

# **Florida Power & Light Company**

## **Business Heating Ventilation & Air Conditioning ("HVAC") Program Forms**

**Effective: July 15, 2019\***

**\*Effective July 15, 2019, Rebate Forms must be submitted within 60 days of the date of installation to be considered by FPL. However, Rebate Forms submitted for Thermal Energy Storage jobs will still be considered by FPL if submitted within 12 months of the date of signature.**

# FPL Business HVAC Forms

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# FPL Business HVAC Forms

## Chiller Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate CHILLER REBATE FORM												
<b>FPL JOB NUMBER</b>												
<b>FPL Customer Account Information</b>						<b>Indicate Payee:</b> Vendor <input type="checkbox"/> Customer <input type="checkbox"/>						
FPL Account Number						Payee Tax ID (If Incorp.)			Payee S S No.(If not Incorp.)			
Customer/Facility Type						Vendor/Customer Name						
Name				Phone Number		SAP No.						
Address				Contact Person		Payee Address						
City				State Zip Code		City				State Zip Code		
<b>NEW CHILLER EQUIPMENT INFORMATION</b>											<b>REBATE INFORMATION</b>	
Group	Number of Units	Compressor and Condenser Type	Manufacturer Name	Model Number	Unit Tons	KW per Ton	EER (if Air Cooled)	PATH (A or B)	IPLV (kW/ Ton)	VFD (Y/N)	Rebate \$	
1												
2												
3												
4												
5												
6												
All Units											All Units Total \$	
Totals												
<b>Compressor Type</b>						<b>Condenser Type</b>						
1 -- Centrifugal						A-- Air Cooled						
2 -- Positive Displacement (Rotary Screw, Scroll, and Reciprocating)						B-- Water Cooled						
TOTAL UNITS INSTALLED _____						<b>FOR FPL USE ONLY</b>						Local Check <input type="checkbox"/>
TOTAL FPL REBATE \$ _____						CHILLER SUMMER KW REDUCTION (DSMS) _____						(1 Decimal Place)
NEW CONSTRUCTION YES <input type="checkbox"/> NO <input type="checkbox"/>												
COMMENTS _____												Print SLID
ATTACH MANUFACTURER'S DOCUMENTATION OF CAPACITY & EFFICIENCY						VERIFIED BY _____						
						RESPONSIBLE REP _____						
<b>CUSTOMER SIGNATURE</b>						<b>PRINT NAME</b>						<b>DATE</b>
My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures has been fully installed and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.												
Internal Order	GL Account	AMOUNT	PROGRAM MEASURE	<b>CUSTOMER SEGMENT</b>								
6110000379	5772600		CHILLER	SMB <input type="checkbox"/>				Nat Accts <input type="checkbox"/>				
				Large C/I <input type="checkbox"/>				Govt <input type="checkbox"/>				
						Certified by Contractor Sales Specialist				Date		
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION												
											REV 7-1-2019	

# FPL Business HVAC Forms

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## **Disclaimers**

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FPL does not provide any supervision, control or instructions to Contractor regarding the means and methods for performing any work that might be eligible for a rebate. This is entirely the responsibility of the Contractor and likewise the sole responsibility of the customer to manage and inspect the work performed by the Contractor.

# FPL Business HVAC Forms

## DX Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate DX REBATE FORM										
<b>FPL JOB NUMBER</b>										
<b>FPL Customer Account Information</b>					<b>Indicate Payee:</b> Vendor <input type="checkbox"/> Customer <input type="checkbox"/>					
FPL Account Number					Payee Tax ID (If Incorp)		Payee S S No.(If not Incorp.)			
Customer/Facility Type					Vendor/Customer Name					
Name			Phone Number		SAP No.					
Address				Contact Person		Payee Address				
City		State		Zip Code		City		State	Zip Code	
<b>DX EQUIPMENT</b>										
Group	Num. Units	Type Unit/ Cooling	Manuf.	Model Number	Unit MBtuh	SEER/ EER Rating	AHRI/ISO #	Heat Type (Gas, Heat Pump, None, Oil, Resistance- kW)	DSMS Rebate All Units \$	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
<small><u>Unit Type</u> 1 -- Pack/Split 2 -- VRF</small>			<small>3 - PTAC/PTHP 4 - Single Pack Vertical 5 - Computer Room 6 - Condensing Unit Only</small>			<small><u>Cooling Type</u> A-- Air Cooled B-- Evaporative Cooled</small>		<small>C-- Water Cooled D-- Water to Air</small>		<small>E- Water to Water F- Glycol Cooled G- Water Cooled Fluid Econ H- Glycol Cooled Fluid Econ</small>
<b>DX Rebate Info</b>					<b>FOR FPL USE ONLY</b>					
TOTAL UNITS INSTALLED <input type="checkbox"/>					<b>Local Check</b> <input type="checkbox"/>					
TOTAL FPL REBATE \$ <input type="checkbox"/>										
NEW CONSTRUCTION YES <input type="checkbox"/> NO <input type="checkbox"/>					DX SUMMER KW REDUCTION (DSMS) _____ (1 DECIMAL PLACE)					
COMMENTS _____					Print      SLID					
FOR UNITS > 250 MBtuh or SPECIAL CLASS UNITS ATTACH MANUFACTURER'S DOCUMENTATION					VERIFIED BY _____					
					RESPONSIBLE REP _____					
<b>CUSTOMER SIGNATURE</b>					<b>PRINT NAME</b>			<b>DATE</b>		
My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures has been fully installed and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.										
Internal Order		GL Accounts		AMOUNT		PROGRAM MEASURE				
6110000382		5772600				DX EQUIPMENT				
<b>CUSTOMER SEGMENT</b>										
SMB <input type="checkbox"/>		Nat Accts <input type="checkbox"/>								
Large C/I <input type="checkbox"/>		Govt <input type="checkbox"/>								
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION							Certified by Contractor Sales Specialist		Date	
<small>REV 7-1-2019</small>										

# FPL Business HVAC Forms

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# FPL Business HVAC Forms

## ERV Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate Energy Recovery Ventilator Form					
<b>Job Number</b>					
<b>FPL Customer Account Information</b>			<b>Indicate Payee:</b>		Vendor <input type="checkbox"/> Customer <input type="checkbox"/>
FPL Account Number		Payee Tax ID (if Incorp.)		Payee S.S. No. (if not Incorp.)	
Customer/Facility Type			Vendor Name		
Name		Phone Number		SAP No.	
Address		Contact Person		Address	
City		State		Zip Code	
<b>Cooling Rebate Info</b>					
AHRI Net Thermal Effect Rating		Cooling _____ % <i>(Must be 50% or Greater)</i>		1 = Air Cool Dx      2= Water Cool Dx	
Bldg Cooling Source Type		_____		3= Air Cool Recip Chill      4= Air Cool Screw/Scroll Chill	
				5= Water Cool Screw/Scroll Chill      6= Water Cool Cent Chill	
				7= Water Source Heat Pump      8= PTAC/PTHP	
<b>Heating Rebate Info</b>					
AHRI Net Thermal Effect Rating		Heating _____ %			
Bldg Heating Source Type		_____ (For Note 3 & 4 use - No Electric Heat ERV Table)			
Model Number		1 = Electric Strip      2 = Heat Pump			
		3 = Gas or Fuel Oil      4 = No Heat			
<b>Energy Recovery Ventilator Rebate</b>					
Energy Recovery Ventilator Type		_____		1 = Sensible & Latent Heat Wheel      2= Sensible Only Heat Wheel	
AHRI Model Number		_____		3 = Sensible & Latent Plate      4= Sensible Only Plate	
Rebate Airflow cfm		_____		5 = Sensible Heat Pipe      6= Other	
AHRI 100% Airflow @ 0" Dif cfm		_____		<input type="checkbox"/> 75% AHRI Rating Used      AHRI Pres Drop _____ inches	
Rates From Tables			Calculations		
Number of ERV's Installed		====> _____ units		<b>Total Rebate</b>	
_____					
<b>FPL Use Only</b>					
NEW CONSTRUCTION		YES <input type="checkbox"/> NO <input type="checkbox"/>		Cooling _____ kW Reduction	
				Local Check <input type="checkbox"/>	
Internal Order		GL Account		Total Rebate Amount	
611000383		5772600			
<b>CUSTOMER SIGNATURE</b>		<b>PRINT NAME</b>		<b>DATE</b>	
My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures has been fully installed and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.					
VERIFIED BY:		Print _____ SLID _____		Customer Segment	
RESPONSIBLE REP:		_____		SMB <input type="checkbox"/> Nat Accts <input type="checkbox"/>	
				Large C/I <input type="checkbox"/> Govt <input type="checkbox"/>	
				Certified by Contractor Sales Specialist _____ Date _____	
				NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION	
				REV 7-1-2019	

# FPL Business HVAC Forms

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# FPL Business HVAC Forms

## DCV HVAC Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate Demand Control Ventilation Form			
Job Number			
<b>FPL Customer Account Information</b>		<b>Indicate Payee:</b> Vendor <input type="checkbox"/> Customer <input type="checkbox"/>	
FPL Account Number		Payee Tax ID (if incorp.) Payee S.S. No.(if not incorp.)	
Customer/Facility Type		Vendor Name	
Name	Phone Number	SAP No.	
Address		Address	
City	State Zip Code	City	State Zip Code
<b>Demand Control Ventilation System and Bldg Cooling/Heating Info</b>			
Demand Control Ventilation Type ==>		Bldg Cooling Source Type ==>	
1 = Space CO2 only                      1 = Space & OA CO2 3 = Indoor Air Quality Sensors.      3 = Other		1 = Air Cool Dx                              2= Water Cool Dx 3= Air Cool Recip Chill                  4= Air Cool Screw/Scroll Chill 5= Water Cool Screw/Scroll Chill      6= Water Cool Cent Chill 7= Water Source Heat Pump            8= PTAC/PTHP	
Bldg Heating Source Bldg Heating Source Type ==>		1 = Electric Strip                          2 = Heat Pump	
ERV Installed? <input type="checkbox"/>		3 = Gas or Fuel Oil                        4 = No Heat	
<b>Customer Facility Info</b>		<b>FPL Rebate Info</b> (Note: Round square footage up to nearest 100's)	
Facility Type	Area Description	Estimated Area in ft <sup>2</sup>	Number of Sensors
Total DCV Job Cost _____		Total Sensors==> _____	
Max sensors available for rebate= Total DCV Job Cost/500		Sensors Available for Rebate=> _____	
		Rebate =====> _____	
<b>FPL Use Only</b>			
Net Cooling Summer kW Reduction _____			
NEW CONSTRUCTION                      YES <input type="checkbox"/> NO <input type="checkbox"/>		Local Check <input type="checkbox"/>	
Internal Order		GL Accounts	Total Rebate Amount
6110000376		5772600	
CUSTOMER SIGNATURE		PRINT NAME	
		DATE	
My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures has been fully installed and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.			
Print    SLID    Customer Segment			
VERIFIED BY: _____		SMB <input type="checkbox"/>	Nat Accts <input type="checkbox"/>
RESPONSIBLE REP: _____		Large C/I <input type="checkbox"/>	Govt <input type="checkbox"/>
		Certified by Contractor Sales Specialist    Date	
		NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION	
		REV 7-1-2019	

# FPL Business HVAC Forms

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# FPL Business HVAC Forms

## DCV Kitchen Hood Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate Kitchen Demand Control Ventilation Form					
Job Number					
<b>FPL Customer Account Information</b>			<b>Indicate Payee:</b> Vendor <input type="checkbox"/> Customer <input type="checkbox"/>		
FPL Account Number		Payee Tax ID (If Incorp.)		Payee S.S. No.(If not Incorp.)	
Customer/Facility Type			Vendor Name		
Name		Phone Number		SAP No.	
Address		Contact Person		Address	
City		State		Zip Code	
City		State		Zip Code	
<b>Cooling Rebate Info</b>					
Bldg Cooling Source Type		_____		1 = Air Cool Dx                      2= Water Cool Dx 3= Air Cool Recip Chill            4= Air Cool Screw/Scroll Chill 5= Water Cool Screw/Scroll Chill 6= Water Cool Cent Chill 7= Water Source Heat Pump        8= PTAC/PTHP	
<b>Heating Rebate Info</b>					
Bldg Heating Source Type		_____		1 = Electric Strip                      2 = Heat Pump 3 = Gas or Fuel Oil                    4 = No Heat	
<b>Building Information</b>					
Building Type		_____		1 = Coffee Shops / Delis              2 = Quick Service Restaurants 3 = Restaurants                        4 = Supermarkets 5 = Institution                         6 = Other	
<b>Kitchen Ventilation Controls Rebate</b>					
Exhaust Fan Ventilation rate		_____ CFM		Make Up Ventilation rate _____ CFM	
DSMS Input		_____ CFM			
Controls Manufacturer		_____		Controller Model Number _____	
Rates From Tables			Calculations		
Number of Systems Installed		====> _____ units			
Rebate rate from table		_____ X No units ==>		_____ <b>Total Rebate</b>	
<b>FPL Use Only</b>					
NEW CONSTRUCTION		Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ Cooling kW reduction Local Check <input type="checkbox"/>	
Internal Order		GL Account		Total Rebate Amount	
6110000376		5772600			
<b>CUSTOMER SIGNATURE</b>		<b>PRINT NAME</b>		<b>DATE</b>	
<p><b>My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures has been fully installed and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.</b></p>					
Certified by Contractor Sales Specialist		Date _____			
<b>Customer Segment</b>				<b>Print</b> <b>SLID</b>	
<input type="checkbox"/> SMB <input type="checkbox"/> CI <input type="checkbox"/> CI GOVT <input type="checkbox"/> National Accounts		<b>VERIFIED BY:</b> _____  <b>RESPONSIBLE REP:</b> _____			
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION					

# FPL Business HVAC Forms

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# FPL Business HVAC Forms

## TES Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate THERMAL ENERGY STORAGE													
FPL JOB NO		Other Account Numbers on TES System											
<b>FPL Customer Account Information</b>								<b>TES System Rebate Payee</b> FPL Vendor <input type="checkbox"/> Customer <input type="checkbox"/>					
FPL Account Number								Payee Tax ID (if Incorp.) SS (if not Incorp.)					
Customer/ Facility Type								Vendor Name					
Name				Phone Number				SAP No.			Phone Number		
Address				Contact Person				Vendor Mailing address			Contact Person		
City				State Zip Code				City			State Zip Code		
<b>TES System Rebate \$600 per KW Shifted</b>								<b>LOAD SHIFTED &amp; Rebate INFO COMMENTS</b>					
Compressor Type	Air or Water Cooled	Chiller Capacity (Tons)	Chiller Efficiency (kW/ton)	Storage Manufacturer Name	Storage Type	Number Storage Tanks	Number Of Gallons (Thousands)	Chiller Tons Shifted	Rebate Factor	Rebate \$/kW	Full Or Partial	Date TES System Verified	Rebate
										\$600			
<b>Tank Replacement Rebate \$500 per KW Shifted</b>													
Compressor Type	Air or Water Cooled	Chiller Capacity (Tons)	Chiller Efficiency (kW/ton)	Storage Manufacturer Name	Storage Type	Number Storage Tanks	Number Of Gallons (Thousands)	Chiller Tons Shifted	Rebate Factor	Rebate \$/kW	Full Or Partial	Date TES System Verified	Rebate
										\$500			
<b>Tank Refurbishment Rebate \$200 per KW Shifted</b>													
Compressor Type	Air or Water Cooled	Chiller Capacity (Tons)	Chiller Efficiency (kW/ton)	Storage Manufacturer Name	Storage Type	Number Storage Tanks	Number Of Gallons (Thousands)	Chiller Tons Shifted	Rebate Factor	Rebate \$/kW	Full Or Partial	Date TES System Verified	Rebate
										\$200			
<b>TOTAL Rebate &amp; LOAD INFO</b>								<b>FOR FPL USE ONLY</b>					
Total Building Load _____ TONS								Local Check <input checked="" type="checkbox"/>					
Total Shift By Storage _____ TONS								SHIFTED SUMMER KW REDUCTION _____ (Nearest Decimal)					
Peak Load Shifted by Storage in 3-6 PM Window _____ TONS								VERIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>					
TES System Rebate \$ _____								UNSATISFACTORY DATE(S) _____					
								SATISFACTORY DATE _____					
								Print <span style="float: right;">SLID</span>					
								VERIFIED BY _____					
								RESPONSIBLE REP _____					
<b>CUSTOMER SIGNATURE</b>				<b>PRINT NAME</b>				<b>DATE</b>					
My signature on this FPL Business HVAC Rebate Certificate indicates that the above described energy saving measures are complete and that I understand and agree to the terms on the reverse side (or attached), including the Disclaimer.													
Internal Order		GL Account		Amount		Program Measure		<b>CUSTOMER SEGMENT</b>					
6110000381		5772600				TES System		SMB <input type="checkbox"/>		Nat Accts <input type="checkbox"/>			
								C/I <input type="checkbox"/>		GOVT <input type="checkbox"/>			
Authorization for Payment								Certification					
Manager, New Product Development _____ Date								Manager, New Product Development _____ Date					
								Authorized HVAC Specialist _____ Date					
								Account Manager _____ Date					
NON-NEGOTIABLE. VOID AFTER 12 MONTHS													
REV. 7-1-2019													

# FPL Business HVAC Forms

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## Minimum TES System Design Requirements

1. The design must be based on standard engineering principles and be performed by a Professional Engineer licensed and insured in the state of Florida.
2. The TES system must be designed to provide storage to serve all or part of the cooling needs of the building during FPL's summer peak period. The summer peak period is from 3 pm to 6 pm Monday through Friday, June 1 through September 30. The rebate will be based on the maximum tons shifted during the summer peak period. The TES system shall limit summer recharge of storage from 9 p.m. to Noon (April 1 through October 31) and limit winter recharge of storage from 10 p.m. to 6 a.m. (November 1 through March 31).
3. The hourly cooling load profiles for the various cooling options must be developed with an industry standard hourly analysis program such as those provided by the US Department of Energy, Carrier Corporation, or Trane Corporation. Real time cooling loads (hourly tons) or plant kW (converted to hourly tons) is also acceptable as long as calibrated instruments are used, and include data from the warmest months of the year (June 1 through September 30).
4. Customer shall provide the FPL Representative with full design calculations prior to the installation of the TES system. These calculations are subject to review by the FPL Representative to verify compliance of the design with the above program requirements. Required documents include design loads, original input data files for load program (optional), schematic diagrams showing fluid flows, pipes, control valves, heat exchangers, etc, and hourly design day operating sequences.
5. The storage discharge profile for the design day load, generated by the storage tank vendor.

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