



ENERGY MITIGATION GRANT PROGRAM

Name of Applicant: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Mailing Address For Rebate (if different than above): _____ City: _____

State: _____ Zip: _____ Email Address: _____

Home Phone: () _____ Cell: () _____

Property Owner Consent:

By signature hereon, the property owner acknowledges that City and County officials and/or employees may, in the performance of their functions, enter upon the property to inspect and/or other standard activities in the course of processing this application. The undersigned will, at any time, with 24 hrs of notice, allow an agent of the Building / Land Use Department to inspect the improvements.

Completion Declaration: The undersigned certifies that (s)he has implemented the improvements as proposed and in accordance with the EMG program guidelines and (s)he is aware improvements are subject to random inspection. Improvements that are not implemented as proposed on this application shall be required to return the rebate money within 30 days or be subject to legal action.

Disclaimer: The undersigned certifies that (s)he is aware that energy retrofits involving building envelope sealing could negatively affect indoor air quality and (s)he is aware a post-improvement blower door test should be conducted to ensure ASHRAE standard 62.2. "Ventilation for Acceptable Indoor Air Quality." has been met.

Property Owner's

Signature: _____ Date: _____

Owners' Cell Phone number: _____ Owners' Email Address: _____

Audit Cost: \$ _____

Project Cost \$ _____

Total Cost \$ _____

Rebate requested: Audit \$ _____ Materials/Labor \$ _____ Total \$ _____
(Rebate amount is a total cost up to \$5,000)

Rater Name: _____ Raters' Cell Phone Number: _____

Date of Audit: _____

IMPROVEMENTS

Total amount of material & labor costs associated with improvements: \$ _____

(Attach copies of receipts)

EMG SUBMITAL CHECKLIST

Check Box if Item has been submitted

PROOF OF OWNERSHIP THAT INCLUDES HOMES SQUARE FOOTAGE

BEFORE AND AFTER PHOTOS OF IMPROVEMENTS, WITH IDENTIFYING CAPTIONS

And / Or

SOLAR PROPOSAL CONDUCTED WITH PROJECTED ENERGY SAVINGS. PROPOSAL MUST SHOW THAT SNOW COVERS THE SOLAR PANELS DURING WINTER MONTHS UNLESS 8/12 PITCH OR GREATER

RECEIPTS FOR 1) SOLAR SYSTEM AND 2) CERTIFIED ENERGY AUDIT RESULTS

PHOTOS OF INSTALLATIONS AND IMPROVEMENTS, WITH IDENTIFYING CAPTIONS

Contractors Registration # _____

Plumbing Contractor # _____

Electrical Contractor # _____

Insulation Contractor # _____

HVAC Contractor# _____

Program information and requirements are subject to change. Rebates are offered until funding is exhausted; please check with the Blaine County Land Use or Building Department 208-788-5570 or 208-788-5573 to determine the current funding level. **Before purchasing a product, reserve a rebate and/or ensure rebates are available, and to confirm product eligibility and program requirements. Products purchased must meet efficiency criteria as established by this grant opportunity. Allowing approval of your application, payment will be mailed to you within 45 business days.*

Energy Audit Field Checklist
ATTACHMENT B

The following items will be inspected and or tested on site by your Rater. The Rater will be assessing the quality of your homes' thermal envelope, air seal boundary and energy efficiency status of mechanical systems. The product of this evaluation and testing will be to identify areas for improvement that an EMG rebate shall apply

Blower Door Test Results:

CFM at -50 pascals: _____

Air Changes per Hour at -50 pascals: _____

Air Leakage Locations:

Indoor Air Quality (IAQ) Considerations:

Insulation Inspection: Existing R- Value, insulation type and installation quality

Attic/Roof Assembly: _____

Walls: _____

Floors: _____

Foundation Walls: _____

Basement Walls: _____

Crawlspace Walls: _____

Attic Knee Walls: _____

Other: _____

Commentary on Insulation:

Window Inspection:

Window type, approximate age, condition: _____

Estimated U-Value: _____

Ductwork Inspection:

Duct Location: _____

Duct Type: _____

Description of duct condition, evidence of air-sealing and recommendations for improvement:

Mechanical Equipment Inspection:

Heating System Type #1: _____

Efficiency: _____

Notes Recommendations: _____

Heating System Type #2: _____

Efficiency: _____

Notes and Recommendations:

Infrared-Photo Summary

An Infrared photos summary will be issued separately by the Rater.

Solar-Ready

This home qualifies for solar funding through this program if the following conditions are met, or are achieved following this audit:

- 1) Mechanical equipment meets the eligible criteria of this rebate program
- 2) Attic insulation is R-38 or higher
- 3) Wall insulation fills all stud cavities
- 4) Crawlspace walls are R-10 OR floor insulation is R-30 and correctly installed
- 5) Windows are double paned and don't show signs of significant air leakage or seal failures
- 6) Blower door test results are below 7 air changes per hour
- 7) Ductwork is visibly air-sealed

Energy Auditor to verify by signature that the above has been met: _____

Summary of Recommended Upgrades:

Below is a summary of recommended upgrades for improvements that qualify for a Blaine County EMG Rebate. Further details regarding these recommendations are found in the informational sections below.

	Recommend Improvement	Details
1		
2		
3		
4		
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10		

ELIGIBLE MATERIALS AND SUBMITTAL CHECKLIST
ATTACHMENT B

Materials	Submittals / Verifications to be provided by owner/applicant
HVAC Systems: <ul style="list-style-type: none"> • Gas Furnace Models: > 92% AFUE rating • Oil Furnace Models: > 83% AFUE rating • Mastic (Duct Sealing) • Duct Insulation • Energy Star Qualified Heat Pumps 	Pictures of installed systems and product information to verify efficiencies. Receipt of HVAC combustion test. Sizing of HVAC systems and duct design must be in accordance with 2012 IECC- Manual "J", "D", and or "S" or equivalent methodology shall be submitted as appropriate to upgrade.
Insulation: <ul style="list-style-type: none"> • Grade 1 installation • Insulation may be professionally installed or installed by homeowner • Ceiling insulation shall be installed up to R-50; must increase R-value by R-10 or greater • Ceiling insulation over unconditioned space, such as garages, do not qualify for the rebate unless it is part of the thermal envelope for the whole structure • Wall insulation shall meet the recommended Energy STAR insulation levels for retrofitting existing wood-framed buildings for Zone 6B when exterior siding is removed • Wall insulation shall be to the maximum extent possible or code minimum 	Owner/Applicant submits an itemized receipt/invoice from the insulator contractor or place of purchase. If owner installed photos showing completed install shall be provided.
Windows and Doors: Residential Windows, Doors, and Skylights meeting the ENERGY STAR criteria for Northern Climates. Minimum double pane low e .32 U-factor for windows	Applicant submits product information and pictures of installed windows/door with the Energy Star labeling and copy or picture of UPC.
Solar Panels & Installation <ul style="list-style-type: none"> • Installed by certified installer 	Applicant submits original receipt and pictures of installed solar panels. Solar PV and Solar Thermal are eligible for this grant opportunity.

Owner / Contractor is responsible for applicable permits