

PSO Custom Rebates - Custom Grow Lighting Project Summary

Application Requirements:

- The PSO customer's account cannot be opted out of the Demand Side Management (DSM) Rider.
- All grow light projects require pre-approval before the equipment can be purchased and installed.

Technical Requirements:

- All proposed equipment must be new. Used or refurbished equipment is not eligible for rebates.
- Proposed LED products should be listed on the Qualified Products List for Horticulture Lighting at Design Lights Consortium (DLC): www.designlights.org/horticultural-lighting/.

OR the following must be submitted:

- Whole-Fixture LM-79 test report by an EPA-Recognized Laboratory
 - The fixture's Power Factor must be >0.93
- Documentation of Safety Certification.
 - The product must be tested by a National Recognized Testing Laboratory (NRTL) recognized by the Occupational Safety and Health Administration (OSHA) and meets the appropriate NRTL standards for lighting fixtures used for the specific application. Certification number and seal should be provided for the entire luminaire, not just internal components.
- Documentation that the fixture has at least a three-year manufacturer warranty.

Required Documentation:

- This summary form.
- Customer signed Terms and Conditions.
- Spec sheets, listing the safety certification and warranty information.
- If the fixture is not DLC listed, the LM-79 test report.
- Floor plan, including the space and canopy dimensions as well as the row and column spacing of the fixtures.
- Quote of project cost.

Upon Project Completion:

- Itemized Invoice, including the purchased date, model number, and quantity of the fixtures.
- Customer signed Pre-approval Letter.

Submit the rebate application online: www.psobusinessrebates.com

Project Information:

1. For what product is the system designed? (*Lettuce, Flowers, Cannabis, etc.*)

2. Is this a new construction project or a retrofit? **New Construction** **Retrofit**

3. If this project were to be designed without the use of LED fixtures:

a. What type of fixture would have been used? _____

b. Wattage: _____

c. Quantity: _____

4. Will the project/proposed fixtures have at least a 3-year warranty? **Yes** **No**

5. Total Project Cost Estimate: _____

Material/Equipment Cost: _____ Labor Cost: _____

For more information, visit PowerForwardWithPSO.com, or call 888.776.1366.

Dimming? Yes* No

*If yes, please use this table to list the existing and proposed dimming schedule, including percent dimming level or watts.

Grow Cycle Week/**Photoperiod Hour*	% Dimming Level or Watts

*If dimming varies over the course of grow cycle, enter averaged dimming levels over the course of the weeks.

**If dimming is based on simulated sunset and sunrise over the course of the photoperiod enter the hours at each dimming level.

HVAC System: Will there be an HVAC system in use? **Yes No**

Please fill out the following for the proposed equipment by Growth Stage or Room Type:

Mother (Propagation, Seedling, Cloning)	
Quantity of Fixtures	
Manufacturer and Model Number	
Watts	
PPF	
Fixture Voltage	
Hours "on" per day	
Days per cycle	
Dimming Schedule	
Spectrum Shift Schedule	
Cycles per year	

Vegetative	
Quantity of Fixtures	
Manufacturer and Model Number	
Watts	
PPF	
Fixture Voltage	
Hours "on" per day	
Days per cycle	
Dimming Schedule	
Spectrum Shift Schedule	
Cycles per year	

Flower/Bloom			
Quantity of Fixtures		Hours "on" per day	
Manufacturer and Model Number		Days per cycle	
Watts		Dimming Schedule	
PPF		Spectrum Shift Schedule	
Fixture Voltage		Cycles per year	

For additional rooms, please attach an additional copy of the above tables, as needed.