

2023

Steam Trap Express Application



Consumers Energy
Business Energy Efficiency Programs

Consumers Energy

Count on Us®

About this Application

Steam traps operate in a corrosive environment and fail on a regular basis, wasting valuable energy needed for heating or manufacturing processes. A single failed trap can waste up to \$500 per year. Steam trap maintenance is easy and Consumers Energy will help pay to replace traps that fail open. Fill out this simple application and then view our standard incentive application at ConsumersEnergy.com/hvacrebate for more ways Consumers Energy can optimize your energy, like a boiler tune-up or a comprehensive steam system assessment.

Application Instructions

1. Is your project eligible?

- You must be a current natural gas customer of Consumers Energy on an eligible commercial or industrial rate.
- The total incentive for your project must be less than \$5,000.
- Projects with incentives greater than \$5,000 must get pre-authorization in writing from the program manager.

2. Installation and incentive requirements

- Purchase and install the products according to the manufacturer's recommendations.
- The repair incentive is available only for repair or replacement of traps that have malfunctioned and are leaking steam. It is not available for traps that have failed in the closed position or are plugged.
- The incentive is available once in a 24-month period per individual trap.
- Replacement with an orifice trap is not eligible for an incentive.
- The steam trap survey must be recorded and attached to the application, using a spreadsheet with survey/repair/replacement results, or use the form at the end of this application.
- The incentive must be less than or equal to \$175/trap, not to exceed 100% of the total project cost.

3. Submit your incentive application

- Return the following within 60 days of project completion:
 - Signed copy of application.
 - W-9 for payee.
 - Copy of invoice (must be itemized and clearly state the invoice number and date; distributor name and address; customer name and address; itemized list of steam trap equipment, including manufacturer, model number, price and quantity of steam traps installed and total cost of the purchase).
- Send your application to Consumers Energy via one of the following methods:

Email: SteamTrapExpress@cmsenergy.com

Fax: 877-607-0738

Mail: Consumers Energy Business Energy Efficiency Programs

Attn: Steam Trap Express

PO Box 1040

Okemos, MI 48805

4. Receive your incentive check

- Incentive checks will generally be delivered within four to six weeks after receipt of a completed application.

► PDF application must be downloaded and saved prior to filling in fields.

Need Help?

Call 877-607-0737 or Email: SteamTrapExpress@cmsenergy.com

Our team is ready to help you with any questions you may have.

Steam Trap Express Final Application

Your Consumers Energy Advisor (if known) _____
Consumers Energy Account Manager (if known) _____

Customer Information (Required for all applications)

Company Name
(as it appears on Consumers Energy bill)

Contact Name Title

Mailing Address

City State ZIP

Phone Email

We will use your email address solely to provide timely information about the Consumers Energy Business Energy Efficiency Programs and your projects.

Consumers Energy Natural Gas Account Number (at Project Location)

Primary Business Type

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Heavy Industrial | <input type="checkbox"/> Hotel | <input type="checkbox"/> Big Box Retail |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Light Industrial | <input type="checkbox"/> Motel | <input type="checkbox"/> Small Retail |
| <input type="checkbox"/> Biotech | <input type="checkbox"/> High School | <input type="checkbox"/> Municipality/Assembly | <input type="checkbox"/> Full Service Restaurant |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> School (K-8) | <input type="checkbox"/> Large Office | <input type="checkbox"/> Quick Service Restaurant |
| <input type="checkbox"/> Grocery | <input type="checkbox"/> University/College | <input type="checkbox"/> Small Office | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Data | <input type="checkbox"/> Hospital | <input type="checkbox"/> Religious | <input type="checkbox"/> Other _____ |
- Facility Size (Area) _____ ft²

Customer Tax Information (Required for all applications)

Tax Status ** ☐ Individual/Sole proprietor single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ LLC Enter Tax Classification _____ ☐ Trust/estate ☐ Other _____

Tax ID Number: Please provide your EIN/Federal Tax ID below.

EIN/Federal Tax ID -

Exemptions

Payee Code _____ FATCA Code _____

Project Information

Project Name (if applicable)

Installation Address

City State Zip

Technical Contact Information (Trade Ally, Contractor, Designer, etc.)

Company Name* Consumers Energy Contractor ID (if known)

Contact Name Title

Mailing Address

City State Zip

Phone Email

Rebate Administrator (RA) Name RA Email

* Company name as it appears on your W-9.

** W-9 must be provided for payee with application.

For internal use only

Date


Assigned

CE -



Incentive Requested			
Equipment Type	Incentive	# of Units	Total Incentive
Steam Trap Repair or Replacement	\$175.00 per Trap		

▶ Total Measure Incentive cannot exceed 100% of the installed project cost of the replacement (material and labor).

 Check the Buy Michigan Box only if the incentivized piece of the equipment meets the Buy Michigan bonus specifications and we can verify the manufacturer affidavit.

Incentive Requested		
Total Project Cost	Total Incentive Requested	Actual Completion Date
Company Name*		Project #
Customer Signature		Date
Print Name		Title

▶ Upon signing, I am stating that I have read and understand the Terms and Conditions set forth by this program.

Third Party Payment Release

Skip This Section If Rebate Check Will Be Made Payable To Customer

I authorize the payment of the incentive to the third party named below and I understand that I will not be receiving the incentive payment. I also understand that my release of the payment to a third party does not exempt me from the program requirements outlined in the Incentive Catalog, Final Application Agreement and Terms and Conditions.

Authorized By:

Customer Name	Signature	Date
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Check should be made payable to:

Individual/Company Name*	Phone
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Mailing Address

City	State	ZIP
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Tax Status:** ☐ Individual/Sole proprietor single-member LLC ☐ C Corporation ☐ Partnership ☐ LLC Enter Tax Classification _____
☐ S Corporation ☐ Trust/Estate ☐ Other _____

Tax ID Number

Please provide your EIN/Federal Tax ID below.

EIN/Federal Tax ID -

Exemptions

Payee Code _____ FATCA Code _____

▶ Please note that this document will require re-saving each time a digital signature is used.

* Company name as it appears on your W-9.

** W-9 must be provided for payee with application.

