

## APPENDIX C – LARGE INCENTIVE REQUEST FORM (Standard Program)

**Required for all incentive requests greater than \$25,000**

Act On Energy works with eligible Ameren Illinois Utilities' business customers to install cost-effective energy-efficiency projects. The program intent is to subsidize the up-front costs of energy-efficiency projects that would not have been completed without Ameren Illinois Utilities' assistance.

Please take a moment to document how the requested financial incentive from Act On Energy is critical to the success of your project. Completion of this form does not guarantee the award of an incentive. Mail or fax along with the incentive application to the address on the bottom of the page.

**Customer Information**

Company Name:	Contact:
Project Address:	Phone:

**Applicable Contractor/Program Ally Information**

Contractor/Program Ally:	Contact:
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**Project Description**

Brief Description of Project:
Requested Incentive (\$): [Bottom Row of Table 3]

**Financial Incentive Impact Questionnaire:**

Act On Energy understands that energy savings is just one of many potential benefits of a project. Please rate the following benefits as they pertain to the project described above.

(0 = not an expected benefit of this project, 5 = major benefit of this project)

- |   |             |
|---|-------------|
| 1. Energy Cost Savings                                | 0 1 2 3 4 5 |
| 2. Maintenance-related savings                        | 0 1 2 3 4 5 |
| 3. Production capacity or product quality improvement | 0 1 2 3 4 5 |
| 4. Satisfies a regulatory or code requirement         | 0 1 2 3 4 5 |
| 5. Other _____  | 0 1 2 3 4 5 |

The intent of the Act On Energy financial incentive program is to subsidize the up-front costs of energy efficiency projects that would not have been completed without Ameren Illinois Utilities' assistance. **Please complete the following statement**, and sign below:

*The project described above would not be completed without the requested Act On Energy incentive money because:*

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

(This form must be completed and signed by the customer, not the program ally)

**Mail/Fax Application to:**

Ameren Illinois Utilities, Act On Energy® Business Program,  
 300 Liberty Street, Peoria, IL 61602 • Fax: 309-677-7950

Questions: call toll-free: 866-800-0747 • ActOnEnergyBusiness@Ameren.com • ActOnEnergy.com