2022 Steam Trap Express Application



Consumers Energy

Consumers Energy
Business Energy Efficiency Programs

Count on Us®

About this Application

Steam traps operate in a corrosive environment and fail on a regular basis, wasting valuable energy needed for heating or manufacturing processes. A single failed trap can waste up to \$500 per year. Steam trap maintenance is easy and Consumers Energy will help pay to replace traps that fail open. Fill out this simple application and then view our standard incentive application at ConsumersEnergy.com/hvacrebate for more ways Consumers Energy can optimize your energy, like a boiler tune-up or a comprehensive steam system assessment.

Application Instructions

1. Is your project eligible?

- · You must be a current natural gas customer of Consumers Energy on an eligible commercial or industrial rate.
- · Pre-Notification is required for projects with estimated incentives greater than \$5,000.
- Projects for steam systems that have a steam pressure greater than 50 psig and an annual operating period greater than 4,000 hours should apply for a custom incentive instead of this prescriptive measure.

2. Measure requirements

- · Purchase and install the products according to the manufacturer's recommendations.
- This measure is available only for repair or replacement of traps that have malfunctioned and are leaking steam. It is not available for traps that have failed in the closed position or are plugged.
- This measure is available once in a 24-month period per individual trap.
- · Replacement with an orifice trap is not eligible for this measure.
- A steam trap survey must be recorded and attached to the application, using a spreadsheet with survey/repair/ replacement results, or use the form at the end of this application. Repair or replacement of steam traps is not eligible for this measure if a survey was not completed, however in lieu of this measure, replacement steam traps and/or parts may be available at a reduced price through the Business Instant Discount Program.
- This measure must be less than or equal to \$175/trap, not to exceed 100% of the total project cost.

3. Submit your incentive application

- Return the following within 60 days of project completion:
 - · Signed copy of application.
 - · W-9 for payee.
 - Copy of invoice (must be itemized and clearly state the invoice number and date; distributor name and address; customer name and address; itemized list of steam trap equipment, including manufacturer, model number, price and quantity of steam traps installed and total cost of the purchase).
- · Send your application to Consumers Energy via one of the following methods:

Email: SteamTrapExpress@cmsenergy.com

Fax: 877-607-0738

Mail: Consumers Energy Business Energy Efficiency Programs

Attn: Steam Trap Express

PO Box 1040

Okemos, MI 48805

4. Receive your incentive check

- · Incentive checks will generally be delivered within four to six weeks after receipt of a completed application.
- PDF application must be downloaded and saved prior to filling in fields.

Need Help?

Call 877-607-0737 or Email: SteamTrapExpress@cmsenergy.com

Our team is ready to help you with any questions you may have.

Steam Trap Express Final Application

| | Your Consumers Energy Advisor (if known) | | | | | |
|---|---|---|------------------------------|--|--|--|
| | Consumers Energy Account Manager (if known) | | | | | |
| Customer Informatio | on (Required for all appli | cations) | | | | |
| Company Name (as it appears on Consumers Ene | | | | | | |
| Contact Name | | | Title | | | |
| Mailing Address | | | | | | |
| City | | | State | ZIP | | |
| Phone | one Email | | | | | |
| We will use your email ac | ldress solely to provide time | ly information about the Cons | sumers Energy Busine | ess Energy Efficiency Programs and your projects | | |
| Consumers Energy No | atural Gas Account Number | (at Project Location) | | | | |
| Primary Business Ty | pe | | | | | |
| Agriculture Auto Repair Biotech Convenience Store Grocery | Heavy Industrial Light Industrial High School School (K-8) University/College | ☐ Hotel☐ Motel☐ Large Office☐ Small Office☐ Religious | Quick Sen | e Restaurant vice Restaurant Facility Size (Area) | | |
| Data | Hospital | Public Assembly | Other | | | |
| Customer Tax Inform | ation (Required for all a | pplications) | | | | |
| | dividual/Sole proprietor gle-member LLC | ☐ C Corporation☐ S Corporation | ☐ Partnership☐ Trust/estate | ☐ LLC Enter Tax Classification ☐ Other | | |
| Tax ID Number: Plea EIN/Federal Tax ID | ise provide your EIN/Fe | deral Tax ID below. | Exemptions Payee Code | FATCA Code | | |
| Project Information | | | | | | |
| | | | | | | |
| Project Name (if appli | cable) | | | | | |
| Project Name (if appli Installation Address | cable) | | | | | |
| | cable) | | State | Zip | | |
| Installation Address City | | ontractor, Designer, etc.) | | Zip | | |
| Installation Address City | | | | | | |
| Installation Address City Technical Contact Inf | | | | | | |
| Installation Address City Technical Contact Inf Company Name* | | | |) (if known) | | |
| Installation Address City Technical Contact Inf Company Name* Contact Name | | | nergy Contractor IE |) (if known) | | |
| Installation Address City Technical Contact Inf Company Name* Contact Name Mailing Address | | | nergy Contractor IE |) (if known) Title | | |

 $[\]ensuremath{^{**}}$ W-9 must be provided for payee with application.

| For internal use only | | | | |
|-----------------------|----------|------|---|--|
| Date | Assigned | CE - | | |
| | | · | _ | |

 $^{^{\}ast}$ Company name as it appears on your W-9.

| Incentive Requested | | | | | |
|--|-----------------------------------|----------|-----------------------------|--|-------------------------|
| Equipment Type | Incentive | # of l | Jnits | | Total Incentive |
| TU205 Steam Trap Repair or Replacement | \$175.00 per Tra | р | | | |
| Total Measure Incentive cannot exceed 100 Check the Buy Michigan Box only if the manufacturer affidavit. | | | | | |
| Incentive Requested | | | | | |
| Total Project Cost | tt Cost Total Incentive Requested | | Actual | Completion Date | |
| Company Name* | | | Project | Project # | |
| Customer Signature | mer Signature D | | Date | Date | |
| Print Name | | | | Title | |
| Third Party Payment Release | | | | | |
| Skip This Section If Rebate Check Will Be I | Made Payable To Cu | ustomer | | | |
| authorize the payment of the incentive to the third of the payment to a third party does not exempt me Authorized By: Customer Name | | | | | |
| Check should be made payable to: Individual/Company Name* | | | | | Phone |
| Mailing Address | | | | | |
| City | | | State | | ZIP |
| Tax Status**: ☐ Individual/Sole prosingle-member LL | _C | poration | ☐ Partnership☐ Trust/Estate | _ | nter Tax Classification |
| Tax ID Number Please provide your EIN EIN/Federal Tax ID — | N/Federal Tax ID belo | ow. | | emptions yee Code ₋ | FATCA Code |

Please note that this document will require re-saving each time a digital signature is used.

* Company name as it appears on your W-9.

** W-9 must be provided for payee with application.

1. Survey form

• This application requires that you provide a spreadsheet with survey/repair/replacement results as part of your steam trap maintenance program. A template is provided below, or you may use a professional report or another document with the same required information.

2. How to conduct the survey

- The survey may be conducted by a certified contractor or certified customer technician. Surveys are typically performed using listening or temperature devices.
- Check and record the results for all steam traps being replaced in the facility that is requesting a rebate.

3. Submit your survey

Ex.

• Include your completed survey as supporting documentation with the rest of your application.

| Existing | | | | |
|----------|----------------------|------------------------------|--|--|
| Trap# | Location in Facility | Fail Status (Open/Closed) | | |
| 27 | North Press | Open | | |
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| New | | | | | |
|--------------|--------|-----------------|--|--|--|
| Make | Model# | Trap Type | | | |
| Manufacturer | 800 | Inverted Bucket | | | |
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| Surveyor's Name | Company | Survey Date |
|-----------------|---------|-------------|
| | | |

Surveyor's Signature

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