**Instructions:** If you have not already done so, first complete Part 1 of the Application. Please read the application thoroughly and complete all sections. Complete and accurate information is imperative in ranking your application – be sure to complete all fields as accurately as possible and attach supporting documentation. *Before completing the application, please read the FY18 C&I Application Information and Requirements document, available on the C&I webpage under the “How To Apply” section at* [*http://energy.maryland.gov/business/Pages/incentives/empowermdcigp.aspx*](http://energy.maryland.gov/business/Pages/incentives/empowermdcigp.aspx)*.*

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**Check one of the following:**

There is only one project site in the proposed project.  
 This copy of the FY18 C&I Application – Part 2 of 2 is for one of multiple sites in the proposed project. A separate copy   
 of the FY18 C&I Application – Part 2 of 2 will be submitted for each project site.

|  |
| --- |
| Company Name |
|  |
| Project Contact and Title |
|  |

**SECTION C: Project Profile**

1. **Project Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name | | | | | | |
|  | | | | | | |
| Project Site Address | City | | | State | | Zip Code |
|  |  | | | MD | |  |
| Utility Account Number(s): Electric Only | | Electric Utility Provider | | | | |
|  | |  | | | | |
| Building Type | | | No. of Buildings | | Size of Building(s) – gross sq. ft. | |
|  | | |  | |  | |

1. **Electric Usage Information (Past 12 months)**

|  |  |  |
| --- | --- | --- |
| Total Annual Electricity Consumption (kWh/year) | Total Annual Electricity Cost ($/year) | Total Annual Rate Used for Savings Calculations ($/kWh) |
|  | $ | $ |

**You must submit the following attachments to verify the electricity usage information you provide:**

* **Twelve (12) consecutive months of utility bills**
* **A completed copy of the Utility Addendum (available on the FY18 C&I webpage under the “How to Apply” section)**

Do these twelve (12) months of utility bills represent a typical year of operation of the facility and energy use?

Yes  No

If no, please explain:

|  |
| --- |
|  |

**Check one of the following:**

The electric account/meter covers only the building/area within a building for which I am applying for this C&I grant.

The electric bill covers a larger facility which contains the building/area within a building my project proposes to   
 improve.

If the electric bill covers a larger facility, can you determine energy requirements for the building/area within a building your project proposes to improve? Please explain:

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|  |
| --- |
|  |

*Note: For facilities with similar operational characteristics throughout, you may prorate energy requirements by building size (using square feet).*

1. **Have you had an energy audit conducted on this facility within the last four years?**  Yes  No

**If yes:** Include a copy of the energy audit report with this application. It should be unedited and include all assumptions and calculations.

The energy audit report on the facility is attached. Date of the audit: Click or tap to enter a date.  
Does the audit reflect your current facility energy usage?  Yes  No

If no, please explain:

|  |
| --- |
|  |

1. **Please describe the existing system or equipment that will be modified. Include a basic description of the facility and its function, location of affected equipment, and typical facility operating hours.**
   1. Define the space and its use:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon – Fri: |  | A.M. to |  | P.M. |
| Sat: |  | A.M. to |  | P.M. |
| Sun: |  | A.M. to |  | P.M. |

Typical Hours/Day of Occupancy:

|  |  |
| --- | --- |
| Type of Lighting: |  |
| Type of Cooling: |  |
| Type of Heating: |  |
| Type of HVAC System: |  |
| Type of HVAC Control System: |  |
| Type of HVAC Operational Schedule: |  |

Major energy-related changes in the facility in the past five (5) years:

|  |
| --- |
|  |

b. Describe the existing system and its operation in your own words:

|  |
| --- |
|  |

1. **Please describe the proposed project. Attach supporting documentation including one or more bid(s), and, if available, manufacturer data sheets, equipment performance ratings, or credible third-party analysis showing energy savings of proposed measures. *Note that projects must include more than one energy measure type; projects with only one energy measure (e.g. lighting and controls) will not be considered for grant funding.***

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The following measures meet the efficiency criteria of my local utility incentive program (if offered by the utility).

**Proposed Project Type Description Key Assumptions for Energy Savings**

|  |  |  |
| --- | --- | --- |
| **HVAC** | | |
| Chiller  Cooling Tower  Pump  Rooftop Unit  Air-handling Unit  Split-system Unit  Other:   |  | | --- | |  |   . |  | Equipment Size:   |  | | --- | |  |   Existing Efficiency:   |  | | --- | |  |   Proposed Efficiency:   |  | | --- | |  |   Existing Operational Hours:   |  | | --- | |  |   Proposed Operational Hours:   |  | | --- | |  | |
| **Lighting** | | |
| T8  T5  CFL  LED Bulbs/Fixtures  LED Exit Signs  Occupancy Sensors  Other:   |  | | --- | |  |   . |  | Fixture Quantity:   |  | | --- | |  |   Existing Total Demand:   |  | | --- | |  |   Proposed Total Demand:   |  | | --- | |  |   Existing Operational Hours:   |  | | --- | |  |   Proposed Operational Hours:   |  | | --- | |  | |
| **Motors** | | |
| Fan  Pumps  Other:   |  | | --- | |  |   . |  | Quantity: Size:   |  |  | | --- | --- | |  |  |   Existing Motor Efficiency:   |  | | --- | |  |   Proposed Motor Efficiency:   |  | | --- | |  |   Existing Operational Hours:   |  | | --- | |  |   Proposed Operational Hours:   |  | | --- | |  | |
| **Controls** | | |
| DDC  DDC Lighting Controls  Other:   |  | | --- | |  |   . |  | Existing Operational Hours:   |  | | --- | |  |   Proposed Operational Hours:   |  | | --- | |  | |

|  |  |  |
| --- | --- | --- |
| **VFDs** | | |
| Fan  Pumps  Other:   |  | | --- | |  |   . |  | Quantity: Size:   |  |  | | --- | --- | |  |  |   Existing Operational Hours:   |  | | --- | |  |   Proposed Operational Hours:   |  | | --- | |  | |
| **Refrigeration** | | |
| Compressor  Condenser  Other:   |  | | --- | |  |   . |  | Size:   |  | | --- | |  |   Quantity:   |  | | --- | |  | |
| **Building Insulation** | | |
| Roof  Attic  Other:   |  | | --- | |  |   . |  | Insulation Area (sq. ft.):   |  | | --- | |  |   R-Value Existing:   |  | | --- | |  |   R-Value Proposed:   |  | | --- | |  | |
| **Building Envelope** | | |
| Infiltration Reduction  Window Film  Other:   |  | | --- | |  |   . |  | N/A |
| **Other Proposed Project Type: Operational Changes** | | |
| Retro or re-commissioning  Energy Data Analysis  Other:   |  | | --- | |  |   . |  |  |
| **Other Proposed Project Type** | | |
|  |  |  |

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1. **Please attach a monthly project plan. This plan is essentially a timeline that includes the proposed schedule for:**

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* The purchase of all materials required for all phases of your project.
* The installation of all materials for all phases of your project.
* The expected project completion date (no later than February 1, 2019).
* Your timeline should assume a project launch no earlier than February 2018.

The required monthly project plan is attached with this application.

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1. **Please explain in 250 words or less why your project should be selected for a grant and how your project can be used as a case study to showcase energy efficiency measures in the commercial and industrial sector:**

|  |
| --- |
|  |

**SECTION D: Leveraged Funds**

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1. What is the estimated total cost of this project?

Are you eligible for an incentive program for commercial/industrial energy efficiency improvements through your electric utility?  Yes  No

*Check the offerings of your utility at the appropriate web site:*

Small Businesses (<60 kW Demand): [Baltimore Gas & Electric (BGE)](http://www.bgesmartenergy.com/business/small-business-energy-solutions) [Pepco](https://cienergyefficiency.pepco.com/SmallBus.aspx) [Delmarva Power](https://cienergyefficiency.delmarva.com/SmallBus.aspx) [Potomac Edison](https://www.firstenergycorp.com/save_energy/save_energy_maryland.html#gsc.tab=0) [SMECO](https://www.smeco.coop/save-energy-and-money/small-business-solutions)

Larger Businesses (>60 kW Demand): [Baltimore Gas & Electric (BGE)](http://bgesmartenergy.com/business/energy-solutions-business) [Pepco](https://homeenergysavings.pepco.com/business/applyMLB?_ga=2.154850299.2135463227.1502291641-1455527609.1502291641) [Delmarva Power](https://homeenergysavings.delmarva.com/business/applyMLB?_ga=2.131995663.169247923.1502292202-999238568.1502292202) [Potomac Edison](https://www.firstenergycorp.com/save_energy/save_energy_maryland.html#gsc.tab=0) [SMECO](https://www.smeco.coop/save-energy-and-money/business-solutions)

1. Name of the utility incentive program:
2. Indicate the status of your application to this utility program:

I have applied for funding.  I have not yet submitted an application.

Amount of potential incentive: Amount of potential incentive:   
  
Are there any other, non-utility funding sources that you intend to leverage for this project?  Yes  No

$

$

$

If yes, provide details:

|  |
| --- |
|  |

Please attach applications, award letters, or other documentation related to utility and other incentive programs.

Documentation is attached.

**SECTION E: Estimated Project Costs and Savings**

**Please use the table below to summarize the measure type, current energy usage, projected energy savings, and estimated costs for your proposed project. Costs must include both material and labor. This information is critical to ranking your application.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Energy Efficiency Measure & Location** | **Projected Annual Electric Savings (kWh)** | **Estimated Annual Energy Cost Savings ($)** | **Estimated Project Cost ($)** |
| **1** |  |  | $ | $ |
| **2** |  |  | $ | $ |
| **3** |  |  | $ | $ |
| **4** |  |  | $ | $ |
| **5** |  |  | $ | $ |
| **6** |  |  | $ | $ |
| **7** |  |  | $ | $ |
| **8** |  |  | $ | $ |
| **9** |  |  | $ | $ |
| **10** |  |  | $ | $ |
| **TOTAL** | |  | $ | $ |