

# TRIBAL STOVE SWAP APPLICATION & GUIDELINES

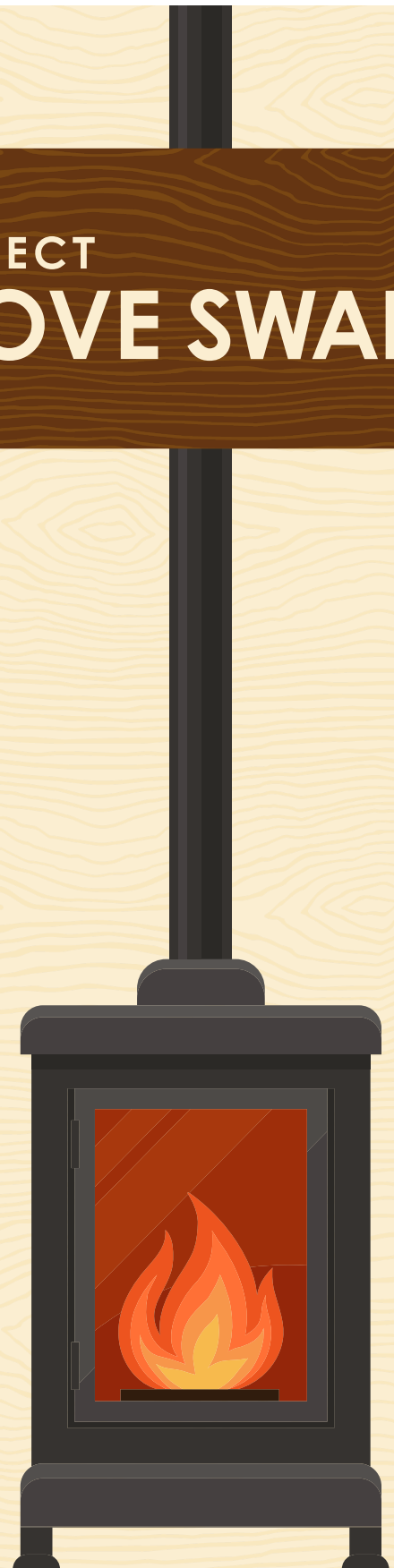
## PROJECT STOVE SWAP

### Project Information & Background

To reduce air pollution by encouraging the adoption of new heating technologies, Environmental Initiative is partnering with the Minnesota Pollution Control Agency, local vendors, manufacturers, and community partners to operate Project Stove Swap, a wood burning device changeout project in Minnesota, on Tribal lands. This project offers consumers the opportunity to replace old, inefficient wood heating appliances with a number of more efficient, lower-emitting technologies. Costs for these change outs will be covered in full for income-qualified Tribal members in Minnesota.

Income-qualified is defined as a participant's qualification to receive benefits from at least one of the following programs, or other pertinent/substantially equivalent income eligibility criteria:

- Supplemental Nutrition Assistance Program (SNAP)
- Medical Assistance/MinnesotaCare
- Women, Infants, and Children's Program
- Income-qualified Home Energy/Weatherization Assistance Program
- Head Start
- Social Security Disability Insurance



# Application Process

This process has been established to make participation as easy as possible for all involved. The incentive process will follow the steps below:

**1**

## Complete Application

*Vendor, Environmental Initiative, and Customer*

Applications must include:

- Application document.
- Itemized estimate.
- Photograph of old, noncertified appliance.

**2**

## Application Review

*Environmental Initiative*

- Application will be reviewed.
- Vendor will be formally notified of application acceptance.
- If accepted, vendor will be issued an incentive amount and tracking number, and purchase may proceed.

**3**

## Installation, Training, & Certification

*Vendor*

- Appliances must be installed within a reasonable timeframe.
- Vendor provides customer training, moisture meter, and best practices for dry wood burning.
- Vendor secures pictures of installed new appliance and disabled old appliance.

**4**

## Payment/Tracking

*Vendor, Environmental Initiative, and Customer*

- Upon receipt of required documentation and vendor invoice, incentive payment will be released to vendor.
- Individual customers may be contacted for data on wood use reduction and success stories.

**5**

## Invoicing

*Vendor and Environmental Initiative*

- Vendor will invoice Environmental Initiative for approved incentive discount at the same time of invoice to customer for services rendered.
- Customer will be responsible for all expenses minus the incentive amount.

**6**

## Payment/Tracking

*Vendor, Environmental Initiative, and Customer*

- Upon receipt of required documentation and vendor invoice, incentive payment will be released to vendor.
- Individual customers may be contacted for data on wood use reduction and success stories.

# Tribal Stove Swap Application Form

## Background Information:

1. Name:

2. County:

3. Physical Address (where appliance is located):

4. Mailing Address (if different):

5. Phone:

6. Email (if available):

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## Current Wood Burning Appliance Information:

1. Make/Model/Type of Appliance:

2. Year Manufactured/Installed:

3. Is this a primary, or major, heat source?

☐

Yes

☐

No

4. Is this a primary, year-round residence?

☐

Yes

☐

No

5. In a typical heating season, how many cords of wood do you burn?

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## Vendor/New Appliance Information:

1. Vendor Name:

2. Vendor County:

3. New appliance make/model:

4. New appliance being installed:

☐

Approved EPA-certified wood heating device that has a catalyst or uses hybrid catalyst technology

☐

Energy efficient natural gas or propane furnace

☐

Air-source heat pump (ASHP)

Vendor/New Appliance Information (continued):

5. Does the Applicant qualify for any of the below listed programs? ☐ Yes ☐ No

- Supplemental Nutrition Assistance Program (SNAP)
- Medical Assistance/MinnesotaCare
- Women, Infants, and Children’s Program

- Income-qualified Home Energy/Weatherization Assistance Program
- Head Start
- Social Security Disability Insurance

Project Information:

1. How did you hear about this project?

2. Are you willing to be featured in a success story about the project? ☐ Yes ☐ No

3. Why are you replacing your old heating appliance? (Please check all that apply)

☐ Current appliance doesn’t provide adequate heat

☐ Want to reduce indoor air pollution

☐ Health issues from indoor smoke

☐ Convenience

☐ Current appliance provides too much/inconsistent heat

☐ Want to reduce outdoor air pollution

☐ Want to reduce wood consumption and reduce costs

☐ Other (please describe below):

## Application Checklist:

I have included the following materials:

- ☐ Application completed to the best of my knowledge
  - ☐ Itemized estimate from vendor
  - ☐ Digital color photograph of existing, installed non EPA-certified or qualified appliance
  - ☐ Any other information or documentation relevant to the program
- 

## Applicant Certification:

By my participation in the program, I acknowledge and agree to the following:

1. I will be replacing an operable, non-EPA certified or qualified wood burning appliance that is currently in use in my residence.
2. Environmental Initiative reserves the right to deny applications on the basis of justified pollution emissions and exposure data.
3. Environmental Initiative does not sell any product or perform any service under this program, does not make any warranty or representation, or have any liability for any product sold or any service performed by any Vendor under this program. As a condition to my participating in the program, I hereby waive and release any claim against Environmental Initiative and its officers, director, and employees with respect to the products sold and the services performed by the Vendor.
4. I agree to waive any and all subrogation rights against Environmental Initiative and/or any of its Vendors.
5. I agree to be contacted by Environmental Initiative for verification, emissions reduction data collection, and success stories.
6. I agree to operate and maintain my appliance and the associated venting system in accordance with the owners' manual, best practices, and the training provided by the Vendor.
7. I agree to burn only wood with less than 20% moisture content as measured by the provided moisture meter.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Representative Name: \_\_\_\_\_

Vendor Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_