

# Existing Facilities Program Application

## Step 1:

- Complete the Existing Facilities Program Application and sign the Agreement to Terms and Certification (page 2).

## Step 2:

### For Pre-Qualified Incentives

- Complete the Project Description (page 2) and appropriate Pre-Qualified Measure Worksheet(s).

— OR —

### For Performance-Based Incentives

- Complete the Project Description (page 2).

## Step 3:

- Include a current and complete copy of the facility's utility bill with SBC notation.
- Include specification sheets for all equipment proposed for installation.

## Step 4:

Mail the Application and supporting documentation to:  
NYSERDA  
Attn: Existing Facilities Program Coordinator  
17 Columbia Circle  
Albany, NY 12203-6399

Applicant Information -	
• All fields must be completed. • Payment will be issued to the applicant	
Applicant/Company Name	Contact Name
Address 1	Day Phone ( )
Address 2	Fax ( )
City State Zip	E-mail
Federal ID # [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Social Security # (if no Federal ID #) [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ]
<b>Check appropriate box:</b> <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other Enter the tax classification (D = disregard entity, C = corporation, P = partnership) _____	
<input type="checkbox"/> Exempt Payee (W-9)	
Facility Information -	
• All fields must be completed. • For multiple site projects (Performance-Based only), please attach a spreadsheet containing all facility information for each site.	
Facility Name	Contact Name
Address 1	Day Phone ( )
Address 2	E-mail
City State Zip	Facility Size (square feet)
<b>Check appropriate box to describe your facility sector:</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial – Wholesale / Retail <input type="checkbox"/> Healthcare <input type="checkbox"/> Industrial <input type="checkbox"/> Multifamily (5 units or more) <input type="checkbox"/> College/University <input type="checkbox"/> Data Center <input type="checkbox"/> Government <input type="checkbox"/> Hospitality <input type="checkbox"/> K-12 School <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Office	
<b>Check appropriate box to describe your building type:</b> <input type="checkbox"/> Assembly <input type="checkbox"/> Dormitory <input type="checkbox"/> Grocery <input type="checkbox"/> Industrial–Heavy <input type="checkbox"/> Motel <input type="checkbox"/> Primary School <input type="checkbox"/> Small Office <input type="checkbox"/> Auto <input type="checkbox"/> Fast Food <input type="checkbox"/> Hospital <input type="checkbox"/> Industrial–Light <input type="checkbox"/> Multifamily Low-rise <input type="checkbox"/> Religious <input type="checkbox"/> Small Retail <input type="checkbox"/> Big Box <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Industrial Refrigeration <input type="checkbox"/> Multifamily High-rise <input type="checkbox"/> Secondary School <input type="checkbox"/> University <input type="checkbox"/> Community College <input type="checkbox"/> Hotel <input type="checkbox"/> Large Office <input type="checkbox"/> Multi-Story Retail <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Warehouse	

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12/6/2010

# Existing Facilities Program Application

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## Utility Information -

- All applicable fields must be completed.
- For multiple site projects (Performance-Based only), please attach a spreadsheet containing all utility information for each site.

Electric Utility	Account Number(s)
Gas Utility	Account Number(s)

## Project Description - Choose Pre-Qualified OR Performance-Based.

☐ Pre-Qualified Applications for Pre-Qualified (PQ) projects must be submitted for incentives within 90 days of installation or commissioning, whichever is later. PQ Project Cost   
PQ Project Completion Date

**OR**

☐ Performance-Based Applications for Performance-Based (PB) projects must be submitted either before or within 90 days of contracting for the project. PB Anticipated Project Construction Start Date

☐ Electric (If checked, MUST choose at least one at right:) ☐ Lighting ☐ Motors ☐ Controls/VFDs ☐ Cooling

☐ Energy Storage

☐ Natural Gas

☐ Combined Heat and Power (CHP applications must include an engineering analysis following the requirements in the CHP systems manual)

☐ Demand Response (If checked, MUST choose one at right:) ☐ On-Site Generation ☐ Load Curtailment

☐ Industrial and Process Efficiency (If available, include a process schematic)

☐ Monitoring-Based Commissioning (MBCx)

Demand Savings (kW)	Annual Electric Savings (kWh)	Annual Fuel Savings (MMBtu)	Annual Cost Savings (\$)	Project Cost (\$)
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If applying for Performance-Based incentives, please include information describing the project in detail. This information should include (but is not limited to) baseline equipment and efficiencies, operating schedules, proposed equipment, and efficiencies, etc. If the proposed equipment produces emissions, list the emissions rate. If applying with a multiple-site project, please provide the above project data (i.e. Demand Savings (kW), Annual Electric Savings (kWh), Annual Fuel Savings (MMBtu), Annual Cost Savings (\$), Project Cost (\$)).

## Agreement to Terms and Certification

The Applicant understands that this application may not be approved if the requirements of the program are not met. The Applicant understands that final payment will be contingent on meeting all the terms and conditions of the program. Payment will be issued to the applicant.

I certify that the Applicant and the Facility has neither applied for or received, nor will apply for or receive, an incentive or other compensation from an energy efficiency program administered by a utility company listed herein or from NYSERDA for the same energy efficiency measure that is covered by this application.

The Applicant also certifies that: For a Pre-Qualified project: the project measures for which the Applicant is seeking reimbursement were installed or commissioned, whichever is later, within 90 days of this signature. For a Performance-Based project: the date of the contract for the work for which the Applicant is seeking reimbursement was entered into no longer than 90 days prior to this signature.

If applying for electric and/or gas incentives, the Applicant certifies that this Facility is a customer of a New York State investor-owned utility and the System Benefits Charge is paid.

Under penalties of perjury, the Applicant certifies that:

1. The Federal ID # and/or social security # shown on this form is the correct taxpayer identification number of the Applicant (or the Applicant is waiting for a number to be issued to them), and
2. The Applicant is not subject to backup withholding because: (a) the Applicant is exempt from backup withholding, or (b) the Applicant has not been notified by the Internal Revenue Service (IRS) that they are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Applicant that they are no longer subject to backup withholding, and
3. The Applicant is a U.S. citizen or other U.S. person

Applicant/Company Name	Facility Name (Required unless same as Applicant)		
Print Name & Title	Print Name & Title		
Applicant Signature	Date	Facility Signature	Date

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