



**Customer Information:**

Customer Name:	Contact Name:
Address:	Contact Phone Number:
City:	Contact Email:
State:	
Zip Code:	

**Study Provider Information:**

Study Provider Name:	Contact Name:
Address:	Contact Phone Number:
City:	Contact Email:
State:	
Zip Code:	

Please Note: Study Providers must provide qualifications for pre-approval prior to submitting an application. Click [HERE](#) for further details regarding qualifications.

**Facility Information:**

Project Name:

Project Address: (May be different than customer address)

City: State: Zip Code:

Predominant Facility Use:

Inpatient Healthcare	Retail
Outpatient Healthcare	Higher Education
Medical Office	K-12 Education
General Office	Laboratory
Mixed Use	Other



## Project Information

All information must be completed for the project to be considered for the Program. A Utility Analysis Spreadsheet is available upon request to aide in the calculation of the items below. However, the Study Provider is encouraged to utilize the best tools at their disposal. All calculations must be submitted with this application for review.

Please submit all requests to [DPLRetroCx@dplinc.com](mailto:DPLRetroCx@dplinc.com)

## Utility Information:

Primary DP&L Account Number:	Primary Natural Gas Utility Account Number:
Additional DP&L Account Number:	Additional Natural Gas Utility Account Number:
Customer Name as it appears on the bill:	Customer Name as it appears on the bill:
Aggregate Annual Electric Consumption (kWh):	Aggregate Annual Natural Gas Consumption (Therms):
Peak Demand (kW):	

## Benchmarking:

Energy Usage Intensity (kBtu/SF):  
 ENERGY STAR® Score (if applicable):  
 Median Energy Usage Intensity (kBtu/SF)  
 (for properties in same category with ENERGY STAR® Score of 50):  
 (as determined by ENERGY STAR® or CBECS for the predominant building use)

## Utility Analysis:

Balance Point, Cooling:  
 Balance Point, Heating:  
 Percent Annual Weather-Dependent Electricity Consumption (%):  
 Percent Annual Weather-Dependent Natural Gas Consumption (%):



## Facility Information

Facility Area (SF):

HVAC System Description:

(major equipment, water-side equipment, air-side equipment, unique features, variable vs. constant speed, etc.)

Type of HVAC Control System:

(systems or equipment controlled by system, digital vs. pneumatic vs. unitary controls, trending capabilities, major sequences currently incorporated, etc.)

Upcoming Building Systems Capital Projects:

(major equipment replacements or upgrades, controls systems upgrades, envelope or lighting improvements, etc.)

### Project Savings Goals:

Annual Electrical Savings (kWh):

Annual Natural Gas Savings (CCF):

Annual Total Energy Savings (kBtu):

Total Retro-Commissioning Study Fee:

[Read Terms and Conditions Here](#)

I hereby acknowledge that I have read and understood the Retro Commissioning terms and conditions and I agree to all of the terms.

## Customer Agreement:

By signing below, I acknowledge and agree to be held to the program terms and conditions and certify that:

1. The information provided in this Application is accurate and complete and I will notify DP&L and Program Administrator immediately of any changes to such information; and
2. As the Customer Representative, I have the authority to bind the Customer to the terms set forth herein.

Customer Signature (DP&L Customer):

Study Provider Signature:

Application Date: