

FY23 - Business Energy Retrofit Program Application

Applicant and Business Information

Business Name: _____ # of Employees at this location: _____

Business Address: _____ Federal ID # _____

City: _____ Zip: _____ County: _____

Contact Person: _____ Phone: _____

Contact Email Address: _____ Fax: _____

Have you participated in BER? _____ Located in a downtown setting? _____ Do you have bids? _____ Ready to start? _____ Estimated Start Date? _____

Property Owner Name: _____ Phone: _____

Property Owner Signature: _____ Date: _____

- ☐ By checking this box, you would like to participate in the advanced BER program of which AEOA staff will coordinate directly with the business, the contractors, and provide estimated payback calculations. The advanced BER program will cost you an additional coordination and audit fee of \$900.00 for this service. See advanced program description at www.aeo.org

Type of Facility

Agriculture	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Lodging	<input type="checkbox"/>	Warehouse	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Grocery	<input type="checkbox"/>	Office	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Other:	_____		

**All facilities are subject for review and approval.*

**Government, city, church and housing are not eligible.*

**Businesses are to be locally owned and operated.*

Proposed Project

Please give a brief overview of the upgrades you are interested in completing.

How much are you willing to invest? \$ _____ List Funding Sources (Self, Loan, Grant, etc.): _____

Eligible Activities

Lighting & Fixture Upgrades	Building Envelope & Air Sealing	Appliances, Motors & Equipment
Insulation & Ventilation	Heating, Cooling & Refrigeration	Window & Door Replacement
Renewable Energy (Wind / Solar)	Roofing (1/3 up to \$10k max)	All Energy Related Upgrades

Program Information

****A \$500.00 application fee will be required at the initial inspection & processed when the work is awarded****

****BIDS SUBMITTED MUST MEET CURRENT STATE FUNDED COMMERCIAL PREVAILING WAGE****

Mail, Email or Fax completed application and release form to **Scott Zahorik** :



2900 E. Beltline Suite 9

Hibbing, MN 55746

Fax: 218-748-7333

Phone: 218-735-6828

Email:

scott.zahorik@aeoa.org

AUTHORIZATION TO RELEASE ENERGY USE, BILLING AND PHOTO INFORMATION

AEOA Contact: Scott Zahorik
AEOA - Hibbing Office
2900 E. Beltline Suite 9
Hibbing, MN 55746

Office: 218-735-6828 Fax: 218-748-7333 Email: scott.zahorik@aeoa.org

To: ARROWHEAD ECONOMIC OPPORTUNITY AGENCY

PLEASE RELEASE ENERGY USE AND BILLING INFORMATION – ELECTRIC AND FUEL TO:

NAME OF RECIPIENT

Scott Zahorik

NAME OF COMPANY OR ORGANIZATION

Arrowhead Economic Opportunity Agency

FOR PURPOSE OF ASSESSING ENERGY USE AND/OR SAVINGS FOR: **FY23 BUSINESS ENERGY RETROFIT PROGRAM**

LIST BELOW ALL ACCOUNT(S) ASSOCIATED WITH THE PROPERTY

UTILITY COMPANY	ACCOUNT NUMBER(S)	SPECIFY FUEL OR ELECTRIC

BY SIGNING THIS RELEASE FORM YOU ALSO HEREBY GRANT PERMISSION FOR AEOA AND IRRRB, TO TAKE AND USE: TESTIMONIALS AND/OR COMMENTS SAID DURING THE BUSINESSES PROJECT AND PHOTOGRAPHS AND/OR DIGITAL IMAGES OF THE BUSINESS/PROJECT FOR USE IN NEWS RELEASES AND/OR EDUCATIONAL MATERIALS. THESE MATERIALS MIGHT INCLUDE PRINTED OR ELECTRONIC PUBLICATIONS, WEB SITES OR OTHER ELECTRONIC COMMUNICATIONS. YOU FURTHER AGREE THAT YOUR BUSINESS NAME AND IDENTITY MAY BE REVEALED IN DESCRIPTIVE TEXT OR COMMENTARY IN CONNECTION WITH THE IMAGE(S). YOU AUTHORIZE THE USE OF THESE IMAGES WITHOUT COMPENSATION. ALL NEGATIVES, PRINTS, DIGITAL REPRODUCTIONS SHALL BE PROPERTY OF AEOA.

Printed Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Customer Signature: _____ Date: _____

BER FY23