

## American Rescue Plan Act (ARPA) Income-eligible Wood Stove Change-out & Repair Incentive- Voucher Application

### VOUCHER PROCESS

1. Customer finds a Participating retailer/installer via Renewable Energy Resource Center (RERC) or Efficiency Vermont
2. **Stove Retailer applies on customer's behalf for Income-eligible Wood Stove Change-out Incentive BEFORE project starts**
  - Photo must be taken of the wood stove to be changed-out before removal. This is \*required\* with application submission.
  - Retailer lists repairs to the hearth and/or ventilation/ventilation system required for the installation to meet code.
  - If there is no change-out Retailer lists repairs to stove that will remain in use (stove must be EPA certified). Replacement of the catalyst is an eligible repair.
3. RERC reviews application.
4. Customer directed to third party for income verification; Customer will need to provide all required documentation of income.
5. RERC receives result of income verification and determines incentive amount.
6. If RERC approves incentive, Customer receives approval & voucher for Income-eligible Wood Stove Change-out & Repair Incentive.
7. Retailer/installer completes project & submits voucher, invoice, and photos of the installed woodstove.
8. Retailer/installer receives a reimbursement check from the State of Vermont via the Clean Energy Development Fund (CEDF).

### SECTION A: CUSTOMER INFORMATION

First Name	Last Name	
Customer Business Name (If Applicable)		
Contact Email	Phone Number	
Mailing Address		
City	State	Zip Code
Installation Physical Address		
City	State	Zip Code

### SECTION B: STOVE RETAILER INFORMATION

Company Name		
Representative First Name	Last Name	
Representative Email	Phone Number	

## SECTION C: EXISTING STOVE INFORMATION

Existing Stove Manufacturer	Existing Stove Model Number
Year Manufactured  EPA Certified <input type="checkbox"/> YES <input type="checkbox"/> NO	Picture of Current Stove Included with Form? <input type="checkbox"/> YES (REQUIRED) <input type="checkbox"/> NO (FORM WILL BE RETURNED)
In a typical heating season, how many cords of wood did you burn using this stove?	

## SECTION D: NEW STOVE & INCENTIVE AMOUNT

New Stove Manufacturer	New Stove Model Number
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To be eligible for the new stove incentive the customer must take out of service an existing in-use wood stove that was never EPA certified<sup>1</sup> or is 20 or more years old and in need of repair. The incentive will be set at a dollar amount calculated at 80% of cost for low-income and 60% for moderate income, subject to the following limits: the maximum incentive amount per household is \$6000 for a new stove and a maximum incentive of \$10,000 for a new stove plus repairs. To qualify for an incentive the new stove must be a new cordwood or pellet stove that is EPA certified with particulate emissions at or below 2.0 g/hr and an Actual Measured Efficiency of at least 73%.

Selection (Check <u>One</u> )	Income Level	Incentive Level
<input type="checkbox"/>	Low Income (<80% Area Median Income (AMI))	80% of Purchase & Installation Cost Up To \$6,000 (or Up To \$10,000 total inclusive of Repair Incentive from Section E)
<input type="checkbox"/>	Moderate Income (80% - 120% AMI)	60% of Purchase & Installation Cost Up To \$6,000 (or Up To \$10,000 total inclusive of Repair Incentive from Section E)

**INCOME VERIFICATION MUST BE COMPLETED TO COMPLETE THIS APPLICATION. YOU WILL RECEIVE INSTRUCTIONS UPON RERC RECEIPT OF THIS APPLICATION.**

<sup>1</sup> A list of EPA certified wood stoves can be found at [www.epa.gov/compliance/historical-list-epa-certified-wood-heaters/](http://www.epa.gov/compliance/historical-list-epa-certified-wood-heaters/).

## SECTION E: REPAIR INCENTIVE AMOUNT

<b>Stove Repair (stove must be EPA certified, less than 20 years old, and in need of repair):</b> Brief Description:	<b>Hearth or Exhaust/Chimney/Ventilation Repair and/or New Catalyst</b> Brief Description:
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Incentive will be set at a dollar amount calculated at 80% of cost for low-income and 60% for moderate income, subject to the following limits: the maximum incentive amount per household is \$4,000 for repairs.

Selection (Check <u>One</u> )	Income Level	Incentive Level
<input type="checkbox"/>	Low Income (<80% AMI)	80% of Repair Cost Up To \$4,000
<input type="checkbox"/>	Moderate Income (80% - 120% AMI)	60% of Repair Cost Up To \$4,000

**INCOME VERIFICATION MUST BE COMPLETED TO COMPLETE THIS APPLICATION. YOU WILL RECEIVE INSTRUCTIONS UPON RERC RECEIPT OF THIS APPLICATION.**

## SECTION F: STATE HISTORIC PRESERVATION COMPLIANCE FORM

☐ N/A, installation/repairs do not involve ground disturbance or equipment visible from public right of way. **Form (Section F) is complete.**

☐ N/A, building is less than 50 years old, not located in a historic district, and not listed in the State or National Register of Historic Places **Form (Section F) is complete.**

**Please check which categories apply to the property**

- ☐ Building is more than fifty (50) years old ☐ Building is located in a historic district  
☐ Building is listed in the State or National Register of Historic Places

**If any of the two above categories are checked, check all below that apply**

- ☐ Installation/repairs involve ground disturbance  
(e.g., excavating for concrete footings)  
☐ Installation/repairs involve installing equipment visible from a public right of way  
(e.g., pellet storage bin)

If a project at a historic property involves ground disturbance or equipment visible from a public right of way, this State Historic Preservation Compliance Form signed by State Historic Preservation Office must be submitted with a Voucher Application.

Project plans must be submitted to the Vermont Division for Historic Preservation (VDHP) for review **prior to submitting the voucher application**. Applicants are encouraged to contact VDHP early in the planning process to avoid any unnecessary project delays. **To start the review process, please complete this form and submit electronic versions of your project review materials to [ACCD.projectreview@vermont.gov](mailto:ACCD.projectreview@vermont.gov). Our preference is for the form and supporting documents to be sent as .pdf files.** Upon receipt of all necessary information, VDHP shall have 15 (fifteen) days to complete the review.

Installation Site/Address \_\_\_\_\_

Site/Property Owner Name \_\_\_\_\_

Vendor Name \_\_\_\_\_

Vendor Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please email the following information, along with this form (Section F), to the email address at the bottom of the page:**

- ☐ Project Description  
☐ Project Location Map and Site Map showing installation location. This can be as simple as a Google map annotated by hand.  
☐ Project Plans (if available)  
☐ Archaeological and/or historic building reports (if available)  
☐ Photographs of the project area and the structures involved. Photographs can be annotated by hand to show the location and approximate scale of the installation.

*For Internal Use Only*

**Please email this form and supporting materials to**  
[ACCD.projectreview@vermont.gov](mailto:ACCD.projectreview@vermont.gov)

**If you have questions, contact: Elizabeth Peebles at**  
**802-505-1147 or**  
<mailto:Elizabeth.Peebles@vermont.gov>

## SECTION G: CUSTOMER SIGNATURES/CERTIFICATIONS

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### CUSTOMER CERTIFICATION & ARPA ASSURANCES

I certify that I intend to replace or repair my wood stove as described above and at the location indicated above. I understand that any deliberate attempt to misrepresent information in this application will disqualify me from all claims to incentives offered through Vermont's Small Scale Renewable Energy Incentive Program. I understand that information regarding the SSREIP incentive may be released publicly and will not be held confidential. I understand that the incentive will be **paid directly to the Participating Stove Retailer, only after** the Participating Stove Retailer has submitted the voucher final documentation and received final approval, including any necessary site visits, and is subject to change based on final cost (including any repairs, if applicable) and fund availability. I also understand that the benefit of the incentive is mine and must be transferred from the Participating Installer to me in a manner that is agreeable to both parties. I understand that I will receive a post-installation survey from SSREIP and that I am expected complete it and return to SSREIP.

I attest that the statements below are true by **checking the box next to the statement and signing this document**:

- ☐ I attest that I have provided complete and accurate information in applying for this assistance, including financial information. I understand the potential consequences, including the recapture of this benefit, as well as civil or criminal liability, of providing false statements or information in order to secure this benefit from the State.
- ☐ I attest that I faced economic harm resulting from or exacerbated by the COVID-19 pandemic, and applied for funding from the Federal Emergency Management Agency (FEMA) for all FEMA-eligible expenses that could be covered by this assistance before applying for this benefit.
- ☐ I attest that this benefit is not duplicative of any other benefit I may have received. In the event that the State, in its sole discretion, determines that some or all of this benefit is duplicative, I agree to repay the State the duplicative amount in question.
- ☐ I attest that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in Federal programs, or programs supported in whole or in part by Federal funds.
- ☐ I agree to retain and maintain the records submitted as part of the application for a period of five (5) years after my application is submitted. The State and its agents shall, upon reasonable notice, have the right of access those records and documents to conduct audits, compliance monitoring, or other investigations in order to verify 1) any information I provided during the application; 2) my eligibility for this assistance; and 3) my compliance with applicable Federal guidance and regulations.
- ☐ I agree to comply with all other applicable Federal and state laws and regulations concerning this benefit. I am responsible for consulting any tax or legal professionals I decide are necessary to ensure its compliance with these requirements.

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CUSTOMER'S SIGNATURE

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DATE

## SECTION H: STOVE RETAILER/INSTALLER SIGNATURES/CERTIFICATIONS

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### STOVE RETAILER/INSTALLER CERTIFICATION

I certify that my company is currently enrolled in the Efficiency Vermont wood stove upstream rebate program, has signed The American Rescue Plan Act Small Scale Renewable Energy Incentive Program (SSREIP) Income-eligible Wood Stove Change-Out and Repair Incentive FY2023 Retailer Participation Agreement, and is working with the customer referenced above to replace or repair an existing wood stove as described above at the location indicated above; this includes designing the heating system to be installed, being substantially involved with the customer, and employing qualified (either employed by my company or under direct contract) personnel for the installation and repairs described above and to provide an on-site review of the work and be on-site to complete the final inspection. All installation and repairs will be conducted in accordance with the Vermont Fire and Building Safety Codes. Any existing wood stove that is being replaced will be removed and recycled. I understand that the benefit of the incentive is the customers and must be transferred from the Participating Stove Retailer to them in a manner that is agreeable to both parties. I understand that any deliberate attempt to misrepresent information in this application will disqualify my company from participation in the program and all claims to incentives offered through Vermont's Small-Scale Renewable Energy Incentive Program. I understand that information regarding the SSREIP incentive may be released publicly and will not be held confidential. I further certify that **(initial each statement below)**:

\_\_\_\_\_ Installation and repairs have not begun on the project described in this application.

\_\_\_\_\_ I am in compliance with all Terms and Conditions of this income-eligible program (Terms and Conditions are available here: [ssreip-wood-2023-arpa-wsco-tcr-and-participation-agreement.pdf \(rerc-vt.org\)](https://www.rerc-vt.org/ssreip-wood-2023-arpa-wsco-tcr-and-participation-agreement.pdf))

\_\_\_\_\_  
COMPANY AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY AUTHORIZED REPRESENTATIVE NAME (PRINT)

### MAIL OR EMAIL VOUCHER APPLICATION TO:

#### MAIL:

Vermont Small Scale Renewable Energy Incentive Program  
c/o Renewable Energy Resource Center  
20 Winooski Falls Way, Suite 501  
Winooski, VT 05404

EMAIL: [info@rerc-vt.org](mailto:info@rerc-vt.org)

QUESTIONS? 877-888-7372 or [info@rerc-vt.org](mailto:info@rerc-vt.org)