



Appendix A: PRE-PROJECT SPECIFIC SUBMISSION FORM

INSTRUCTIONS:

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

Check each box below to confirm the required documentation is submitted to the LDC for each Facility as part of your Application **prior to beginning your Project(s)**:

For Prescriptive Projects, one or more of the following Prescriptive Worksheet(s) for each building site:*

- | | |
|--|--|
| <input type="checkbox"/> Lighting Eligible Measures Worksheet | <input type="checkbox"/> Motors Eligible Measures Worksheet |
| <input type="checkbox"/> Agribusiness Eligible Measures Worksheet | <input type="checkbox"/> Multi-Residential In-suite Appliances Eligible Measures Worksheet |
| <input type="checkbox"/> Unitary AC Eligible Measures Worksheet | <input type="checkbox"/> Alternative Energy Measures for Service Hot Water Eligible Measures Worksheet |
| <input type="checkbox"/> Synchronous Belts Eligible Measures Worksheet | <input type="checkbox"/> Variable Frequency Drives Eligible Measures Worksheet |
| <input type="checkbox"/> Alternative Energy Measures for Space Cooling Worksheet | |

For Engineered Projects, one or more of the following Engineering Worksheet(s) for each building site:*

- | | |
|--|---|
| <input type="checkbox"/> Commercial Directional Lighting Engineering Worksheet | <input type="checkbox"/> Commercial High Bay Lighting Engineering Worksheet |
| <input type="checkbox"/> Commercial Exterior Lighting Engineering Worksheet | <input type="checkbox"/> Commercial Interior Lighting Engineering Worksheet |
| <input type="checkbox"/> Unitary AC Engineering Worksheet | |

For Custom Projects, ALL the documents listed below:*

- Custom Worksheet (with the Project Description, Building Energy Assumptions, and Custom Incentive Calculation sections completed)
- Working EE4, DOE 2.x, eQuest, Energy Pro, CANQUEST or other LDC approved software data file (Modelling Results Report)
- Simulation Summary Report (Modelling notes only)
- Energy & Demand Savings Summary
- Complete set of preliminary drawings and specifications

* *Note:* a project may be prescriptive, engineered (with or without prescriptive measures), or custom but may not be a combination of any two or three (except where the prescriptive measure is from any of the Multi-Residential In-suite Appliances Eligible Measures Worksheet or Non-electric cooling measure from the Alternative Energy Measures for Space Cooling Eligible Measures Worksheet or from the Alternative Energy Measures Service Hot Water Prescriptive Worksheet.)



1. The Custom Project, Engineered Project and/or Prescriptive 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 is submitting a Custom Project and is applying for Modelling Incentives: YES NO

3. Design Decision Maker Incentive Election (optional)

The Applicant is submitting a Custom Project and has identified the Design-Decision Maker in the Custom Worksheet: YES NO

4. Building where Eligible Measures will be installed (required):

BUILDING NAME (if applicable)

ADDRESS

CITY

PROVINCE

POSTAL CODE

[LDC] is [Lead LDC/Satellite LDC]

5. Please check all building type that apply to your Project (required):

Commercial

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Large Office | <input type="checkbox"/> Small Office | <input type="checkbox"/> Large Retail | <input type="checkbox"/> Small Retail |
| <input type="checkbox"/> Food Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Hotel | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Warehouse / Wholesale | <input type="checkbox"/> Entertainment / Sport | <input type="checkbox"/> Data Centre | <input type="checkbox"/> Commercial Other - please specify below |

Multi-Residential

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Rental Apartment | <input type="checkbox"/> Social Housing Provider | <input type="checkbox"/> Multi-Residential Other - please specify below |
|--------------------------------------|---|--|---|



**Industrial/
Manufacturing**

- Iron / Steel
- Pulp and Paper
- Petroleum / Plastic
- Mining
- Food and Beverage
- Manufacturing
- Industrial Strip Mall / Unit
- Industrial / Manufacturing Other - please specify below

Government / Public Institutions / etc.

- Government - Administrative
- Government - Culture and Tourism
- Government - Emergency Services
- Government - Parks and Recreation
- Government - Public Works
- Hospital
- Long Term Care Facility
- School (K-12)
- University / College
- Place of Worship
- Government / Public Institution Other - please specify below

Agricultural

- Cattle Farm
- Dairy Farm
- Green House
- Poultry
- Swine Farm

**Specific Other
Building Type:**

6. Building Characteristics (required):

TOTAL BUILDING/FLOOR AREA: m2 sq. ft NUMBER OF FLOORS:

ESTIMATED ANNUAL CONSUMPTION (kWh):

ESTIMATED SUMMER PEAK DEMAND (kW):



7. Which type of Project(s) is included in this Application (required)?

PRESCRIPTIVE PROJECT

ENGINEERED PROJECT

CUSTOM PROJECT

8. Custom Project Cost:

ESTIMATED CUSTOM PROJECT INCREMENTAL COST: \$

9. Participant Incentive amounts (required):

TOTAL PRESCRIPTIVE INCENTIVE BEING APPLIED FOR: \$
TOTAL ENGINEERED INCENTIVE BEING APPLIED FOR: \$
TOTAL CUSTOM INCENTIVE BEING APPLIED FOR: \$
TOTAL MODELLING INCENTIVES BEING APPLIED FOR (IF APPLICABLE): \$
TOTAL ELIGIBLE DESIGN DECISION MAKER INCENTIVE (IF APPLICABLE): \$

10. Project Timeline (required):

ESTIMATED PROJECT START DATE

ESTIMATED PROJECT COMPLETION DATE

(DD/MM/YYYY):

(DD/MM/YYYY):

11. Have you received any other financial incentive(s) for this project through [Name of Lead LDC/Name of Satellite LDC] or any other public program (required)? YES NO

If yes, please specify the following:

NAME OF PROGRAM: _____ FUNDING PROVIDER: _____ FUNDING AMOUNT: \$ _____

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



13. Certification Statement

By signing below, I certify that the information provided in this **Appendix A** 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]**



14. Project Management (FOR LDC USE ONLY)

PROJECT APPLICATION NUMBER: _____
APPROVED PRESCRIPTIVE INCENTIVE AMOUNT: \$
APPROVED ENGINEERED INCENTIVE AMOUNT: \$
APPROVED CUSTOM INCENTIVE AMOUNT: \$
APPROVED MODELLING INCENTIVE AMOUNT (IF APPLICABLE): \$
APPROVED DESIGN-DECISION MAKER INCENTIVE AMOUNT (IF APPLICABLE): \$
DATE APPLICATION APPROVED (MM/DD/YYYY):
COMMENTS:

NAME: TITLE:

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

NAME: TITLE:

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