

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: _____

* Electronic signature will be represented by typing full, legal name in the specified signature box and I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

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	Restaurant	Lodging	Warehouse	Retail
Grocery	Office	Educational	Manufacturer	Non-Profit
Convenience	Health Care	Industrial	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
Insulation & Ventilation
Renewable Energy (Wind / Solar)

Building Envelope & Air Sealing
Heating, Cooling & Refrigeration
Roofing (1/3 up to \$10k max)

Appliances, Motors & Equipment
Window & Door Replacement
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:



AEOA
attn: 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 COMPANY OR ORGANIZATION
Arrowhead Economic Opportunity Agency
Scott Zahorik
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: _____

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BER FY23