
PROJECT SPECS

Requested Rebate: \$ _____
(Refer to project rebate table, page 3)

CUSTOMER INFORMATION (all information must match the information on your electric utility bill)

Utility Name: _____ Utility Account #: _____

Customer/Company Name: _____

Contact Person: _____

Email: _____ Phone #: _____

How did you hear about this program? (utility, web, word of mouth, newsletter, etc): _____

INSTALLATION ADDRESS

Address 1: _____

Address 2: _____

City: _____ State: _____

Zip: _____ Phone: _____

MAILING ADDRESS ☐ (Same as Installation Address)

Address 1: _____

Address 2: _____

City: _____ State: _____

Zip: _____ Alt. Phone: _____

VENDOR INFORMATION

☐ Contractor

☐ Equipment will be customer/self-installed

Company Name: _____ Contact Person: _____

Mailing Address 1: _____ Telephone: _____

Mailing Address 2: _____ Fax: _____

City, State, Zip: _____ Email: _____

FUNDING APPROVAL

Items listed below must be submitted prior to funding approval. Failure to agree to and provide these items could lead to denial of your application:

- ☐ Completed Funding Approval Form (this form)
- ☐ Appropriate completed rebate table (Page 3)
- ☐ Submit Funding Approval Form prior to project start
- ☐ Agree to Terms and Conditions
- ☐ Copy of most recent utility bill
- ☐ Manufacturer specification sheet or project quote

Send signed funding approval form (this form) and all required documents to:

IMPA Energy Efficiency Program
11610 N. College Ave.
Carmel, IN 46032
Email: save@impa.com
Questions: 317.573.9955

Customer Signature: _____

Date: _____

This box for internal IMPA use only:

Funding Approval Signature: _____ Date: _____

Project Code: _____

Energy Efficiency Program



Application

An application for a rebate through the IMPA Energy Efficiency Program should **ONLY** be submitted if a prior funding approval form has been submitted and approved. If you have not already submitted a funding approval form, please do so prior to starting your project. If you have already submitted a funding approval form and have completed your project, please complete the remainder of this form and return to IMPA.

PROJECT SPECS

Final Requested Rebate: \$ _____
(Refer to project rebate table, page 3)

Project Code (from Funding Approval Form): _____

APPLICATION CHECKLIST

- ☐ Include Funding Approval Form
- ☐ Submit application within 30 days of project completion
- ☐ Provide proof of installation (invoices, receipts, etc.)

Send signed application and all required documents to:
IMPA Energy Efficiency Program
11610 N. College Ave.
Carmel, IN 46032
Email: save@impa.com
Questions: 317.573.9955

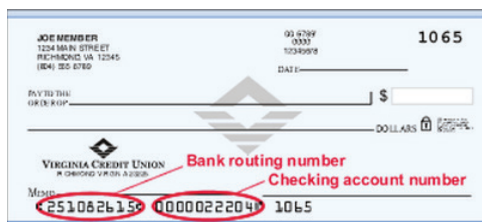
PROGRAM RULES AND EQUIPMENT ELIGIBILITY REQUIREMENTS

Rebates will be issued directly to the customer only. Please include payment information when submitting form. By signing below, you agree that you have read and hereby agree to the IMPA Energy Efficiency Program Terms and Conditions and Equipment Eligibility Requirements.

Customer Signature: _____

Customer Name (printed): _____ Contact Phone #: _____

Tax ID # (if commercial/industrial): _____ Date: _____



Payment Information:

Routing #: _____

Account #: _____

This box for internal IMPA use only:

Final IMPA Approval (Authorized Signature Only): _____ Date: _____



HVAC application

NOTE: This table must be completed; other forms will not be accepted.

HVAC - New Unit								
Measure ID	Equipment Type	Minimum Efficiency	Retrofit/ or Failed Equipment	Make	Model Number	Serial Number	SEER	Rebate
Heat Pumps, one-for-one replacement								
R101		16.0 SEER2 or Greater						\$150
Central Air, one-for-one replacement								
R102		16.0 SEER2 or Greater						\$125
Geothermal, one-for-one replacement								
R103	Closed Loop	17.1 SEER or Greater						\$175
	Open Loop	21.1 SEER or Greater						\$175