

Florida Power & Light Company

Business Heating Ventilation & Air Conditioning ("HVAC") Program Forms

Effective: November 2, 2020

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 Total \$		
Totals												
Compressor Type						Condenser Type						
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 does not provide any supervision, control or instructions to Contractor regarding the means and methods for performing any work that might be eligible for a rebate. This is entirely the responsibility of the Contractor and likewise the sole responsibility of the customer to manage and inspect the work performed by the Contractor.

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									
Unit Type			Cooling Type						
1 - Pack/ Split	3 - PTAC/PTHP		5 - Computer Room		A - Air Cooled	C - Water Cooled	E - Water to Water	G - Water Cooled Fluid Econ	
2 - VRF	4 - Single Pack Vertical		6 - Condensing Unit Only		B - Evaporative Cooled	D - Water to Air	F - Glycol Cooled	H - Glycol Cooled Fluid Econ	
DX Rebate Info					FOR FPL USE ONLY				
TOTAL UNITS INSTALLED <input type="checkbox"/>					Local Check <input type="checkbox"/>				
TOTAL FPL REBATE \$ <input type="checkbox"/>									
NEW CONSTRUCTION YES <input type="checkbox"/> NO <input type="checkbox"/>					DX SUMMER KW REDUCTION (DSMS) _____ (1 DECIMAL PLACE)				
COMMENTS _____					Print _____ SLID _____				
FOR UNITS > 250 MBtuh or SPECIAL CLASS UNITS ATTACH MANUFACTURER'S DOCUMENTATION					VERIFIED BY _____				
					RESPONSIBLE REP _____				
CUSTOMER SIGNATURE					PRINT NAME				
_____ 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.					_____ DATE				
Internal Order		GL Accounts		AMOUNT		PROGRAM MEASURE			
611000382		5772600				DX EQUIPMENT			
CUSTOMER SEGMENT									
SMB <input type="checkbox"/>	Nat Accts <input type="checkbox"/>								
Large C/I <input type="checkbox"/>	Govt <input type="checkbox"/>								
NON-NEGOTIABLE, VOID AFTER 90 DAYS FROM DATE OF INSTALLATION									
Certified by Contractor Sales Specialist							Date		
REV 7-01-2019									

FPL Business HVAC Forms

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FPL Business HVAC Forms

DCV HVAC Rebate Form

Florida Power & Light Company Business HVAC Rebate Certificate 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		Address	
City	State Zip Code	City	State Zip Code
Demand Control Ventilation System and Bldg Cooling/Heating Info			
Demand Control Ventilation Type ==>		Bldg Cooling Source Type ==>	
1 = Space CO2 only 1 = Space & OA CO2 3 = Indoor Air Quality Sensors. 3 = Other		1 = Air Cool Dx 2= Water Cool Dx 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	
Bldg Heating Source Bldg Heating Source Type ==>		1 = Electric Strip 2 = Heat Pump	
ERV Installed? <input type="checkbox"/>		3 = Gas or Fuel Oil 4 = No Heat	
Customer Facility Info		FPL Rebate Info (Note: Round square footage up to nearest 100's)	
Facility Type	Area Description	Estimated Area in ft^2	Number of Sensors
Total DCV Job Cost		Total Sensors==>	
Max sensors available for rebate= Total DCV Job Cost/500		Sensors Available for Rebate=>	
		Rebate ==>	
FPL Use Only			
Net Cooling Summer kW Reduction _____			
NEW CONSTRUCTION YES <input type="checkbox"/> NO <input type="checkbox"/>		Local Check <input type="checkbox"/>	
Internal Order	GL Accounts	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.			
Print	SLID	Customer Segment	
VERIFIED BY: _____	_____	SMB <input type="checkbox"/>	Nat Accts <input type="checkbox"/>
RESPONSIBLE REP: _____	_____	Large CI <input type="checkbox"/>	Govt <input type="checkbox"/>
		Certified by Contractor Sales Specialist	
		Date	
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION			
REV 7/01/2019			

FPL Business HVAC Forms

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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 6110000376		GL Account 5772600		Total Rebate Amount	
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				<u>Print</u> <u>SLID</u>	
<input type="checkbox"/> SMB <input type="checkbox"/> C/I <input type="checkbox"/> C/I GOVT <input type="checkbox"/> National Accounts		VERIFIED BY: _____		RESPONSIBLE REP: _____	
NON-NEGOTIABLE, VOID AFTER 60 DAYS FROM DATE OF INSTALLATION					
					REV 7/01/2019

FPL Business HVAC Forms

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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							SHIFTED SUMMER KW REDUCTION _____ (Nearest Decimal)						
Total Shift By Storage _____ TONS							VERIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>						
Peak Load Shifted by Storage in 3-6 PM Window _____ TONS							UNSATISFACTORY DATE(S) _____						
TES System Rebate \$ _____							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"/>		Nat Accts <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. 7/01/2019													

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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