 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 per appliance |

| 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 per appliance |

| 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 per appliance |

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: | \$ | |