



**Ameren Missouri Natural Gas Efficiency Programs  
2017-2019 General Service Rebate Application**

**APPLICANT'S INFORMATION (All information is required. Print legibly.)**

Ameren Missouri 10-Digit Natural Gas Account Number as it appears on your bill: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MO ZIP: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROPERTY INFORMATION ABOUT NATURAL GAS SERVICE ADDRESS**

<input type="checkbox"/> Single Family	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Strip Mall	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other (List) _____
<input type="checkbox"/> Owner	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other (Specify) _____	
Approx. Sq. Footage: _____		Approx. Age of Building: _____		Number of Stories: _____

**LANDLORD'S INFORMATION** By completing this section, you are authorizing Ameren Missouri to send the rebate check to the landlord for the eligible natural gas products purchased. *If this section is not completed, the rebate is mailed to the Applicant noted above.*

Landlord's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TABLE 1: EQUIPMENT REBATES** A General Service Energy Audit is **Not** Required in Order to Request a Rebate. Rebates effective for installs on or after June 19, 2017.

The noted measure maximum per measure below will be rebated per category per account in a calendar year. Eligible equipment for this program is listed in Table 1 below and can't be combined with rebates listed in Table 2. Table 2 measures require a QUALIFIED ENERGY AUDIT.

Eligible Measure Type (See Note 1)	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed/Measure Limit per Year	Equipment Costs	Standard or Calculated Rebate
Smart Thermostat	Allure Energy (Eversense), Ecobee 3, Honeywell (Lyric Round, Lyric T5, Lyric T6), Lennox (iComfort S30), Nest (2nd Gen & 3rd Gen), Bryant Evolution Connex Control, Carrier Infinity System Control, Côr - 5C Wi-Fi & 7C Wi-Fi	\$100 per unit, up to 10 units, or 50% of the equipment cost, whichever is lower.	\$1,000 Limit ten (10) per customer.		
Programmable Thermostat	Seven-day Programmable	\$25 per unit, up to 10 units, 50% of the equipment cost, whichever is lower.	\$250 Limit ten (10) per customer.		
Steam Trap Replacement	Steam Trap replacement considered efficiency improvement.	\$50	\$1,250 Up to 25 failing units.		
Natural Gas Food Service Steam Cookers – 5 Pan	Natural Gas Food Service Steam Cookers – 5 Pan.	\$1,800	\$3,600. Limit two (2) per customer		
Natural Gas Food Service Steam Cookers – 6 Pan	Natural Gas Food Service Steam Cookers – 6 Pan	\$1,800	\$3,600 Limit two (2) per customer.		
Natural Gas Food Service Double Oven	Natural Gas Food Service Double Oven.	\$2,600	\$5,200 Limit two (2) per customer.		
Natural Gas Tank Storage Water Heater	20-55 gallons high efficiency with an EF rating greater than or equal to 0.67.	\$200	\$2,000 Limit ten (10) per customer.		
Natural Gas Tankless Water Heater	High efficiency with an EF rating greater than or equal to 0.82.	\$300	\$3,000 Limit ten (10) per customer.		

Eligible Measure Type (See Note 1)	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed/Measure Limit per Year	Equipment Costs	Standard or Calculated Rebate
Natural Gas Furnace (Tier 1)	High efficiency AFUE rated 92% to 95.9%.	\$200	\$2,000 Limit ten (10) per customer.		
Natural Gas Furnace (Tier 2)	High efficiency AFUE rated 96% or higher.	\$300	\$3,000 Limit ten (10) per customer.		
Natural Gas Boiler	High efficiency AFUE rated 90% or higher.	\$300	\$600 Limit two (2) per customer.		
Ceiling Insulation	Customer's existing ceiling insulation must be R13 or less. Customer must install to a minimum rating of at least R18-R49. <b>See Note 2.</b>	$\$0.0268 \times \text{sq. ft.} \times \Delta R$ with a maximum rebate of \$250	\$250		
Wall Insulation	Customer's existing wall insulation must be at R11 as verified and documented by insulation contractor. Customer's contractor must install to a minimum rating of R20-R49. <b>See Note 2.</b>	$\$0.0402 \times \text{sq. ft.} \times \Delta R$ with a maximum rebate of \$400	\$400		
Pre-Rinse Spray Valve Program	0.64 GPM (do not purchase – supplied directly to customer upon request)	Pre-rinse spray valves that are mailed to the company.	N/A Up to two (2) free.		
Hot Water Kit	Each kit may include: one shower head, two aerators, and ten feet pipe wrap	Hot water kit will be mailed to the company	N/A One free.		
Natural Gas Large Vat Fryer	50% Heavy Load Cooking Energy Efficiency.	\$900	\$900 One per customer.		
<b>NOTES:</b>	<ol style="list-style-type: none"> <li>1. A customer will not receive a rebate for the equipment listed in this table and for a similar rebate offered for the equipment listed in Table 2 below. Table 2 below only applies to those customers who have had a Qualified Energy Audit completed and meet the additional qualifications specified for that program.</li> <li>2. A customer is only eligible for a rebate, per the calculation for this measure, for areas that meet the baseline requirements and not the entire ceiling/wall area. This is applicable in cases where only a portion of the square footage of the ceiling/wall area meets the minimum baseline requirement.</li> </ol>				

Complete the equipment information below only for the eligible equipment for which you have selected from the table above.

### DETAILS FOR FIRST ELIGIBLE EQUIPMENT REBATE – No Energy Audit Required

**OLD EQUIPMENT BEING REPLACED (Check One):**  Thermostat  Steam Trap  Food Service Cooker  
 Food Service Oven  Food Service Fryer  Water Heater  Ceiling Insulation  Wall Insulation  
 Furnace

Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_ Estimated Year Old Equipment Was Installed: \_\_\_\_\_

**Reason for Replacement (Check One):**  Unit Failed  Unit was not reliable  To reduce monthly gas bill  
 To increase comfort  Other (specify) \_\_\_\_\_

NEW EQUIPMENT Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

#### PROOF OF NEW EQUIPMENT INSTALLATION (Installer, Contractor, Supplier, etc.)

Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contractor Signature (required): \_\_\_\_\_ Date Installed: \_\_\_\_\_

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

Complete the equipment information below only for the eligible equipment for which you have selected from the table above.

### DETAILS FOR SECOND ELIGIBLE EQUIPMENT REBATE – No Energy Audit Required

**OLD EQUIPMENT BEING REPLACED (Check One):**  Thermostat  Steam Trap  Food Service Cooker  
 Food Service Oven  Food Service Fryer  Water Heater  Ceiling Insulation  Wall Insulation  
 Furnace

Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_ Estimated Year Old Equipment Was Installed: \_\_\_\_\_

**Reason for Replacement (Check One):**  Unit Failed  Unit was not reliable  To reduce monthly gas bill  
 To increase comfort  Other (specify) \_\_\_\_\_

NEW EQUIPMENT Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

#### PROOF OF NEW EQUIPMENT INSTALLATION (Installer, Contractor, Supplier, etc.)

Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contractor Signature (required): \_\_\_\_\_ Date Installed: \_\_\_\_\_

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

### TABLE 2: EQUIPMENT REBATES A Qualified Energy Audit IS Required. The Qualified Auditor Must Recommend and Complete One or More of the Following Equipment/Improvements from this Table Before you can Request a Rebate.

Only one (1) measure will be rebated per category per account in a calendar year unless noted otherwise. Eligible equipment for this program are listed in Table 2 below and can't be combined with rebates listed in Table 1 above for those measures for non-energy audits.

Eligible Measure Type (See Note 3)	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed per Year	Equipment Costs	Standard or Calculated Rebate
Ceiling Insulation	Baseline R13 or less. Must install to a minimum of R18 and a maximum of R49. <b>See Note 4.</b>	\$0.0268 x sq. ft. x ΔR with a maximum rebate of \$500	\$500		
Wall Insulation	Baseline R11 or less. Must install to a minimum of R20 and a maximum of R49. <b>See Note 4.</b>	\$0.0402 x sq. ft. x ΔR with a maximum rebate of \$800	\$800		

Eligible Measure Type (See Note 3)	Eligible Efficiency Rating	Specified Rebate (Fixed or Per the Required Calculation shown)	Maximum Rebate Allowed per Year	Equipment Costs	Standard or Calculated Rebate
Air Sealing Measures	Reduction in ACH must be at least 0.5 ACH through measures that may include: window and/or door weather stripping, switch/outlet insulation, caulking, foam, etc.	\$395 per 0.5 ACH reduction with a maximum rebate of \$800.	\$800		
<b>NOTES:</b> <p>3. For the purchase and installation of cost effective natural gas energy saving equipment and building shell measures as recommended from a customer's energy audit performed by a Qualified Auditor which are not included in other commercial natural gas measures listed in this Program. Audits must be performed by qualified professionals (Registered Professional Engineer, Registered Architect, Certified Energy Manager, or equivalent training, experience, and continuing education). Audit procedures and reports must reach the level of effort of a Level II – Energy Survey and Analysis as described in the most recent edition of "Procedures for Commercial Building Energy Audits" published by the American Society of Heating, Refrigerating, and Air Conditioning Engineers.</p> <p>4. A customer is only eligible for a rebate, per the calculation for this measure, for areas that meet the baseline requirements and not the entire ceiling/wall area. This is applicable in cases where only a portion of the square footage of the ceiling/wall area meets the minimum baseline requirement.</p>					

**Complete the equipment information below only for the eligible equipment for which you have selected from the table above.**

**DETAILS FOR FIRST ELIGIBLE EQUIPMENT REBATE – Energy Audit Required**

**OLD EQUIPMENT BEING REPLACED (Check One):**     Ceiling Insulation         Wall Insulation         Air Sealing

Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_ Estimated Year Old Equipment Was Installed: \_\_\_\_\_

**Reason for Replacement (Check One):**     Unit Failed         Unit was not reliable         To reduce monthly gas bill  
 To increase comfort     Other (specify) \_\_\_\_\_

NEW EQUIPMENT Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

**PROOF OF NEW EQUIPMENT INSTALLATION (Installer, Contractor, Supplier, etc.)**

Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contractor Signature (required): \_\_\_\_\_ Date Installed: \_\_\_\_\_

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

**Complete the equipment information below only for the eligible equipment for which you have selected from the table above.**

**DETAILS FOR SECOND ELIGIBLE EQUIPMENT REBATE – Energy Audit Required**

**OLD EQUIPMENT BEING REPLACED (Check One):**     Ceiling Insulation         Wall Insulation         Air Sealing

Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_ Estimated Year Old Equipment Was Installed: \_\_\_\_\_

**Reason for Replacement (Check One):**     Unit Failed         Unit was not reliable         To reduce monthly gas bill  
 To increase comfort     Other (specify) \_\_\_\_\_

NEW EQUIPMENT Manufacturer: \_\_\_\_\_ AFUE or R-Value: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

**PROOF OF NEW EQUIPMENT INSTALLATION (Installer, Contractor, Supplier, etc.)**

Company Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contractor Signature (required): \_\_\_\_\_ Date Installed: \_\_\_\_\_

By signing, the installer/inspector attests this information accurately reflects the equipment has been installed in compliance with the manufacturer's specifications for the new equipment. Any and all equipment associated with this rebate must be installed in compliance with required local, state and federal codes. Any tests or inspections that may be required for the verification of such are the responsibility of the customer or installing contractor.

## CUSTOMER CHECKLIST

If you have any questions concerning the requirements for this program, please call 877.215.5752. In order to ensure your rebate form will not be rejected for lack of supporting documentation, the Customer should complete and provide all of the following:

- Equipment must be new and installed in customer's name at address listed on Ameren Missouri Natural Gas bill.
- Include a recent copy of your Ameren Missouri Natural Gas bill (Under customer's name and address listed).
- Please verify that you are an eligible Ameren Missouri Natural Gas customer before proceeding with this rebate program.
- Make sure the equipment you are considering to purchase is eligible for a rebate per the program rules.
- Make sure the customer's current eligible natural gas account number is listed on this rebate form.
- Make sure you or the Contractor has filled in all the blanks in the sections requesting information on the OLD and NEW equipment for each rebate submitted.
- Make sure the Qualified Auditor (when applicable) has provided you with a copy of the full pre and post audit report.
- Contractor (where applicable) must sign the form. Exception: In cases where items are self-installed, then the Customer must sign.
- Make sure the Customer/Landlord has signed and dated the rebate form in the box below.

Be sure to provide the following required documentation:

- Provide a copy of your most recent Ameren Missouri Natural Gas bill.
- Provide a copy of all applicable invoices.
- Provide a copy of the full audit report (if applying for measures as a result of audit results).
- Provide a completed rebate form.

## CUSTOMER OR LANDLORD SIGNATURE (REQUIRED)

Name (Please Print)	Customer/Landlord Signature (Required)	Date
<i>By signing, the customer/landlord acknowledges having read and understood the terms and conditions of Ameren Missouri's Natural Gas Energy Efficiency Program. The customer certifies that all the information provided is true and correct and that the products for which the customer is requesting a rebate meet the requirements of the program.</i>		

## MAIL REBATE APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND REQUIRED SIGNATURES TO:

ICF  
AMEREN MISSOURI NATURAL GAS REBATE PROGRAM  
980 Beaver Creek Drive  
Martinsville, VA 24112

*Rebate checks will be mailed approximately 6-8 weeks following receipt of a fully completed rebate form and receipt of all required documentation. Please note the rebate mailing address above. Please do not mail this form with your utility bill.*

## THANK YOU AND CONGRATULATIONS!

**Congratulations on your decision to buy high efficiency energy saving measures. This purchase will benefit you, your business, and the environment. Thank you!**

This program is being administered by Ameren Missouri. Incentive processing services are being fulfilled for Ameren Missouri by ICF.

This rebate is available to all AMEREN MISSOURI natural gas customers in Missouri and may be subject to change or termination without prior notice. Funding is provided to AMEREN MISSOURI natural gas customers and administered by AMEREN MISSOURI in cooperation with the Missouri Public Service Commission. AMEREN MISSOURI reserves the right to conduct field inspections to verify installations. A) AMEREN MISSOURI OR ITS CONSULTANTS DO NOT ENDORSE, GUARANTEE OR WARRANT ANY PARTICULAR MANUFACTURER OR PRODUCT, AND AMEREN MISSOURI PROVIDES NO WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR IMPLIED WARRANTY OF FITNESS FOR ANY PRODUCT OR SERVICES. AMEREN MISSOURI IS NOT LIABLE OR RESPONSIBLE FOR ANY ACT OR OMISSION OF ANY CONTRACTOR. THE CUSTOMER'S RELIANCE ON WARRANTIES IS LIMITED TO ANY WARRANTIES THAT MAY BE PROVIDED BY CONTRACTORS, VENDORS, ETC. B) NEITHER AMEREN MISSOURI NOR ITS CONSULTANTS ARE RESPONSIBLE FOR ASSURING THAT THE DESIGN, ENGINEERING AND CONSTRUCTION OF THE INSTALLED EQUIPMENT OR INSTALLATION OF THE INSTALLED EQUIPMENT IS PROPER OR COMPLIES WITH ANY PARTICULAR LAWS, CODES OR INDUSTRY STANDARDS. AMEREN MISSOURI DOES NOT MAKE ANY REPRESENTATIONS OF ANY KIND REGARDING THE RESULTS TO BE ACHIEVED BY THE INSTALLED EQUIPMENT OR THE ADEQUACY OR SAFETY OF SUCH MEASURES.