nyserda
Energy. Innovation. Solutions.

# Advanced Submetering Program

| **Property Owner** – Complete all fields | | | | | |
|---|---|---|---|---|---|
| Property / Project Name | | | | | |
| Street Address 1 | | | Street Address 2 | | |
| City | State ny | Zip + 4 | City | State ny | Zip + 4 |
| Ownership Type<br>Private (for profit) ◯ Private (non-profit) ◯ Public/Municipal ◯ Co-operative ◯ Condominium ◯ | | | | | |
| If Co-operative or Condominium, what percentage of apartments are rented? | | | | | |

| **Project Details** | | | | | | | |
|---|---|---|---|---|---|---|---|
| # of Buildings | | # of Floors | | Total # of Units | | | |
| Total Building Square Footage | | Square Footage of Apartments to be Sub-metered | | Studio | 1 Bedroom | 2 Bedroom | 3+ Bedroom |
| | | | | | | | |

| **Owner/Participant Information** | | | |
|---|---|---|---|
| Property Owner/Company Name (as listed on W-9) | | | Federal ID # (as listed on W-9) |
| Contact Name (First, MI, Last) | | | Contact Title |
| Street Address 1 | | | Phone |
| Street Address 2 | | | Fax |
| City | State | Zip + 4 | E-mail |

| **ASP Resource List Member Information** – Complete all fields if applicable | | |
|---|---|---|
| Company Name | | Project Manager / Primary Contact for this project |
| Street Address | | Contact Title |
| City | | Phone |
| State | Zip | E-mail |

| **Utility Billing Information**– **Complete all fields** | | | |
|---|---|---|---|
| Electric Utility Provider: | | Current Number of Master Meters: | |

| **Electric Master Meter Account Numbers *(add additional sheets if necessary)*** | |
|---|---|
| | |
| | |
| | |
| | |

**Please enter the monthly sum of electric consumption for all electric meters, including 12 months of billing *(add additional sheets if necessary)***

| Billing Start Date | Billing End Date | Electric Consumption (kWh) | Demand (kW) | Cost ($) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Building Details

**Heating Source(s)** Select all that apply (All Customers on an Interruptible Gas rate-class must check "Oil" as the heating source):

Electric ☐ Gas ☐ Steam ☐ Oil ☐ Propane ☐ Other (specify) _____

| | |
|---|---|
| Is there a central boiler or are the units heated individually? | Central boiler ☐ Heated individually ☐ |
| How are the buildings cooled? | N/A ☐ Electricity ☐ Gas ☐ Other (specify)_____ |
| If heated/cooled individually, is the heating/cooling equipment on a dedicated circuit? | Yes ☐ No ☐ N/A ☐ |
| Does the building contain refrigerators purchased over 10 years ago? | Yes ☐ No ☐ |
| If Yes, how many 10 year old refrigerators are present in the building? | |

## Notes

Include any important notes about the project.

## Proposed Measures

**In the section below, please list of all of the measures that will be installed under this program. Refer to the Incentives section for incentive amounts.**

| Measure | Quantity | Measure Cost | Incentive Amount |
|---|---|---|---|
| Advanced Sub-meters | | $ | $ |
| Master Meters | | $ | $ |
| **Measure** | **Quantity** | **Measure Cost** | **Incentive Amount** |
| ENERGY STAR® Refrigerators (in-unit) | | $ | $ |
| ENERGY STAR® Compliant Lighting (in-unit) permanent fixtures* | | $ | $ |
| **Complete the lighting tables on the following page if lighting fixtures will be replaced as part of the project.* | | | |
| | **Totals** | $ | $ |

## Incentive Schedule

| Measures | Incentive |
|---|---|
| Advanced Sub-meter | The lesser of 50% installed cost or $250 |
| Master Meter | $1,500 |
| Refrigerator, ENERGY STAR® | $250 |
| In-Unit Lighting (permanent fixtures) | $25 |

## Acknowledgement

**By submitting this Application, or causing it to be submitted, the Participant acknowledges that upon approval of the Application by NYSERDA, a contract will be established between the Participant and NYSERDA with respect to the project outlined in the Application on the Terms and Conditions set forth in Exhibit A.**

**In the section below, please complete the lighting tables that correspond to lighting measures that will be installed under this program.**

## In-Unit Fluorescent Lighting Fixture Replacement

| Existing Fluorescent Fixtures | | | Proposed Fixtures | |
|---|---|---|---|---|
| Fixture Description | Fixture Wattage | Quantity | Fixture Description | Fixture Wattage |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## In-Unit CFL Fixture Replacement

| Proposed CFL Replacement | | | |
|---|---|---|---|
| Fixture Description | Fixture Quantity | CFL Bulb Quantity | CFL Bulb Wattage |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |