

Geothermal Grant Application

Name of organization: _____

Current address: _____

City: _____ State: Illinois Zip: _____

How is your building used: _____

What Illinois Electric Cooperative serves your organization: _____

Contact Person Information

Name: _____

Address: _____

City: _____ State: Illinois Zip: _____

Phone: _____ E-mail: _____

Geothermal Project Information

This Geothermal system is (select one): New construction Retrofit

Square footage of: Total Facility Facility served by Geothermal system

Geothermal loop type (select one): Open Horizontal Vertical

Estimated project start date: _____ Estimated project completion date: _____

Geothermal system size (tons): _____

Project Installation Cost

Cost of proposed Geothermal installation: \$ _____

Cost of furnace/central air installation: \$ _____

Incremental cost: \$ _____

This application is for one third (1/3) of the incremental difference which equals: \$ _____

Payback

Estimated payback period if you do not receive grant money: Years Months

I have included documentation for the following:

(1) Proof of organization's 501 (c) 3 tax exempt status: _____

(2) Copy of bid for furnace/central air installation: _____

(3) Copy of bid for Geothermal installation: _____

Signature of applicant: _____ Date: _____

For AIEC/ICECF use only: Demand reduction in Kw: _____ Annual energy savings in Kwh: _____

The AIEC will make these two calculations:

Please mail or fax this form to: **Attn: Nancy Nixon** Fax: 217/529-5810
Assn of Illinois Electric Cooperatives
Geothermal Grant Program
P.O. Box 3787
Springfield, IL 62708