



New Home Energy Storage Pilot INCENTIVE CLAIM FORM

Instructions: For the New Home Energy Storage Pilot (NHESP) Incentive Claim Form (ICF), please thoroughly review for accuracy of information before signing. Once the form has been signed by all parties, send this form along with the required Project Site spreadsheet to NHESP@sce.com. Additional documentation can be uploaded to the . provided sharepoint link once this form has been submitted. Incomplete applications will result in a suspension.

Program Year:

For inquiries, please contact us at NHESP@sce.com

Date Completed:

*This Section is for SCE's Completion

Application ID:

Home Developer / Builder / Applicant

Contact Name:

Mailing Address:

Company Name:

City, State, Zip:

Email:

Phone:

Sector:

Is this a Public Institution?

Budget Category:

*Applications applying under the Affordable Housing budget category will require additional documentation to meet the budget's eligibility requirements. Please refer to the NHESP Rulebook for details required documentation.

Energy Storage Installer

Contact Name:

Mailing Address:

Company Name:

City, State, Zip:

Email:

Phone:

CSLB License Number:

CSLB License Type:

Equipment & Proposed System Information

Equipment Technology:

Total Rated Capacity
(kW):

System Manufacturer:

Total Energy Storage
Capacity (kWh):

System Model:

Will there be a solar
system paired with
each one of these
energy storage devices?

*NHESP requires participating Energy Storage
systems to be paired with a Solar System

Project Finance

Total Eligible Project
Cost (TEPC):

Ineligible Project Cost:

Engineering & Design Costs:

Metering, Monitoring and Data Acquisition System
Cost:

Storage Capital Equipment Costs:

Construction and Installation Costs:

Interconnection Costs - Electric & Gas:

Permitting Costs:

Warranty Cost and/or Maintenance Contract Costs:

Other Eligible Costs:

Sales Tax:

Sum of Project Cost Breakdown:

*If costs vary from unit to unit, please upload the project cost spreadsheet

Other Incentives Received:

Incentive Type:

Incentive Amount:

Description:

Payee

Contact Name:

Mailing Address:

Company Name:

City, State, Zip:

Email:

Phone:

Tax Status:

Tax ID:

Signature

Home Developer / Builder Signature

Energy Storage Installer / Applicant Signature

Home Developer / Builder Printed Name

Energy Storage Installer / Applicant Printed Name

Date

Date

By signing this document, the Applicant agrees that all information is complete and accurate and agree to comply with all program requirements, including those described in the NHESP Rulebook.