



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 gas¹ 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 or visit 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
Email: energy@marincounty.org

All County publications are available in alternative formats upon request. Requests for accommodations may be made by calling (415) 473-3069 (Voice), (415) 473-3232 (TDD/TTY) or by email at energy@marincounty.org

¹ Propane fueled appliances are also eligible for replacement rebates.

REBATE PRODUCT INFORMATION AND SPECIFICATIONS FORM

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

Heat Pump Water Heater		Choose 1: <input type="checkbox"/> Standard Rebate - \$1,000 <input type="checkbox"/> Income Qualified Rebate - \$2,000	
Requirements	Product Information		Rebate Amount Requested
<ul style="list-style-type: none"> • Must meet NEEA Tier 3 Advanced Water Heater Specification or higher • Must have a Uniform Energy Factor (UEF) of 3.0 or higher² 	Make _____ Model _____ Uniform Energy Factor _____	Combined Purchase & Installation Cost _____ Installation Date _____	_____
Central Air Source Heat Pump (ducted)		Choose 1: <input type="checkbox"/> Standard Rebate - \$1,000 <input type="checkbox"/> Income Qualified Rebate - \$2,000	
Requirements	Product Information		Rebate Amount Requested
<ul style="list-style-type: none"> • Must be certified by the Air Conditioning, Heating and Refrigeration Institute (AHRI) • Must have SEER of 16.0 or greater and HSPF of 8.5 or greater³ • Both the condenser unit and the air handler are new and installed simultaneously 	Make _____ Model _____ AHRI Reference Number: _____	Combined Purchase & Installation Cost _____ Installation Date _____ SEER _____ HSPF _____	_____

² Rounding up of the UEF is not acceptable

³ Rounding up of SEER/HSPF is not acceptable

Mini-Split Heat Pumps (ductless)⁴		Choose 1: <input type="checkbox"/> Standard Rebate - \$800 <input type="checkbox"/> Income Qualified Rebate - \$1,600	
Requirements	Product Information		Rebate Amount Requested
<ul style="list-style-type: none"> 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 All units must meet or exceed SEER 16.0 and HSPF 8.5⁵ 	Make _____ Model _____ AHRI Reference Number: _____	Combined Purchase & Installation Cost _____ Installation Date _____ SEER HSPF _____ _____	_____
Service Panel Upgrades		Choose 1: <input type="checkbox"/> Standard Rebate - \$500 <input type="checkbox"/> Income Qualified Rebate - \$1,000	
Requirements	Product Information		Rebate Amount Requested
<ul style="list-style-type: none"> Only eligible if required when installing another eligible appliance Electrical service equipment shall be installed in accordance with the manufacturer's installation instructions, the current California Electrical Code, Article 230, and PG&E rules and regulations. Must replace the home's main electric service panel 	Make _____ Model _____	Combined Purchase & Installation Cost _____ Installation Date _____ Amperage _____	_____
Total Number of Rebates Requested		_____	Total Amount of Rebates Requested
		_____	_____

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

⁵ 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*	
Total Amount Requested:	

*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.

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 Limits⁶ for Marin County:

Household Size	Annual Income
1	\$65,250
2	\$74,600
3	\$83,900
4	\$93,200
5	\$100,700
6	\$108,150
7	\$115,600
8	\$123,050

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

⁶ 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

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. Copies of documents are available in alternative formats, upon request.

County of Marin

Vendor Number _____

Department Contact _____

Telephone _____

Date _____ Email _____

