



## Electrify Marin - Natural Gas Appliance Replacement Rebate Program

The County of Marin is offering rebates to single family property owners for the proper removal and replacement of natural gas<sup>1</sup> appliances including water heaters, furnaces, ranges and cooktops with high efficiency electric units. By removing your natural gas appliance, you reduce greenhouse gas emissions and improve indoor air quality. **Rebates are available on a first-come, first-served basis until funds are depleted.**

### How to apply

- Confirm that the product(s) you are planning to install meet(s) the eligibility requirements listed on the REBATE PRODUCT INFORMATION AND SPECIFICATIONS form.
- Complete the attached application:
  - Complete PROJECT AND PAYMENT DETAILS form.
  - Sign the PROGRAM TERMS & CONDITIONS form and confirm that you are eligible for a rebate.
  - Complete REBATE PRODUCT INFORMATION AND SPECIFICATIONS Form for the new appliance(s).
  - INCOME QUALIFICATION AND VERIFICATION FORM (if applicable).
- Attach all of the following supporting documentation:
  - Provide proof of purchase – either a retail product receipt or detailed contractor invoice that identifies specific equipment installed.
  - Provide before pictures of the appliance(s) to be replaced and after pictures of new appliance(s).
  - Provide a copy of the building permit from the local Building Department for installation of new appliance(s) (if applicable)
  - Financial Forms:
    - Marin Electronic Funds Transfer form including voided check for direct deposit payment
    - IRS W9 form (IRS requirement)

### Questions?

Please call 415-473-3069 or email [energy@marincounty.org](mailto:energy@marincounty.org) or visit [www.marincounty.org/electrify](http://www.marincounty.org/electrify)

#### Complete the application and submit to:

Marin County Community Development Agency  
Attn: Electrify Marin - Appliance Rebate Program  
3501 Civic Center Drive, Room 308, San Rafael, CA 94903  
Fax: 415.473.7880  
Email: [energy@marincounty.org](mailto:energy@marincounty.org)

All County publications are available in alternative formats upon request. Requests for accommodations may be made by calling (415) 473-7880 (Voice), (415) 473-3232 (TDD/TTY) or by email at

[energy@marincounty.org](mailto:energy@marincounty.org)

<sup>1</sup> Propane fueled appliances are also eligible for replacement rebates.

# REBATE PRODUCT INFORMATION AND SPECIFICATIONS FORM

<b>Induction Range (Cooktop + Oven)</b>		<input type="checkbox"/> - \$500	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>• Cooktop must be entirely induction</li> <li>• Cannot be dual-fuel (both cooktop and oven must be entirely powered by electricity)</li> </ul>	Make _____  Model _____	Combined Purchase & Installation Cost _____  Installation Date _____	_____
<b>Induction Cooktop</b>		<input type="checkbox"/> - \$250	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>• Cooktop must be entirely induction</li> <li>• Must be permanently affixed to house (portable units not allowed)</li> </ul>	Make _____  Model _____	Combined Purchase & Installation Cost _____  Installation Date _____	_____

<b>Heat Pump Water Heater</b>		<b>Choose 1:</b> <input type="checkbox"/> Standard Rebate - \$1,000 <input type="checkbox"/> Income Qualified Rebate - \$2,000	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>• Must meet <a href="#">NEEA Tier 3 Advanced Water Heater Specification or higher</a></li> <li>• Must have a Uniform Energy Factor (UEF) of 3.0 or higher<sup>2</sup></li> </ul>	Make _____  Model _____  Uniform Energy Factor _____	Combined Purchase & Installation Cost _____  Installation Date _____	_____
<b>Central Air Source Heat Pump (ducted)</b>		<b>Choose 1:</b> <input type="checkbox"/> Standard Rebate - \$1,000 <input type="checkbox"/> Income Qualified Rebate - \$2,000	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>• Must be certified by the Air Conditioning, Heating and Refrigeration Institute (AHRI)</li> <li>• Must have SEER of 16.0 or greater and HSPF of 8.5 or greater<sup>3</sup></li> <li>• Both the condenser unit and the air handler are new and installed simultaneously</li> </ul>	Make _____  Model _____  AHRI Reference Number: _____	Combined Purchase & Installation Cost _____  Installation Date _____  SEER _____  HSPF _____	_____

<sup>2</sup> Rounding up of the UEF is not acceptable

<sup>3</sup> Rounding up of SEER/HSPF is not acceptable

<b>Mini-Split Heat Pumps (ductless)<sup>4</sup></b>		<b>Choose 1:</b> <input type="checkbox"/> Standard Rebate - \$800 <input type="checkbox"/> Income Qualified Rebate - \$1,600	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>Must be certified by the Air Conditioning, Heating and Refrigeration Institute (AHRI) and the matched assembly is a model combination that is listed in the AHRI Directory of Certified Equipment</li> <li>All units must meet or exceed SEER 16.0 and HSPF 8.5<sup>5</sup></li> </ul>	Make _____ Model _____ AHRI Reference Number: _____	Combined Purchase & Installation Cost _____ Installation Date _____ SEER                      HSPF _____                      _____	_____
<b>Service Panel Upgrades</b>		<b>Choose 1:</b> <input type="checkbox"/> Standard Rebate - \$500 <input type="checkbox"/> Income Qualified Rebate - \$1,000	
<b>Requirements</b>	<b>Product Information</b>		<b>Rebate Amount Requested</b>
<ul style="list-style-type: none"> <li>Only eligible if required when installing another eligible appliance</li> <li>Electrical service equipment shall be installed in accordance with the manufacturer's installation instructions, the current California Electrical Code, Article 230, and PG&amp;E rules and regulations.</li> <li>Must replace the home's main electric service panel</li> </ul>	Make _____ Model _____	Combined Purchase & Installation Cost _____ Installation Date _____ Amperage _____	_____
<b>Total Number of Rebates Requested</b>		_____	<b>Total Amount of Rebates Requested</b>
		_____	_____

<sup>4</sup> Rebate is per matched assembly consisting of one outdoor unit and associated single or multi indoor units

<sup>5</sup> Rounding of SEER/HSPF is not acceptable

# PROJECT AND PAYMENT DETAILS

## PROPERTY OWNER/PAYMENT INFORMATION:

Property Owner Name: \_\_\_\_\_

Project Location Address:

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different):

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

City/State/Zip: \_\_\_\_\_

## PROJECT INFORMATION:

Date of Installation: \_\_\_\_\_

Permit Number(s) (if applicable): \_\_\_\_\_

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

Summary of Rebates Requested (use amounts from completed REBATE PRODUCT INFORMATION AND SPECIFICATIONS FORM):

Equipment	Rebate Amount Requested
Induction Cooktop	
Induction Range	
Heat Pump Water Heater	
Central Heat Pump	
Mini-Split Heat Pump	
Service Panel Upgrade*	
<b>Total Amount Requested:</b>	

\*Service Panel Upgrade incentive is only applicable if required when installing another eligible appliance

## PROGRAM TERMS & CONDITIONS

Property owners must meet and agree to the following terms and conditions to be eligible to receive an Appliance Replacement Rebate:

1. Rebates are paid directly to the property owner.
2. New equipment must replace existing gas-powered equipment.
3. Equipment must be permanently affixed to property.
4. Combined rebates from all sources are not to exceed the total cost of the project (including labor and equipment costs).
5. The building must be a single-family residential home located within the County of Marin.
6. Rebate application must be received within 12 months of new equipment purchase in order to qualify.
7. Replacement rebates must be for existing residential properties. New construction is not eligible for this program.
8. Any utility, state, or federal efficiency rebates in addition to County of Marin Appliance Replacement Rebates must be petitioned for by the applicant and are the responsibility of the applicant.
9. The County of Marin is not responsible for any taxes that may be imposed on the applicant as a result of receiving a rebate payment. Please contact your tax advisor for more information.
10. It is the applicant's responsibility to contract with the contractor and to assume responsibility for the work to be performed.
11. All upgrades requiring a building permit from the applicable jurisdiction's Building Department must be applied for, inspected and approved.
12. The County of Marin is not responsible for the contract that is entered into between applicant and contractor and the County of Marin will not get involved in applicant or contractor disputes.
13. The applicant waives and releases the County of Marin from any and all claims and causes of action arising out of the replacement project.
14. The applicant shall defend, indemnify, protect, and hold harmless the County of Marin, its elected and appointed officers and employees, from and against all claims for damages, liability, cost, and expense arising out of or alleged by third parties to be the result of the negligent acts, errors or omissions or the willful misconduct of the property owner.
15. There are a limited number of County of Marin rebates available on a first come, first serve basis. The County of Marin does not guarantee that all requests will be fulfilled. The County of Marin reserves the right to modify or discontinue this Program without prior notice for any reason, including but not limited to if such notification or discontinuance is required by the funding agencies.
16. The County of Marin will not use the applicant's name or any identifying characteristics of applicant for advertising, sales promotion, or other publicity without prior written approval of the applicant.

## PROGRAM DISCLAIMER

1. **I UNCONDITIONALLY AGREE TO WAIVE, RELEASE, AND DISCHARGE** the County of Marin, including but not limited to its officers, agents, employees and Program Partners, from any and all claims and causes of action, whether in law or equity, that I, my agents, employees, assigns, heirs, next of kin, or successors in interest may have for ANY LIABILITY, LOSS, DAMAGE, or INJURY, whether known or unknown, including liability for personal injury, death, dismemberment, damage to property, or theft, arising out of, related to, or in connection with the Marin County Natural Gas Appliance Replacement Rebate program, including whether or not caused or claimed to be caused by the active or passive negligent acts or omissions of the County.
2. **I AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS** the County of Marin, including but not limited to its officials, agents, employees and Program Partners from and against any and all liability, whether known or unknown, including but not limited to claims asserted, damages, demands, causes of action, costs, expenses, losses, attorney fees, injuries, or payments for injury to any person or property, including injury to myself or others claimed to be caused by the acts or omissions of myself or in any way connected with the Marin County Energy Efficiency Rebate program. Also covered is liability arising from, connected with, caused by, or claimed to be caused by, the active or passive negligent acts or omissions of the County that may be in combination with the active or passive negligent acts or omissions of myself, my agents, or any third party.
3. **I AGREE AND EXPRESSLY ACKNOWLEDGE** that the foregoing Waiver, Release, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the state of California, and that if any portion of this Agreement is held invalid, that the balance shall continue in full force and effect; I UNDERSTAND AND EXPRESSLY ACKNOWLEDGE that the County is relying on my representation that I have the authorization to sign this document; and I CERTIFY that I have read this agreement, understand its contents, voluntarily sign this Waiver, Release, and Indemnity Agreement; and further agree that no oral representations, statements, or inducements apart from this written Agreement have been relied upon.

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**Property Owner Signature**

**Name (please print)**

**Date**

# INCOME QUALIFICATION AND VERIFICATION FORM

To be eligible for increased income qualified rebate amounts via the appliance rebate program, applicants must demonstrate that they meet the income limits for “very low income” as defined by the U.S. Department of Housing and Urban Development (HUD) Area Median Income Limits<sup>6</sup> for Marin County:

Household Size	Annual Income
1	\$63,950
2	\$73,100
3	\$82,250
4	\$91,350
5	\$98,700
6	\$106,000
7	\$113,300
8	\$120,600

To demonstrate that you meet the income guidelines above, you may submit one of the following:

- Copy of the most recent year’s tax returns for all household residents, **OR**
- Demonstrate current enrollment in one of the below income qualified assistance programs:
  - Marin Housing Authority Residential Rehabilitation Loan Program
  - PG&E California Alternate Rates for Energy (CARE) Program
  - PG&E Family Electric Rate Assistance Program (FERA) Program
  - CalFresh/SNAP (Food Stamps)
  - CalWORKs (TANF) or Tribal TANF
  - Free or Reduced National School Lunch Program (NSLP)
  - Head Start Income Eligible (Tribal Only)
  - Low Income Home Energy Assistance Program (LIHEAP)
  - Supplemental Security Income (SSI)
  - Women, Infants, and Children (WIC)
  - Other Federal, State or Local assistance program which requires applicants to meet the HUD “low income” level or lower

<sup>6</sup> The schedule shown above was published by the U.S. Department of Housing and Urban Development (HUD), effective 4/1/21. For more information, you may consult the HUD website at [www.huduser.gov/portal/datasets/il.html](http://www.huduser.gov/portal/datasets/il.html)

# VENDOR AND ELECTRONIC FUNDS TRANSFER PAYMENT APPLICATION



New Vendor - Complete sections A, B, C   
Vendor Change - As relevant, complete sections A, B, C, D

COUNTY OF MARIN

Department of Finance - Accounts Payable Division

3501 Civic Center Drive Suite 225 San Rafael CA 94903

\*required fields

Vendor Number \_\_\_\_\_

## SECTION A: VENDOR INFORMATION AS REGISTERED WITH THE IRS

### \* NAME

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

### \* BUSINESS NAME, IF DIFFERENT FROM ABOVE

\_\_\_\_\_

### \* BUSINESS ADDRESS

ADDRESS \_\_\_\_\_ SUITE/APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PO BOX NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

REMIT TO NAME \_\_\_\_\_

\* COUNTY OF MARIN EMPLOYEE PERNR (if applicable): \_\_\_\_\_

### REMIT ADDRESS IF DIFFERENT FROM ABOVE

ADDRESS \_\_\_\_\_ SUITE/APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## FEDERAL TAXPAYER IDENTIFICATION NUMBER AND CLASSIFICATION

\* SIGNED W-9 REQUIRED <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

### \* FEDERAL TAX IDENTIFICATION NUMBER (TIN)

SOCIAL SECURITY NO. \_\_\_\_\_ OR FEDERAL EMPLOYER ID. NO. \_\_\_\_\_

### \* FEDERAL TAX CLASSIFICATION (check only one)

Individual/Sole Proprietor or Single-owner LLC  S-Corporation  Corporation or LLC electing corporate status   
Partnership or multi-member LLC Trust or Estate  Medical Corporation  Federal Government / Military   
Public Entity, Public schools, college or university  State or Local Government  Other  \_\_\_\_\_

### \* DESCRIPTION OF BUSINESS OR SERVICES PROVIDED TO THE COUNTY

Equipment, Supplies  Rent  Royalties  Other Income  Non-Med Services   
Medical Services  Attorney Fees  Legal Settlement  Travel Reimbursement  Interest

Note:  
You are  
the  
vendor.  
Print your  
name &  
home  
address  
here.

Note:  
Add your  
SSN, check  
"Individual  
/Sole  
Proprietor"  
and "Other  
Income"



**OUT OF STATE VENDORS ONLY**

\* CALIFORNIA RESIDENT (REQUIRED: physical address or CA Secretary of State (SOS) No.), attach Form 590

\* NON-RESIDENT (no physical address or CA Secretary of State SOS No.) attach Form 587

IF APPLICABLE, attach a waiver of CA withholding from the Franchise Tax Board

<https://www.ftb.ca.gov/>

\* If Foreign Vendor: COUNTRY OF RESIDENCE \_\_\_\_\_

Attach Form W-8 BEN

<https://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

**SECTION B: EFT PAYMENT AND DIRECT DEPOSIT INFORMATION REQUIRED**

REQUESTED EXCEPTIONS WILL BE CONSIDERED BY THE DIRECTOR OF FINANCE OR THEIR DESIGNEE AND WILL DELAY PROCESSING OF THE VENDOR RECORD

\* NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

\* ADDRESS OF FINANCIAL INSTITUTION \_\_\_\_\_

SUITE \_\_\_\_\_

\* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP CODE \_\_\_\_\_

\* ROUTING NUMBER \_\_\_\_\_ \* ACCOUNT NUMBER \_\_\_\_\_

\* NAME ON ACCOUNT \_\_\_\_\_

\* TYPE OF ACCOUNT: SELECT CHECKING  Attach Voided Check SAVING

REMITTANCE EMAIL 1 \_\_\_\_\_ EMAIL2 \_\_\_\_\_

*Note: List the account you'd like your rebate transferred into. If using a checking account, you must also provide a copy of a voided check.*

**SECTION C: VENDOR CONTACT INFORMATION**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**CERTIFICATION:** I certify that the information provided on this vendor form and applicable attachments is accurate to the best of my knowledge. If any changes occur, I will promptly inform you.

\* SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* PRINT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

*Note: Add your contact info here and sign and date the form.*

If you need further assistance in completing this form, please call Department of Finance at (415) 473-6154. Request for accommodation may be made by calling (415) 473-4381 (Voice/TTY), 711 for California Relay Service or by e-mail at [disabilityaccess@marincounty.org](mailto:disabilityaccess@marincounty.org). Copies of documents are available in alternative formats, upon request.

**County of Marin**

**Vendor Number** \_\_\_\_\_

Department Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
				-					-				
<b>or</b>													
<b>Employer identification number</b>													
				-									

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*