



Commercial & Industrial Go Program Application Form



Please be advised, the GO Custom Program budget cap has been reached. At this time, all new 2016 rebate application submissions will be given priority status for processing beginning on January 1, 2017.

South Hadley Municipal Light Department's (SHELD) Commercial & Industrial Green Opportunity (GO) program provides incentives and technical assistance to promote the identification and implementation of electric energy efficiency improvements in South Hadley, Massachusetts. The program targets all cost effective opportunities that result in electric savings in existing or new facilities. Applications will be reviewed on a first come first serve basis.

How does it Work? Customers who are interested in participating in the program should complete and submit this application form. The program administrator will contact the applicant by phone to review the application and to better understand the specific goals and interests of the applicant. If a scoping audit is deemed necessary, *SHELD requires \$100 co-payment from the customer prior to audit scheduling.* SHELD and the program administrator will work with the applicant throughout the process to help customers achieve their goals. Further information on the program design including eligible measures, incentive caps, and financing options are provided in the Program Description Document(s), available [here](#).

Who is Eligible? All non-residential customers, including commercial, industrial, governmental, and institutional are eligible to participate in the program. Customers must be in good financial standing with SHELD to participate in the program.

How to Apply:

- 1) Complete all fields in this application to the best of your ability
- 2) Sign and date this application, making sure to include your SHELD account number
- 3) Submit the application using one of the following methods:

E-mail: energysavings@SouthHadleyma.gov
 Mail to: South Hadley GO Program c/o MMWEC
 Attn. Energy Efficiency Program Manager
 327 Moody Street
 Ludlow, MA 01056

1.) Project Type

Please Select One Option Below - If you have any questions please contact us at 877-259-3015	
<input type="checkbox"/>	Retrofit of Existing Equipment or Systems
<input type="checkbox"/>	Replacement of Failed or Failing Equipment
<input type="checkbox"/>	Other (Please Describe) _____

2.) Customer Information

Company Name		Contact Name	Date of Application Submission
Phone Number		Fax Number	E-mail
Mailing Address		City, State, Zip	
Facility Address (if different)		City, State, Zip	Federal Tax ID #

3.) Facility Information

Approx. Annual Electric Costs	Approx. Electric Costs as % of Operating Expenses	Avg. Hours of Operation	
		hours/day	days/week
Facility Square Footage		Approx. Age of Facility	
Main Building: _____ Other Buildings: _____			
Facility Type (Check any that may apply)			
<input type="checkbox"/> Commercial (Wholesale/Retail)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Multi-family (5 units or more)	<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> K-12 School	<input type="checkbox"/> College/University
<input type="checkbox"/> Government	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Hospitality
			<input type="checkbox"/> Office
			<input type="checkbox"/> Other _____

4.) Project Description/Area of Interest

Please describe in detail the nature of your project and/or any areas of interest/ issues/concerns regarding your facility's comfort, safety, productivity or performance

5.) Rebate Assignment

If the mailing address is different than the facility address, please complete the information below. If the rebate needs to be addressed to a particular person's attention, please note that below.		
Business Name – Correct name for rebate check		
Mailing Address (Please include Post Office Box, if applicable)		City, State, Zip Code
Contact Person	Phone Number	Email

6.) Customer Authorization

I verify that all information provided in this application is accurate and true to the best of my knowledge. I also authorize SHELD to release my previous two years of utility records for the account(s) listed below for the sole purpose of review and analysis as part of the proposed energy efficiency improvement project(s).	
SHELD Customer's Name and Title (Note: Must be SHELD Customer)	
SHELD Customer's Signature	Date
SHELD Account Number(s) (Provide for all facilities included in this application)	