



Application Instructions

SRP's PowerWise Retrocommissioning Solutions aims to help you identify low-cost opportunities to improve the efficiency of existing major mechanical and electrical systems and reduce energy costs without adversely affecting your facility or system operations.

To participate in this rebate program, please review the following steps:

1. **Read** the Terms and Conditions included in this packet.
2. **Complete** the following pages included with this application packet:
 - **General Information** – Include all required customer and account information.
 - **Facility Information** – Include all information requested in the application that is applicable to the facility.
 - **Facility Staff and Control System Management** – Include staff and existing control system information for the facility.
 - **Compressed Air, Processing, and Refrigeration Systems** – Include any requested information regarding these unique systems if installed at your facility.
3. **Sign** the Terms and Conditions page.
4. **Retain** a copy of the completed application. Submitted applications will become the property of SRP.
5. **Submit** the completed application and required documentation to:

SRP PowerWise Retrocommissioning Solutions
PMB 192
4802 E Ray Rd Ste 23
Phoenix, AZ 85044-6417
Fax: (480) 345-7601
Email: PowerWiseRCxSolutions@srpnet.com

For More Information. For more information about the PowerWise Retrocommissioning Solutions program, measure eligibility, rebates, or other SRP programs please contact us:

- Online at srpnet.com/powerwisebiz
- By phone at (602) 236-3054
- By email at PowerWiseRCxSolutions@srpnet.com

Pre-Application Checklist

Please confirm you meet the following minimum eligibility requirements before submitting an application to participate in the program:

Are you a non-residential SRP customer whose facility receives electric service on price plan E32, E36, E61, E63, or E65? You can check a recent electric bill or refer to the service territory map in Appendix F of the PowerWise Retrocommissioning Solutions Participant Program Manual. Yes No

Are you willing to commit to spending \$10,000 on the implementation of identified retrocommissioning measures with an estimated simple payback of 24 months or less based upon electrical savings? Yes No

Is your facility at least 5 years old and exceed 150,000 ft² in air-conditioned floor space? Yes No

Is your facility free of major problems that require capital repairs or replacements and have no planned major system renovations or retrofits? Yes No

Does your facility have an existing and functional building or system energy management system (EMS) with direct digital control (DDC)? Yes No

If selected for participation in the program, can you accept the following responsibilities?

Provide access to the facility and time for facility personnel to interface with the Qualified Service Provider (QSP) during all phases of the project? Yes No

Provide and assist with the reporting and collection of information pertaining to the operation of the facility during all phases of the project? Yes No

Implement the mutually accepted retrocommissioning measures according to the scope and procedures outlined by SRP within a mutually agreed upon timeline? Yes No

Next Steps

If you answered yes to the above questions, please complete this application and submit it to SRP for consideration. In reviewing your application, SRP will look for evidence that cost-effective retrocommissioning opportunities exist at your facility. SRP's decision regarding selection of program applicants will be final and binding for all parties.

General Information

Important: This page is to be submitted with the signed Terms and Conditions, the completed Assessment Worksheet and supplemental documentation, as appropriate. Please allow three weeks for application review following complete documentation submittal. Ineligible or incomplete applications will not be approved.

Customer Information

Business name (as it appears on SRP Bill) _____

SRP Account number(s) if known _____

Facility address _____ City _____ State _____ Zip _____

Contact name _____ Contact phone number _____ Contact fax number _____ Email _____

Mailing address (if different from the installation address) _____ City _____ State _____ Zip _____

How did you hear about SRP's PowerWise Retrocommissioning Solutions?

- | | | |
|---|--|--|
| <input type="checkbox"/> Account Manager | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Vendor/Contractor |
| <input type="checkbox"/> Bill Insert/Business CONTACT | <input type="checkbox"/> SRP Electronic Newsletter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> SRP Web Site | |

Facility Information

Primary building use (indicate percentages if multiple types)

- | | | |
|--|--|--|
| <input type="checkbox"/> Automotive Facility | <input type="checkbox"/> Hotel | <input type="checkbox"/> Police/Fire Station |
| <input type="checkbox"/> Convention Center | <input type="checkbox"/> Library | <input type="checkbox"/> Post Office |
| <input type="checkbox"/> Court House | <input type="checkbox"/> Manufacturing Facility | <input type="checkbox"/> Religious Building |
| <input type="checkbox"/> Dining: Bar Lounge/Leisure | <input type="checkbox"/> Motel | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Dining: Cafeteria/Fast Food | <input type="checkbox"/> Motion Picture Theater | <input type="checkbox"/> School/University |
| <input type="checkbox"/> Dining: Family | <input type="checkbox"/> Multi-Family Housing | <input type="checkbox"/> Sports Arena |
| <input type="checkbox"/> Dormitory | <input type="checkbox"/> Museum | <input type="checkbox"/> Town Hall |
| <input type="checkbox"/> Exercise Center | <input type="checkbox"/> Office | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Parking Garage | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Health Care - Clinic | <input type="checkbox"/> Penitentiary | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Performing Arts Theater | <input type="checkbox"/> Other _____ |

Building size: _____

Number of floors: _____

Percent conditioned: _____

Percent owner occupied: _____

Occupancy schedule

M-F _____

Saturday _____

Sunday _____

Outline the major facility space types, their scheduling, and typical occupant density (e.g. 10,000 ft², 24-hour computer center that is unoccupied).

Briefly describe past energy efficiency projects or studies completed for the facility.

Describe any currently planned energy efficiency, renovation, or equipment replacement/upgrade projects for the facility.

Are there any scheduling issues that could affect the retrocommissioning work (e.g. major renovations or equipment replacements/upgrades)?

Facility Staff and Control System Management

Please identify key individuals responsible for the operation of the facility and state how long they have held their current positions.

Contact Name	Position	Years in this position	Facility Responsibilities

Please indicate the level of access and capability the chief facility engineer, staff, and/or controls contractor have to interact with the facility’s energy management control system (select one):

- None
- Some (e.g. able to adjust set points and schedules)
- Full (e.g. able to modify control logic and trend facility data)

Indicate what training resources are available to the facility staff (check all that apply):

- None
- Some (e.g. able to adjust set points and schedules)
- Full (e.g. able to modify control logic and trend facility data)
- None
- Some (e.g. able to adjust set points and schedules)
- Full (e.g. able to modify control logic and trend facility data)
- Other _____

Describe the facility manager’s and staff’s receptiveness to and interest in improving the energy efficiency of the facility.

If accepted into the program, designate individuals that will act as a part of the owner’s project team and the amount of discretionary time to assist in the retrocommissioning process:

Position	Name	Amount of Time to Assist (per week)
Building Chief Engineer:		
Operations Manager:		
Safety Manager:		
Internal Controls Specialist:		
External Controls Contractor:		
Others:		

Identify the type and manufacturer of the facility’s energy management control system (EMS). If the facility does not have an automated control system, please indicate.

Is the EMS capable of trending and storing data for numerous points simultaneously?

When is the EMS likely to be replaced or receive a major upgrade?

What components of the facility are controlled with direct digital control (DDC) equipment?

What components of the facility are controlled, not just actuated, pneumatically?

Summarize any peak load shedding strategies currently being used.

Is the EMS managed internally or through an external controls contractor?

If managed externally, please provide the following:

Company Name: _____

Name (of the company specialist): _____

Phone Number (of the company specialist): _____

Email Address (of the company specialist): _____

Please complete the following table listing the facilities major HVAC and lighting system components. Add more rows as necessary.

Equipment	Type	Size	Age
Cooling equipment			
Chiller 1 (example)	Centrifugal	300 tons	15 years
Heat Rejection equipment			
Cooling Tower 1 (example)	Open, cross flow, induced draft	350 tons	15 years
Air handling equipment			
AHU 1 (example)	VAV w/hot water reheat	25,000 CFM	5 years
Lighting systems			
Main office area (example)	32W T8s w/electronic ballasts	40% of occupied ft ²	4 years

Outline the current control strategies of the facility's HVAC and lighting systems.

Strategy	Description
Cooling Equipment	
What is the operating schedule of major cooling equipment?	
What is the chilled water supply temperature set point?	
What is the condenser water set point? Is it reset?	
Are there VFDs on the cooling tower fans?	
Describe the cooling equipment staging strategy	
Describe the use of any air-side or water-side economizers	
Air Handling Equipment	
Does the HVAC system have an automatic shutdown?	
Is an optimum start/stop strategy used?	
Is the air distribution system VAV or CV?	
Are the VAV boxes Fan Powered?	
For VAV systems, what is the supply static pressure set point?	
For VAV systems, is a supply static pressure reset strategy used? If yes, please indicate the strategy(ies) used.	
Are VAV terminal units DDC controlled through a global controller?	
Do the VAV terminal units' DDC controllers have capability to be scheduled?	
Does the facility use a zone temperature setback/setup strategy?	
What is the supply air temperature set point during the summer?	

Strategy	Description
Is a supply air temperature reset strategy used? If yes, please indicate the strategy(ies) used. If there is not enough room on the application please attach information to the application.	
What type of reheat does the air distribution system have, if any?	
What is the heating energy source (e.g. gas, electric)?	
How is outdoor air intake controlled?	
What is the minimum outside air fraction setting?	
Is the system equipped with zone isolation devices for minimizing energy use in off-peak hours?	
Is there exhaust air heat recovery?	
Lighting systems	
Describe the lighting system controls and current scheduling	

What type of glazing is installed at the facility (e.g. single-pane tinted)?

Describe the age and availability of any as-built drawings and sequences of operation for the facility's HVAC system?

Summarize problems or opportunities for improvement that currently exist related to the HVAC and lighting systems.

Describe any opportunities for improved operation and maintenance procedures at the facility.

What is currently the most prominent issue related to operation of the HVAC and lighting systems, and how is it being managed?

What is the primary source of occupant complaints within the facility?

Facility Compressed Air, Processing and Refrigeration System Information

Complete this section only if your facility has compressed air systems, process equipment and/or refrigeration systems. Examples of these systems include, but are not limited to:

- Compressed Air Systems – Air compressor(s) and refrigerated air dryers that serve a manufacturing or process related activities.
- Process Equipment – Equipment such as conveyor lines, manufacturing equipment or equipment that; run continuously or for significant periods of time, have motors, and/or have specific heating/cooling requirements.
- Refrigeration Systems – Refrigeration equipment that is used to satisfy supply cooling requirements for food storage, manufacturing, or process equipment.

What are your primary objectives in managing your systems (check all that apply)?

Compressed Air	Process	Refrigeration	Objective
			Maintain continuous operation
			Improved or increased production
			Control and/or reduce energy use and costs
			Reduce capital costs
			Meet process quality standards
			Improve safety
			Reduce equipment maintenance
			Other:

What management approaches and tools do you currently employ (check all that apply)?

Compressed Air	Process	Refrigeration	Resources
			Preventative diagnostic testing
			Short term monitoring
			Long term monitoring
			Leak detection and repair
			Tracking energy use/costs
			Improving control strategies
			Using life-cycle costing to select opportunities
			Other:

What are the top two barriers to more effective operation of your facility's systems?

Compressed Air	Process	Refrigeration	Barriers
			Not enough staff time
			Lack of budget for efficiency improvements
			Capital expenses are too high
			Paybacks are too long
			Primary focus is on production
			Lack of accountability for system energy costs
			Lack of information about opportunities
			Lack of in-house technical expertise
			Lack of training
			Management approval
			Other:

What influences you the most in terms of adopting new management tools or approaches (rank on a 1 to 10 scale, where 10 is high)?

Compressed Air	Process	Refrigeration	Influences
			Books
			Industry articles and professional publications
			Peers/Professional organizations
			Classes/continuing education
			Demonstrated success of others in the market
			Internal pilot program success
			Outside consultants
			Equipment vendors and manufacturer reps
			Other:

Facility Compressed Air, Processing and Refrigeration System Information

Complete this section only if applicable for the facility being submitted for consideration in the retrocommissioning program

Please list all air compressors that are currently located at your facility (add more rows as necessary).

Air Compressors					
Equipment ID/Manufacturer	HP	Compressor Type (E.g. Scroll, Screw, Reciprocating, Centrifugal)	Capacity Control Mode (E.g. Load/Unload, VFD, Inlet Modulation, Blow-off)	Age (years)	Annual Operating Hours
CNP 75588-750 (example)	150	Screw	Load/Unload	15	4,000
Dryers					
Equipment ID/Manufacturer	Type	Status (Op/standby)	Age (years)		
Dryer #1 (example)	Refrigerated	Operational	15 years		
Storage					
Equipment ID/Manufacturer	Size (Gallons)	Status (Op/standby)	Age (years)		
Receiver A (example)	600	Operational	15 years		

Describe the compressed air system operating schedule at the facility.

What is the system pressure? Do you have trouble maintaining this pressure?

Describe the staging of the air compressors (e.g. manual, automatic, always on. etc.)

Is there a management system or manual procedure in place to shut compressors OFF sometimes? If so, do you think the system is properly tuned?

Are you willing to change your control strategy or usage of compressed air if recommended in the retrocommissioning study?

Processing Equipment

Complete this section only if applicable for the facility being submitted for consideration in the retrocommissioning program:

Please list all major processing equipment currently located at your facility (add more rows as necessary).

Equipment Description/ID	HP or kW	Average loading (% full capacity)	Status (Op/standby)	Age
300 ton Servo Press – SP1 (example)	180 HP	50%	Operational	6 years

Describe the process equipment schedule at your facility.

What percentage of the facility electric use is attributable to operation of processing equipment?

Are there any current operational issues with your equipment?

Refrigeration Equipment

Complete this section only if applicable for the facility being submitted for consideration in the retrocommissioning program

Please list all major refrigeration equipment that is currently located at your facility (add more rows as necessary).

Unit description/ID	Absorption unit	Tons	Average loading (% full capacity)	Status (Op/standby)	Age
Walk in cooler – RS60A	No	60	60-80%	Operational	8 years

Describe the loads served by equipment identified above.

Describe the temperature and pressure set points for the identified refrigeration equipment.

Outline the sequencing of refrigeration equipment at the facility.

Is floating head pressure control utilized?

Describe defrost schedules/controls for refrigeration equipment at the facility.

What type of capacity control does the refrigeration equipment have (e.g. hot gas bypass, VFDs, etc.)?

What percentage of the facility electric use is attributable to operation of the refrigeration equipment?

Is there an energy recovery system in place to capture waste heat?

Terms and Conditions

Important: This form is to be read, signed, and submitted with the Project Application.

SRP is implementing PowerWise Retrocommissioning Solutions to provide customers with technical services to improve energy-efficiency in qualifying SRP served facilities. The following terms and conditions apply to the program:

1. To qualify for the PowerWise Retrocommissioning Solutions program, the proposed facility must:
 - a. Be a SRP non-residential electric customer on pricing plan E32, E36, E61, E63, or E65.
 - b. Abide by the program rules and eligibility requirements in effect on the date of the submitted Project Application.
2. Failure to provide any of the required information, including signatures, forms, or other requested documentation, will result in the return of the Project Application.
3. Customers will be limited to \$50,000 in rebates per project and \$100,000 total for technical support approved by April 30, 2010 through the FY10 PowerWise Retrocommissioning Solutions program, and an overall rebate cap of \$150,000 per customer from participation in all FY10 energy efficiency programs offered by SRP.
4. For the purposes of SRP's energy efficiency programs, a Customer is defined as a company or organization that receives electric service from SRP under an approved SRP price plan. A Customer is a holder of a single account, multiple accounts in aggregate or corporate accounts. Multiple accounts or corporate accounts with a single SRP customer identification number will be considered a single Customer. An organization of this type can participate in multiple efficiency programs, but will be subject to any applicable customer rebate caps. SRP retains the right to make final determination of customer eligibility.
5. SRP will submit to Customer the name(s) and address(es) of the Qualified Service Provider (QSP) that SRP recommends to provide the technical support services if the Project Application is approved. The final decision to proceed under the program and use of such persons will be subject to the approval of Customer.
6. Customer agrees to have its employees, design team, and contractors cooperate with SRP and the approved QSP to provide Facility operating data and energy use evaluation assistance needed by SRP for participation in the program, including allowing SRP to release standard 16-month usage history, including load interval data, for the account(s) identified on this application to the Program Administrator and approved QSP.
7. SRP reserves the right to inspect the facility for compliance with the program requirements. Inspection may include a telephone survey, site visit, and/or the installation of temporary monitoring equipment at any time up to two years after installation. Customers will allow SRP and their subcontractors reasonable access to and egress from site during normal business hours for inspection purposes. If selected for inspection, the rebate will be withheld pending outcome of the inspection. If the equipment is found to be in compliance with the program requirements, the rebate will be paid otherwise the customer will be notified.
8. SRP, Nexant, and program QSPs shall have no responsibility for the discovery, presence, handling, removal or disposal of, or exposure of persons to hazardous materials of any kind in connection with the Facility including, but not limited to, asbestos, asbestos products, PCBs, or other toxic substances.
9. Customer acknowledges that prior to proceeding to the Implementation Phase, a Retrocommissioning Plan Acceptance form including, but not limited to, the terms of the Customer's financial obligations is required.
10. Program procedures, requirements, and rebate levels are subject to change or cancellation without notice.
11. SRP makes no representations and provides no warranty or guaranty with respect to the accuracy or completeness of the provided technical support services.
12. Participation as a QSP does not constitute an endorsement by SRP, nor does it certify or guarantee the quality of work performed. SRP is not responsible if the QSP or other contractor, retailer, vendor or other party provides you with inaccurate information about the amount or conditions of the program.

Terms and Conditions, continued.

13. The terms and conditions set forth herein constitute a complete statement of the Terms and Conditions applicable to this promotion, and supersede all prior representations or understandings, whether written or oral. SRP shall not be bound by or be liable for any statement, representation, promise, inducement or understanding of any kind that is not set forth herein. SRP reserves the right to change or cancel this promotion or its terms and conditions at any time.

By signing below, applicant acknowledges and agrees that:

- I have read and understand all Terms and Conditions of this form and the customer eligibility, measure eligibility, and participation procedures for the PowerWise Retrocommissioning Solutions program in the Participant Program Manual.
- I certify as the building owner or the owner’s authorized representative that all the information contained within this application is true and factual.
- The undersigned applicant shall defend, protect, indemnify and hold harmless SRP, Nexant Inc., and their respective board members, officers, directors, managers, associates, related firms and entities, employees, servants, and agents (the “Indemnified Parties”) against all claims, losses, expenses, damages, demands, judgments, causes of action, suits, and liability of every kind and character whatsoever (“claims”) arising out of or incident to, or related in any way to, directly or indirectly, participation in PowerWise Retrocommissioning Solutions; provided however, that applicant shall not be required to indemnify and hold harmless any Indemnified Party member against claims adjudicated to have been caused by such party’s gross negligence or willful misconduct.
- As the signatory, I have the authority to submit the Project Application.

Business Name _____

Signature _____

Date _____

Name (please print) _____

Title _____

Application Checklist:

Before submitting this application please verify the following:

- Did you read and understand the eligibility requirements in the Participant Program Manual?
- Are all required fields completed and accurate?
- Did you sign the Terms and Conditions page?

SEND COMPLETED PROJECT APPLICATIONS TO:

SRP PowerWise Retrocommissioning Solutions
 4802 E Ray Rd Ste 23, PMB192
 Phoenix, AZ 85044-6417
 Fax: (480) 345-7601
 Email: PowerWiseRCxSolutions@srpnet.com