

**PENNSYLVANIA/NEW JERSEY RURAL ELECTRIC COOPERATIVES**  
**Renewable Energy Assistance Program**  
**REAP**

**I. MEMBER SECTION**

*(To be Completed by Electric Cooperative Member)*

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

\_\_\_\_\_

Type Application: *(Check Appropriate Choice)*:

Residential Premise;  Farm Premise;  Commercial;  Industrial;  Other \_\_\_\_\_

Type of Alternative Energy Generation System (AEGS):

*(Check Appropriate Choice or Complete)*

Wind Turbine;  Anaerobic Digester;  Small Hydroelectric;  Solar;

Other: \_\_\_\_\_

Nameplate Rating of AEGS (kW): \_\_\_\_\_ kW

I am the: *(Check All That Apply)*

Owner \_\_\_\_ (Yes/No); Operator \_\_\_\_ (Yes/No); Lessee \_\_\_\_ (Yes/No); or

Otherwise Have Exclusive Control of AEGS \_\_\_\_ (Yes/No).

I, Mr./Mrs. \_\_\_\_\_ Acknowledge and Attest That the  
Statements/Information Provided Above Are True/Correct to the Best of My Knowledge.

*(Member Must Complete)*

\_\_\_\_\_  
(Signature of Member Applicant for REAP Funds)

\_\_\_\_\_  
(Date)

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**II. ELECTRIC COOPERATIVE SECTION**

*(To be Completed by Electric Cooperative Staff)*

Cooperative Name: \_\_\_\_\_

Cooperative Staff Completing Application

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member Name: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Years of Service as a Member of the Cooperative: \_\_\_\_\_ Years

Member Credit Rating With Cooperative: \_\_\_\_\_ Date: \_\_\_\_\_

*(Select One: Very Good, Good, Average, Poor, Very Poor)*

Type Application: *(Check Appropriate Choice)*:

Residential Premise;  Farm Premise  Commercial;  Industrial;  Other \_\_\_\_\_

Type of Alternative Energy Generation System (AEGS):

*(Check Appropriate Choice or Complete)*

Wind Turbine;  Anaerobic Digester;  Small Hydroelectric;  Solar;

Other: \_\_\_\_\_

Nameplate Rating of AEGS (kW): \_\_\_\_\_ kW

AEGS Meets the Definition of a "Qualified Facility" (QF) as Defined by the Public Utility Regulatory Policies Act of 1978 or the Definition of a "Distributed Resource" (DR) as Defined Under the Pennsylvania Alternative Energy Portfolio Standards Act of 2004 (Act 213):

\_\_\_\_ (Yes/No)

Cooperative/Member and Allegheny Electric Cooperative Have Executed *Interconnection and Power Purchase Agreement*?\*\* \_\_\_\_ (Yes/No);

If Yes, Date of Agreement: \_\_\_\_\_(MM/DD/YY)\*\*

**\*\* Note: Cooperative/Member/Allegheny Must Execute Interconnection & Power Purchase Agreement Prior to Program Reimbursement**

Cooperative Has Completed Inspection of the Interconnection: \_\_\_\_ (Yes/No)\*\*\*

If Yes, Date of Inspection: \_\_\_\_\_(MM/DD/YY)\*\*\*

**\*\*\* Note: Cooperative Must Complete and Approve Interconnection Prior to Program Reimbursement**

*Signature Cooperative Representative:* \_\_\_\_\_

*Name Cooperative Representative:* \_\_\_\_\_

*Title Cooperative Representative:* \_\_\_\_\_

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

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**Member Premise kWh History**  
 Three Most Recent Years Prior to AEGS

Consumption

Year: \_\_\_\_\_; \_\_\_\_\_ kWh  
 Year: \_\_\_\_\_; \_\_\_\_\_ kWh  
 Year: \_\_\_\_\_; \_\_\_\_\_ kWh

Estimated (*Est*)/Actual (*Act*) Cost of Interconnection Facilities Associated With Project:  
 (*Describe Major Improvements/Equipment and Costs; Denote Est or Act\**)

	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
	\$ _____ (Est/Act)
<b>TOTAL</b>	<b>\$ _____ (Est/Act)</b>

\* Note: If Estimates are Provided, Cooperative Must Provide Actual Costs Prior to Program Reimbursement