

Initial Incentive Payment Form - PON 2439
65% of Approved Incentive Amount
Attachment D

Eligible Installer: _____ Wind Project Number: _____

Eligible Installation Company: _____

Installation Company's Federal Identification Number: _____

Customer Name: _____

Date All Equipment is Delivered to Customer Site: _____

Total Approved Incentive Amount \$ _____

Initial Incentive Payment Requested (65% of Total Approved Incentive) \$ _____

Note: All the wind energy system components should be delivered to the customer's site within 120 days of the NYSERDA Purchase Order date. Otherwise, the project will be deemed to be delinquent and may be subject to corrective action at NYSERDA's sole discretion including but not limited to termination of the Contract and/or withholding the awarding of further contracts to the involved Eligible Installation Company based on the company's overall portfolio of then delinquent projects.

This form must be completed to receive 65% of the approved incentive value for this customer's wind energy system. Please attach a copy of the equipment packing slip(s) for the turbine, tower, and balance of system, **signed by the customer**, to indicate that the all system components have been delivered to a customer's site and copies of the concrete delivery slips or other equivalent approved documentation.

Checklist: (This form will be returned if the following are not included)

- Itemized packing slip for all system components signed by customer.
- Concrete Delivery Slips or other approved documentation.

Certification Statement-

I certify that all information provided in this form, including all attachments, are true and correct to the best of my knowledge and that I signed this document on the date indicated.

Customer Signature _____ Date _____

Installer Signature _____ Date _____

All Forms and Attachments should be sent to:
New York State Energy Research and Development Authority
PON 2439 – Attachment D
17 Columbia Circle
Albany, NY 12203-6399

FAXED FORMS WILL NOT BE ACCEPTED.

Forms and attachments may alternatively be e-mailed to SmallWind@nyserda.ny.gov.

For Internal Use Only

Date Received by NYSERDA _____

Completed Form and All Required Attachments _____ Yes ___ No

Approved _____ Date _____

Denied _____ Date _____