

SMALL BUILDING HVAC SYSTEM OPTIMIZATION APPLICATION

Applications will only be processed if completed and signed. Once completed, return to your electric utility provider. Questions?? Contact Steve Zach (402-563-5472). Building area must be less than 20,000 square feet. This program does not apply to hospitals, grocery stores, manufacturing/industry, or any new construction/additions.

1. **Customer Name:** _____ Electric Utility: _____
 Customer's Account Number: _____ Tax ID #: _____
 Customer's Mailing Address: _____ Phone #: _____
 Installation Address & City (if different from above): _____

2. **Name of Person Preparing this Application:** _____ Phone #: _____
 Mailing Address: _____

3. **Energy Conservation Measure (ECM) Information:** _____ Facility Floor Area (sqft): _____

ECM No.	Description	Summer Energy Savings (kWh)	Winter Energy Savings (kWh)	Summer Electric Demand Savings (kW)	Fossil Fuel Savings (therms or gallons)
1					
2					
3					

ECM No.	Electrical Savings (\$)	Fossil Fuel Energy Savings (\$)	Total Savings (\$)	Project Cost (\$)	Payback (years)	Est. Start Date	Est. Finish Date
1							
2							
3							

Attach separate sheet(s) for additional ECMs. Attach detailed descriptions of ECMs and calculations of energy savings. The Electric Utility reserves the right to request more detailed information regarding the ECMs to allow for evaluation of incentives.

4. Twelve Months of Energy History:

Month/Year	Electricity Consumption (kWh)	Electricity Demand (kW)	Electricity Billing (\$)	Fossil Fuel (Therms/gal)	Fossil Fuel Billing (\$)	Total Energy Cost (\$)
Jan/						
Feb/						
Mar/						
Apr/						
May/						
Jun/						
Jul/						
Aug/						
Sep/						
Oct/						
Nov/						
Dec/						
Totals:						

Customer: _____

 Print Name Signature Date

Prepared By: _____

 Print Name Signature Date