

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												
FPL JOB NUMBER												
FPL Customer Account Information						Indicate Payee: 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		
NEW CHILLER EQUIPMENT INFORMATION											REBATE INFORMATION	
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												
<u>Compressor Type</u>						<u>Condenser Type</u>						
1 -- Centrifugal						A-- Air Cooled						
2 -- Positive Displacement (Rotary Screw, Scroll, and Reciprocating)						B-- Water Cooled						
TOTAL UNITS INSTALLED _____						FOR FPL USE ONLY						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 _____						
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.												
Internal Order	GL Account	AMOUNT	PROGRAM MEASURE	CUSTOMER SEGMENT								
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

Disclaimers

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FPL Business HVAC Forms

DX Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate DX REBATE FORM										
FPL JOB NUMBER										
FPL Customer Account Information					Indicate Payee: 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	
DX EQUIPMENT										
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</small>			<small>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</small>		<small>G- Water Cooled Fluid Econ H- Glycol Cooled Fluid Econ</small>
DX Rebate Info					FOR FPL USE ONLY					
TOTAL UNITS INSTALLED <input type="checkbox"/>					Local Check <input type="checkbox"/>					
TOTAL FPL REBATE \$ <input type="checkbox"/>					DX SUMMER KW REDUCTION (DSMS) _____ (1 DECIMAL PLACE)					
NEW CONSTRUCTION YES <input type="checkbox"/> NO <input type="checkbox"/>										
COMMENTS _____										
					Print SLID					
FOR UNITS > 250 MBtuh or SPECIAL CLASS UNITS ATTACH MANUFACTURER'S DOCUMENTATION					VERIFIED BY _____					
					RESPONSIBLE REP _____					
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.										
Internal Order		GL Accounts		AMOUNT		PROGRAM MEASURE				
6110000382		5772600				DX EQUIPMENT				
CUSTOMER SEGMENT										
SMB <input type="checkbox"/>		Nat Accts <input type="checkbox"/>				Certified by Contractor Sales Specialist		Date		
Large C/I <input type="checkbox"/>		Govt <input type="checkbox"/>								
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

ERV Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate Energy Recovery Ventilator Form					
Job Number					
FPL Customer Account Information			Indicate Payee:		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	
Cooling Rebate Info					
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	
Heating Rebate Info					
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	
Energy Recovery Ventilator Rebate					
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		Total Rebate	

FPL Use Only					
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			
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.					
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

Disclaimers

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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			
FPL Customer Account Information		Indicate Payee: 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
Cooling Rebate Info			
Bldg Cooling Source Type	_____	1 = Air Cool Dx 3= Air Cool Recip Chill 5= Water Cool Screw/Scroll Chill 7= Water Source Heat Pump	2= Water Cool Dx 4= Air Cool Screw/Scroll Chill 6= Water Cool Cent Chill 8= PTAC/PTHP
Heating Rebate Info			
Bldg Heating Source Type	_____	1 = Electric Strip 3 = Gas or Fuel Oil	2 = Heat Pump 4 = No Heat
Building Information			
Building Type	_____	1 = Coffee Shops / Delis 3 = Restaurants 5 = Institution	2 = Quick Service Restaurants 4 = Supermarkets 6 = Other
Kitchen Ventilation Controls Rebate			
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 ==>	_____ Total Rebate
FPL Use Only			
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		
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.			
Certified by Contractor Sales Specialist		Date	
Customer Segment		Print	SLID
<input type="checkbox"/> SMB <input type="checkbox"/> CI <input type="checkbox"/> CI GOVT <input type="checkbox"/> National Accounts		VERIFIED BY: _____ RESPONSIBLE REP: _____	
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION			
			REV 7-1-2019

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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											
FPL Customer Account Information								TES System Rebate Payee 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		
TES System Rebate \$600 per KW Shifted													
LOAD SHIFTED & Rebate INFO COMMENTS													
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			
Tank Replacement Rebate \$500 per KW Shifted													
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			
Tank Refurbishment Rebate \$200 per KW Shifted													
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			
TOTAL Rebate & LOAD INFO								FOR FPL USE ONLY					
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 SLID					
								VERIFIED BY _____					
								RESPONSIBLE REP _____					
CUSTOMER SIGNATURE				PRINT NAME				DATE					
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		CUSTOMER SEGMENT					
6110000381		5772600				TES System		SMB <input type="checkbox"/>		NatAccts <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

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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