



Appendix B: POST-PROJECT SUBMISSION FORM

INSTRUCTIONS:

Please complete ALL fields below. For Head Office Applications, complete a Post-Project Submission Form for each facility.

Check each box to confirm the required documentation is submitted to the LDC for each facility as part of your Application **following completion**

of your Project(s):

- Invoices or other documents demonstrating proof of payment
- Copies of architectural, mechanical and electrical specifications and drawings showing the Eligible Measures installed and implemented
- Manufacturer's equipment specification sheets (cut sheets) or detailed manufacturer's data for actual measures
- Proof of occupancy

For Custom Projects:

- Copies of mechanical zoning diagrams
- Documentation of control sequences for building equipment
- Documented fraction of outside air on air return systems
- Manufacturer's specifications for any plant equipment including the boiler system hot water, chiller, cooling tower, air handling and rooftop units
- Completed Custom Worksheet including actual Eligible Costs
- Simulation Summary Report including Appendices
- Complete set of as-built drawings and specifications

1. The Project described herein is to be completed in the service area of the Lead LDC (required):

YES NO

2. Modelling Incentive Election (optional)

The Applicant has submitted a Custom Project and has applied for a Modelling Incentive: YES NO

3. Design Decision Maker Incentive Election (optional)

The Applicant has submitted a Custom Project and has identified the Design Decision-Maker Incentive in the Custom Worksheet:

YES NO

4. Building where Eligible Measures were installed:



8. Actual Project Timeline:

ACTUAL PROJECT START DATE

ACTUAL PROJECT COMPLETION DATE

(DD/MM/YYYY):

(DD/MM/YYYY):

9. Other Comments (for example, special site requirements or conditions which Project Evaluators should be aware of)

10. Certification Statement

By signing below, I certify that the information provided in this **Appendix B** is true, accurate and complete.

*NAME:

*TITLE:

*APPLICANT/LEGAL COMPANY NAME:

AUTHORIZED SIGNATURE:

DATE
(DD/MM/YYYY):

*NAME:

*TITLE:

*APPLICANT/LEGAL COMPANY NAME:

AUTHORIZED SIGNATURE:

DATE
(DD/MM/YYYY):

* please print and send an original copy with signatures to **[the LDC/Lead LDC/Satellite LDC]**



11. Project Management (FOR LDC USE ONLY)

PROJECT APPLICATION NUMBER: _____
FINAL PRESCRIPTIVE INCENTIVE AMOUNT: \$
FINAL ENGINEERED INCENTIVE AMOUNT: \$
FINAL CUSTOM INCENTIVE AMOUNT: \$
FINAL DESIGN DECISION MAKER INCENTIVE AMOUNT (IF APPLICABLE): \$
FINAL MODELLING INCENTIVE AMOUNT (IF APPLICABLE): \$
DATE (MM/DD/YYYY):
FINAL PROJECT EVALUATION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF PROJECT EVALUATION (MM/DD/YYYY):
COMMENTS:

NAME: TITLE:

LDC AUTHORIZED SIGNATURE: DATE (DD/MM/YYYY):

NAME: TITLE:

LDC AUTHORIZED SIGNATURE: DATE (DD/MM/YYYY):