

## Customer Rebate Application Instructions

This Customer Rebate Application is required for participation in the Commercial Prescriptive Rebate Program (Rebate Program) for projects installing qualifying non-lighting measures. The Lighting Workbook required for lighting projects is available online at [www.empowerSCbusiness.com](http://www.empowerSCbusiness.com). Complete participation information and eligibility specifications are included in the 2024 Commercial Prescriptive Rebate Program Manual, also available at [www.empowerSCbusiness.com](http://www.empowerSCbusiness.com).

This Customer Rebate Application packet contains the following parts:

- General Information
- Rebate Payment Information
- Rebate Worksheet

To participate in this Rebate Program, please follow the following steps:

1. **Read** the 2024 Program Manual for a complete description of program eligibility requirements and the participation process.
2. **Read** the Terms and Conditions document and sign.
  - Signing the Terms and Conditions document accepts the terms and conditions of this Rebate Program.
3. **Purchase and Install** qualifying equipment and/or initiate and complete work between December 1, 2023 and November 30, 2024
4. **Complete** the following forms included with this Customer Rebate Application:
  - **General Information** – Include all required customer and account information.
  - **Rebate Payment Information** – Rebates will be mailed to customer's electric account billing address. If customer would prefer for the check to be designated to someone other than the customer, complete the Payment Release Information on page three of this Customer Rebate Application.
  - **Rebate Worksheet** – Include all required product information including: product type, install date, dealer name, manufacturer, model number(s), efficiency, size, quantity, and rebate amount. Dealers or contractors may assist with the completion of the rebate worksheet.
5. **Complete** any required supplemental forms for the energy efficiency measures being installed, if applicable.
6. **Submit** a current W9 form for the customer applying for the rebate.
7. **Retain** a copy of all completed Customer Rebate Application forms and all required documentation, such as invoices and contracts. Submitted Customer Rebate Applications will become the property of Santee Cooper.

**Submit** the completed forms and required documentation, including dated sales receipt or invoice, by November 30, 2024 to:

Santee Cooper Energy Services  
305-A Gardner Lacy Road  
Myrtle Beach, SC 29579

Email: [commercial.energy@santeecooper.com](mailto:commercial.energy@santeecooper.com)

Please enter in email subject line – **SECURE: Rebate Application**

**For More Information.** For more information about this Rebate Program, measure eligibility, rebates, or other Santee Cooper programs please contact us:

- **Website:** [www.empowerSCbusiness.com](http://www.empowerSCbusiness.com)
- **Trade Ally Portal:** [www.empowerSC4business.com](http://www.empowerSC4business.com)
- **Email:** [commercial.energy@santeecooper.com](mailto:commercial.energy@santeecooper.com)
- **Phone:** (843)347-3399 ext. 3910 (Horry and Georgetown Counties)  
and (843)761-8000 ext. 3910 (Berkeley County)

## General Information

**Important:** This form is not for lighting projects. For lighting projects, please use the Lighting Workbook. (Note: Retrofit lighting projects **REQUIRE** pre-inspection before work can be started.)

Energy efficiency measures must be purchased, installed, and/or completed at a qualifying customer facility **prior** to submitting the Customer Rebate Application unless otherwise noted in the Equipment Catalog. Please allow 6 weeks for the Customer Rebate Application and rebate processing following complete documentation submittal and post-installation inspection procedures. Rebates will not be paid for ineligible or incomplete Customer Rebate Applications.

Business Name (as it appears on Santee Cooper Bill) \_\_\_\_\_ Federal Tax ID (EIN) or Social Security # \_\_\_\_\_

Santee Cooper Account Number(s) where measure(s) to be installed (location on Santee Cooper Bill) \_\_\_\_\_

Santee Cooper Meter Number(s) where measure(s) to be installed (location on Santee Cooper Bill) \_\_\_\_\_

Address where measure(s) to be installed \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Electronic Account Billing Address (if different from the installation address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is Contractor a Santee Cooper Trade Ally?  Yes  No

Contractor Name \_\_\_\_\_

---

### Building Information

**Primary building use:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Automotive Facility         | <input type="checkbox"/> Hotel                   | <input type="checkbox"/> Police/Fire Station |
| <input type="checkbox"/> Convention Center           | <input type="checkbox"/> Library                 | <input type="checkbox"/> Post Office         |
| <input type="checkbox"/> Court House                 | <input type="checkbox"/> Manufacturing Facility  | <input type="checkbox"/> Religious Building  |
| <input type="checkbox"/> Dining: Bar Lounge/Leisure  | <input type="checkbox"/> Motel                   | <input type="checkbox"/> Retail              |
| <input type="checkbox"/> Dining: Cafeteria/Fast Food | <input type="checkbox"/> Motion Picture Theater  | <input type="checkbox"/> School/University   |
| <input type="checkbox"/> Dining: Family              | <input type="checkbox"/> Multi-Family Housing    | <input type="checkbox"/> Sports Arena        |
| <input type="checkbox"/> Dormitory                   | <input type="checkbox"/> Museum                  | <input type="checkbox"/> Town Hall           |
| <input type="checkbox"/> Exercise Center             | <input type="checkbox"/> Office                  | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Gymnasium                   | <input type="checkbox"/> Parking Garage          | <input type="checkbox"/> Warehouse           |
| <input type="checkbox"/> Health Care - Clinic        | <input type="checkbox"/> Penitentiary            | <input type="checkbox"/> Workshop            |
| <input type="checkbox"/> Hospital                    | <input type="checkbox"/> Performing Arts Theater | <input type="checkbox"/> Other _____         |

**Building Size:** \_\_\_\_\_

**Number of Floors:** \_\_\_\_\_

**Year Built:** \_\_\_\_\_

**Percent Conditioned:** \_\_\_\_\_

**Operating Hours:** \_\_\_\_\_

**Temperature Set-points:**

|             |                |                |
|-------------|----------------|----------------|
|             | <u>Heating</u> | <u>Cooling</u> |
| Occupied    | _____ °F       | _____ °F       |
| Un-occupied | _____ °F       | _____ °F       |

## Rebate Payment Information

Mail rebate check to:  Billing Address  Other (complete release below)

Rebate check reference (15 character maximum)

### 3<sup>rd</sup> Party Release (Payment Release Information)

**Important: Complete this section only if rebate payment is to be directed to someone other than the customer indicated above. Please note that the federal government may require that a 1099 be issued to you, the customer, for the rebate amount paid to your contractor. Please consult with your tax professional for tax implications.**

I AM AUTHORIZING THIS REBATE PAYMENT TO THE THIRD PARTY NAMED BELOW AND I UNDERSTAND THAT I WILL NOT BE RECEIVING THE REBATE PAYMENT CHECK FROM SANTEE COOPER. I ALSO UNDERSTAND THAT MY RELEASE OF PAYMENT TO THE THIRD PARTY DOES NOT EXEMPT ME FROM THE REBATE REQUIREMENTS OUTLINED IN THE APPLICATION.

Authorized by (please print)

Signature of Authorized

Date

#### Check should be made payable to:

Payee Business Name

Contact Phone Number

Payee Federal Tax ID (EIN) or Social Security Number

Payee Mailing Address

City

State

Zip

## Rebate Worksheet

**Important:** This form is to be completed and submitted to Santee Cooper with the Customer Rebate Application. Please refer to the Equipment Catalog(s) for measure eligibility requirements, rebate amounts and codes. Dealers or contractors may assist in the completion of this form. Attach additional sheets as necessary.

| Parameter   | Measure 1 | Measure 2 | Measure 3 |
|---|-----------|-----------|-----------|
| Equipment code  |           |           |           |
| Project type<br>(Retrofit or New Construction)                |           |           |           |
| Installation date   |           |           |           |
| Facility Location<br>(Distance from oceanfront)               |           |           |           |
| Location of installed measure<br>(e.g. roof, mechanical room) |           |           |           |
| EE Measure end use<br>(e.g. supply fan, CHW pump)             |           |           |           |
| Age of replaced equipment<br>(for retrofits)                  |           |           |           |
| Replaced (existing) equipment<br>Manufacturer                 |           |           |           |
| Replaced (existing) equipment<br>Model number                 |           |           |           |
| New equipment Dealer name                                     |           |           |           |
| New equipment Manufacturer                                    |           |           |           |
| New Equipment Model number                                    |           |           |           |
| Annual operating hours <sup>1</sup>                           |           |           |           |
| Efficiency(ies)<br>(as described in Equipment Catalog)        |           |           |           |
| EE Measure size<br>(as described in Equipment Catalog)        |           |           |           |
| EE Measure rebate (\$)<br>(e.g. HVAC: \$50/ton*10 tons=\$500) |           |           |           |
| Number of measures  |           |           |           |
| Total rebate (\$)<br>(# of Measures*Measure Rebate)           |           |           |           |

<sup>1</sup>IF VFD application, please specify the equipment schedule(s)

### Customer Rebate Application Checklist

Before submitting this Customer Rebate Application please verify the following:

1. Did you read and understand the eligibility requirements in the Equipment Catalog?
2. Have you included a dated sales invoice?
3. Did you attach any additional documentation listed in the Equipment Catalog?
4. Did you include your account number?
5. Did you sign the Terms and Conditions Form?

**SEND COMPLETED CUSTOMER REBATE APPLICATIONS TO:**

Mail: Santee Cooper Energy Services  
305-A Gardner Lacy Road  
Myrtle Beach, SC 29579

Email: [commercial.energy@santeecooper.com](mailto:commercial.energy@santeecooper.com)

Please enter in email subject line – **SECURE: Rebate Application**