nyserda
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Advanced Submetering Program

Property Owner – Complete all fields

Property / Project Name			
Street Address 1			Street Address 2
City	State	Zip + 4	
Ownership Type 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

Market Type

Do any of the buildings represented herein contain any dwelling units that could be described as affordable housing?

YES NO

If yes, how many?

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

Multifamily Performance Partner 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)_____
Are there window unit air conditioners?	Yes No Approximately how many?_____
Are there through-wall unit air conditioners?	Yes No Approximately how many?_____
If heated/cooled individually, is the heating/cooling equipment on a dedicated circuit?	Yes No N/A
Does the building contain refrigerators more than 10 years old in rental units?	Yes No
If Yes, how many refrigerators more than 10 year old are present in rental units 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® Through the wall Air Conditioners (in-unit)		$	$
ENERGY STAR® Window Air Conditioners (in-unit)		$	$
ENERGY STAR® Washers (common areas)		$	$
ENERGY STAR® Compliant Lighting (common areas)*		$	$
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®	$18
Air conditioner, ENERGY STAR®, window unit	$16
Air conditioner, ENERGY STAR®, through the wall	$19
Commercial Clothes Washer, ENERGY STAR®, WATERSENSE®	$369
Common Area Lighting, In-Unit Lighting (permanent fixtures)	$15

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.

Common Area Lighting Fixture Replacement

Existing Fixtures				Proposed Fixtures	
Fixture Description	Fixture Wattage	Quantity	Annual Hours of Use	Fixture Description	Fixture Wattage

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