
ATTACHMENT B – PROJECT SUMMARY APPLICATION

Combined Heat and Power - Performance Program

PON 2701

PART I: CONTACT INFORMATION

Applicant: Entity responsible for fulfilling Program requirements as outlined in the CHP Systems Manual and that which receives incentive payments.

Applicant Information		
Applicant/Company Name		Contact Name
Address 1		Day Phone
Address 2		Mobile
City		E-mail
State	Zip	Federal ID# (Must be linked to Applicant Name)

Facility: Owner or tenant of site at which the CHP project is implemented. The Facility must contribute to the Systems Benefit Charge (SBC) on their electric or gas utility bill.

Facility Information	
Facility Name/Organization	Contact Name
Address 1	Day Phone
Address 2	Mobile
City, State, Zip	E-mail
Facility Status	Facility Type

Developer/Consultant Company: Point of contact for the engineering analysis, site design, and construction management.

Developer Information		
Developer/Company Name		Contact Name
Address 1		Day Phone
Address 2		Mobile
City		E-mail
State	Zip	

PART II: UTILITY INFORMATION

Utility Information*	
For an Existing Facility please populate with main accounts and data from previous 12 months, if New Construction* please check the following box. <input type="checkbox"/>	
Electric Utility	Account Number(s)
Purchased Electric (kWh)	Average Demand (kW)
Natural Gas Utility	Account Number(s)
Purchased Gas (MMBtu)	
Steam Utility	Account Number(s)
Purchased Steam (MLbs)	
Attach documentation to verify the Applicant has communicated to the Customer Service Representative for each relevant utility the intent to install a Combined Heat and Power system.	
*NYSERDA reserves the right to inform utilities of CHP projects in their territory	

PART III: PROJECT INFORMATION

Project Information	
Estimated Total Project Cost (\$)	
Aggregate Nameplate of CHP System	kW
Annual Electricity Generated from CHP	kWh
Summer On-Peak Demand Reduction	kW

Please check all that may apply at application.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	This project is designated for critical infrastructure, including facilities of refuge
Yes <input type="checkbox"/> No <input type="checkbox"/>	This project is located in a utility defined electric grid constrained area
Yes <input type="checkbox"/> No <input type="checkbox"/>	This project is designed to exceed the minimum Fuel Conversion Efficiency of 60%, Higher Heating Value

PART IV: AGREEMENT TO TERMS AND CONDITIONS

I understand that the Facility is or will be a distribution customer of a New York State investor-owned utility contributing to the electric or gas based Systems Benefit Charge (SBC). I understand that this application may not be approved if the requirements of the Program are not met. I understand that the submission of this application authorizes NYSERDA to discuss the submitted utility information with the respective utilities. I understand that payments will be contingent on meeting the terms and conditions of the Program as set forth in the CHP Systems Manual.			
Applicant/Company Name		Facility Name (Required unless same as Applicant)	
Print Name & Title		Print Name & Title	
Authorized Signature	Date	Authorized Signature	Date