

Advanced Submetering Program



Property Owner – Complete all fields									
Property / Project Name									
Street Address 1				Street Address 2					
City	State	Zip + 4	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		
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					



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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.



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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*		\$	\$
<i>*Complete the lighting tables on the following page if lighting fixtures will be replaced as part of the project.</i>			
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.



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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