



PERFORMANCE CONTRACTING INCENTIVE APPLICATION

Company Name: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax: _____

Email: _____

Mailing Address: _____ Zip _____

Installation Address: _____ Zip _____

Water Account Number: _____

Brief Description of Equipment Retrofit: _____

Please attach sufficient proof of water savings, a complete list of equipment with material cost, a project timeline, a conceptual design or description, and the expected equipment life to this sheet.

Total estimated Cost of Equipment for Retrofit: _____

Estimated Water Savings (Gallons per Day): _____ gpd

Estimated Equipment Life: _____ years

Project Start Date: _____ Estimated Completion Date: _____

Is the project in an area of your facility that can be sub-metered: Yes No

Verification of Water Savings

Following completion of the water savings retrofit, Pinellas County Utilities staff will verify project completion and water saving results for a period of 60 days. Rebates will be based on actual and verified water savings.

Agreement

I certify that this project meets the program eligibility requirements and that the information I have supplied on this application is true and correct. I understand that participation in this program is conditional upon acceptance by Pinellas County Utilities and that Pinellas County Utilities makes specific incentive commitments only through a letter of acceptance. I understand that if Pinellas County Utilities accepts my project, I will receive a letter of acceptance specifying the potential rebate amount, installation deadline, and other terms, which will become part of the agreement. Any changes to this agreement must be in writing and approved by Pinellas County Utilities. I agree that any installed equipment **will remain in use for a five (5) year period of time**, or that it will be replaced with equipment or processes which achieve an equal or greater level of water savings, or I will refund a prorated amount of incentive dollars to Pinellas County Utilities based on the actual period of time the equipment was used. I agree to report water savings achieved with the project annually for the next 5 years, and to provide information summarizing the project at the end of 5 years. I further agree to permit Pinellas County Utilities to inspect and confirm the verified water savings equipment and/or processes during the five-year period.

Authorized Signature: _____ Title: _____ Date: _____

Pinellas County Utilities
Alternate Water Sources